Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE AG PROCESSING INC WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1984

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AG PROCESSING INC

PO BOX 2047
OMAHA, NE 68103-2047

2b Employer Identification Number (EIN) 42-0615016

2c Plan Sponsor's telephone number 402-496-7809

2d Business code (see instructions) 115110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	KELLY HAYERTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	MATTHEW BENDLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

ASSOCIATED BENEFITS CORPORATION

1415 28TH STREET, SUITE 100
WEST DES MOINES, IA 50266-1450

3b Administrator's EIN: 42-1279416

3c Administrator's telephone number: 515-226-0303

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1177
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)**	1130
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1181
b	Retired or separated participants receiving benefits	**6b**	34
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1215
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 4H 4Q

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] 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 6
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE AG PROCESSING INC WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
42-0615016

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12082122	928	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** [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)**	198590		
(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)**	198590
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**	28740		
(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)**	28740
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE AG PROCESSING INC WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
42-0615016

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF IOWA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0959302	55786	33407	1110	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	

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

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

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

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

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

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**	841004		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	841004
(4) Claims charged			**9b(4)**	841004
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)**	66735		
(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)**	66735
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE AG PROCESSING INC WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
42-0615016

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
STANDARD 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
93-0242990	69019	648215	1211	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
42653	38836

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

HOLMES MURPHY AND ASSOC LLC
PO BOX 441
DES MOINES, IA 50301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42653	7565	CONTINGENT COMPENSATION	3

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

HOLMES MURPHY AND ASSOC LLC
2727 GRAND PRAIRIE PKWY
WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	18293	ADMINISTRATIVE	3

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

AVANT SPECIALTY BENEFITS LLC

PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	11649	GA OVERRIDE	3

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

C2 CENTRIC LLC

PO BOX 6824
GRAND RAPIDS, MI 49516

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	1329	CONTINGENT COMPENSATION	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	

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** [X] Other (specify) ▶ AD&D

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	580157		
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)	18		
(4) Earned ((1) + (2) - (3))			9a(4)	580139
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)	63196		
(B) Administrative service or other fees	9c(1)(B)	18293		
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)	63863		
(E) Taxes	9c(1)(E)	6291		
(F) Charges for risks or other contingencies	9c(1)(F)	49276		
(G) Other retention charges	9c(1)(G)	255283		
(H) Total retention			9c(1)(H)	456202
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE AG PROCESSING INC WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
42-0615016

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
SUN LIFE ASSURANCE COMPANY OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	225890	1098	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
67508	54442

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

HOLMES MURPHY & ASSOCIATES LLC
PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
67508			3

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

AVANT SPECIALTY BENEFITS LLC
1929 WALNUT STREET SUITE 801
KANSAS CITY, MO 64108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
0	54442	OVERRIDE	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
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** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [X] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] 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	1088837
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
THE AG PROCESSING INC WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
42-0615016

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
STANDARD 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
93-0242990	69019	648215	1155	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
22550	37004

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

HOLMES MURPHY AND ASSOC LLC
PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22550	9203	CONTINGENT COMPENSATION	3

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

HOLMES MURPHY AND ASSOC LLC
2727 GRAND PRAIRIE PKWY
WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	16500	ADMINISTRATION	3

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

AVANT SPECIALTY BENEFITS LLC

PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	10000	GA OVERRIDE	3

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

C2 CENTRIC LLC

PO BOX 6824
GRAND RAPIDS, MI 49516

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	1301	CONTINGENT COMPENSATION	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	

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)	596207		
(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)	596207
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)	43054		
(B) Administrative service or other fees	9c(1)(B)	16500		
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)	79528		
(E) Taxes	9c(1)(E)	2981		
(F) Charges for risks or other contingencies	9c(1)(F)	55496		
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	197559
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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
THE AG PROCESSING INC WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
42-0615016

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
WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0318333	88848	A02	1109	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**	12884148		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	12884148
(4) Claims charged			**9b(4)**	12884148
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)**	771967		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**	8		
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	771975
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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	**B** Three-digit plan number (PN) ▶	
THE AG PROCESSING INC WELFARE BENEFITS PLAN		501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
AG PROCESSING INC	42-0615016	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

WELLMARK

42-0318333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	ADMINISTRATOR	771967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL

42-0959302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	ADMINISTRATOR	66735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ CPAS P.C.

43-1947695

(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	AUDITOR	21216	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)

ASSOCIATED BENEFITS CORPORATION

42-1279416

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	17817	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEALTHEQUITY, INC.

52-0383166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	ADMINISTRATOR	9247	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 [ ]

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
THE AG PROCESSING INC WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

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

D Employer Identification Number (EIN)
42-0615016

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	234598	673631
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	234598	673631
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	234598	673631

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)	12909705	
(B) Participants	2a(1)(B)	4910713	
(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)		17820418
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12294	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12294
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		17832712
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14042905	
(2) To insurance carriers for the provision of benefits	2e(2)	2463792	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16506697
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	865766	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21216	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		886982
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17393679
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		439033
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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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		3500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

The Ag Processing Inc Welfare Benefits Plan
Administered by Associated Benefits Corporation

FINANCIAL STATEMENTS

Years Ended December 31, 2025 and 2024

CBIZ CPAs P.C.

700 W. 47th Street
Suite 1100
Kansas City, MO 64112

P: 816.945.5600

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Associated Benefits Corporation
Plan Administrator for The Ag Processing Inc Welfare Benefits Plan

Opinion

We have audited the financial statements of The Ag Processing Inc Welfare Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits (cash basis) as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits (cash basis) for the years then ended, 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 Plan (cash basis) as of December 31, 2025 and 2024, and the changes in its net assets available for benefits (cash basis) for the years then ended, in accordance with the cash basis of accounting described in Note 2.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting described in Note 2, and for determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

CBIZ CPAs P.C.

Kansas City, Missouri
October 15, 2026

The Ag Processing Inc Welfare Benefits Plan
Administered by Associated Benefits Corporation

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CASH BASIS)

December 31, 2025 and 2024

	2025	2024
Assets:		
Interest-bearing cash	$ 673,631	$ 234,598
NET ASSETS AVAILABLE FOR BENEFITS	$ 673,631	$ 234,598

See Notes to Financial Statements

The Ag Processing Inc Welfare Benefits Plan
Administered by Associated Benefits Corporation

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (CASH BASIS)

Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS:		
Employer contributions	$ 12,909,705	$ 11,193,012
Employee contributions	4,497,869	4,262,964
Contributions from COBRA participants	412,844	468,692
Total contributions	17,820,418	15,924,668
Interest income	12,294	14,545
Total additions	17,832,712	15,939,213
DEDUCTIONS:		
Benefits paid	14,042,905	12,727,444
Insurance premiums	2,463,792	2,382,014
Administrative expenses	886,982	825,009
Total deductions	17,393,679	15,934,467
NET INCREASE	439,033	4,746
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	234,598	229,852
End of year	$ 673,631	$ 234,598

See Notes to Financial Statements

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The Ag Processing Inc Welfare Benefits Plan (the "Plan") is administered by Associated Benefits Corporation (the "Plan Administrator"). The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit health and welfare benefit plan that provides life insurance and medical and dental benefits to all full-time employees of Ag Processing Inc (the "Company") and their dependents. The Plan also contains Section 125 plan provisions which provide for the payment of eligible expenses with pre-tax dollars. Separate bookkeeping accounts are maintained to account for the benefit dollars available for reimbursement of covered expenses. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Principal Trust Company ("Principal") serves as the trustee for the Plan.

Contributions - Employee and COBRA contributions are determined by the employer subject to regulatory limitations. Employee and COBRA contributions are remitted to The Ag Processing Inc Welfare Benefits Fund (the "Trust") and used for claim payments. The employer makes contributions necessary to pay all remaining claims, insurance premiums, and administrative expenses.

Under the Section 125 plan provisions, employees contribute through payroll deductions to reimbursement accounts which permit employees to be reimbursed without tax consequences for certain eligible expenses. Employees elect the dollar amount they want taken from their pay annually, subject to applicable limitations.

Benefits - The Plan provides for the payment of death and dismemberment benefits under a fully insured plan. The Plan is a self-insured medical and dental plan. The Plan retains the risk for medical claims up to $500,000 per covered person per year and purchases stop-loss coverage for amounts in excess of $500,000 per covered person per year. The Plan has contracted for processing and payment of claims by a third-party administrator.

Under the Section 125 plan provisions, benefits may be paid only for eligible expenses which were incurred during the Plan year and reimbursed from funds deposited to the account during the same Plan year. If a participant does not incur sufficient expenses to use all of the funds deposited to the account during a plan year, the remaining amounts must be forfeited if greater than the Plan prescribed allowable rollover threshold of $660. Forfeited amounts remain in the Plan and are used to pay Plan administrative expenses.

Administrative expenses - The Plan Administrator provides accounting and other administrative services to the Plan, the fees for which are paid directly by the Company. All other administrative expenses which consist primarily of administrative fees paid to third-party claims administrators and other service providers, are paid by the Plan.

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies

Basis of accounting - The accompanying financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). The principal differences between the cash basis of accounting and GAAP in the financial statements of the Plan are as follows: transactions are recorded as cash is received or disbursed; no liability is reflected for unpaid and incurred but not reported claims; contributions are not accrued; and adjustments, if any, that might be necessary to report reinsurance premiums and deposits and amounts recoverable from reinsurance are not reflected. The related amounts for claims incurred but not reported were approximately $1,403,600 and $1,012,456 as of December 31, 2025 and 2024, respectively. The claims incurred but not reported amount is calculated by the Plan's actuary based on reserving methods standard in the health insurance industry which consider Plan benefits, exposure units, average payout and expected run-off.

Benefits paid - Benefits are recorded as paid when paid by the claims administrator.

Pharmacy rebates - Pharmacy rebates are recorded in the period in which the rebates are received. Pharmacy rebates of insured plans are reported as a reduction to benefits paid on the statements of changes in net assets available for benefits. Pharmacy rebates were $2,059,485 and $2,094,792 for the years ended December 31, 2025 and 2024, respectively.

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.

Purchases and sales of securities are recorded on a trade-date basis. Dividend and interest income is recorded as received.

Contributions - Contributions from Plan participants and contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

(3) Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

NOTES TO FINANCIAL STATEMENTS

(3) Fair value measurements (continued)

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

Level 3 Inputs to the valuation methodology are unobservable and significant to 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Interest-bearing cash accounts: Stated at cost, which approximates fair value.

The following tables set forth by level, within the fair value hierarchy, a summary of the Plan's investments at fair value on a recurring basis as of December 31, 2025 and 2024:

	Investments at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 673,631	$ -	$ -	$ 673,631

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 234,598	$ -	$ -	$ 234,598

(4) Related party and party-in-interest transactions

Plan investments are shares of interest-bearing cash accounts managed by Principal. Principal is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services are deducted from interest income.

NOTES TO FINANCIAL STATEMENTS

(5) Plan termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, the Company will contribute the necessary amounts to fund all claims incurred prior to the date of termination.

(6) Tax status

The Internal Revenue Service has determined and informed the Company by a letter dated January 4, 1995, that the Plan and related Trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related Trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(7) Risks, uncertainties, and concentrations

The Plan utilizes investment securities, currently an interest-bearing cash account. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 financial statements.

The Plan maintains an interest-bearing cash account, which may at times exceed the $250,000 coverage by the U.S. Federal Deposit Insurance Corporation.

(8) Subsequent events

The Plan has evaluated subsequent events through October 15, 2026, which is the date the financial statements were available to be issued and noted no items were available for disclosure.

SUPPLEMENTAL SCHEDULES

The Ag Processing Inc Welfare Benefits Plan
Administered by Associated Benefits Corporation

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

December 31, 2025

EIN: 42-0615016
Plan Number: 501

(a)	(b)	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d)	(e)
	Identity of issue, borrower, lessor, or similar party		Cost	Current value

See attached schedule provided by Principal Bank

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2025

AGP H&W - 0004 - AGP INC - PREM
ACCOUNT NUMBER 15129902

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	CASH EQUIVALENTS					
	OTHER CASH EQUIVALENTS					
	FUNDS OR BANK DEPOSITS					
493,750.910	PRINCIPAL DEPOSIT SWEEP PROGRAM VP7000251	493,750.91 100.0000	493,750.91 100.0000	12/31/25	0.00	772.38
	TOTAL FUNDS OR BANK DEPOSITS	493,750.91	493,750.91		0.00	772.38
	TOTAL OTHER CASH EQUIVALENTS	**493,750.91**	**493,750.91**		**0.00**	**772.38**
	TOTAL CASH EQUIVALENTS	**493,750.91**	**493,750.91**		**0.00**	**772.38**
	TOTAL ASSETS AND LIABILITIES	**493,750.91**	**493,750.91**		**0.00**	**772.38**

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2025

AGP & COMPANIES - CAFETERIA
ACCOUNT NUMBER 15129907

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	CASH EQUIVALENTS					
	OTHER CASH EQUIVALENTS					
	FUNDS OR BANK DEPOSITS					
121,941.680	PRINCIPAL DEPOSIT SWEEP PROGRAM VP7000251	121,941.68 100.0000	121,941.68 100.0000	12/31/25	0.00	208.31
	TOTAL FUNDS OR BANK DEPOSITS	121,941.68	121,941.68		0.00	208.31
	TOTAL OTHER CASH EQUIVALENTS	**121,941.68**	**121,941.68**		**0.00**	**208.31**
	TOTAL CASH EQUIVALENTS	**121,941.68**	**121,941.68**		**0.00**	**208.31**
	TOTAL ASSETS AND LIABILITIES	**121,941.68**	**121,941.68**		**0.00**	**208.31**

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2025

AGP H&W- 0527- GRAIN MARKETING- PREM
ACCOUNT NUMBER 15129908

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	CASH EQUIVALENTS					
	OTHER CASH EQUIVALENTS					
	FUNDS OR BANK DEPOSITS					
57,937.890	PRINCIPAL DEPOSIT SWEEP PROGRAM VP7000251	57,937.89 100.0000	57,937.89 100.0000	12/31/25	0.00	100.92
	TOTAL FUNDS OR BANK DEPOSITS	57,937.89	57,937.89		0.00	100.92
	TOTAL OTHER CASH EQUIVALENTS	**57,937.89**	**57,937.89**		**0.00**	**100.92**
	TOTAL CASH EQUIVALENTS	**57,937.89**	**57,937.89**		**0.00**	**100.92**
	TOTAL ASSETS AND LIABILITIES	**57,937.89**	**57,937.89**		**0.00**	**100.92**

The Ag Processing Inc Welfare Benefits Plan
Administered by Associated Benefits Corporation

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2025

EIN: 42-0615016
Plan Number: 501

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or loss

See attached schedule provided by Principal Bank

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			66,702.52			
COMPARATIVE VALUE (5%)			3,335.13			
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/03/25 S	11,560	1.000	0	11,560 *	11,560	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/08/25 S	7,725	1.000	0	7,725 *	7,725	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/09/25 B	167,699	1.000	0	167,699-*	167,699	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/10/25 B	242,750	1.000	0	242,750-*	242,750	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/15/25 S	14,676	1.000	0	14,676 *	14,676	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/17/25 S	166,000	1.000	0	166,000 *	166,000	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/22/25 S	19,368	1.000	0	19,368 *	19,368	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/23/25 B	165,274	1.000	0	165,274-*	165,274	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/27/25 B	212,161	1.000	0	212,161-*	212,161	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/29/25 S	162,333	1.000	0	162,333 *	162,333	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/31/25 B	233,564	1.000	0	233,564-*	233,564	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/05/25 S	19,822	1.000	0	19,822 *	19,822	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/06/25 B	170,016	1.000	0	170,016-*	170,016	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/07/25 B	29,156	1.000	0	29,156-*	29,156	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/11/25 S	172,474	1.000	0	172,474 *	172,474	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/14/25 S	209,676	1.000	0	209,676 *	209,676	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/18/25 S	9,282	1.000	0	9,282 *	9,282	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/20/25 B	170,221	1.000	0	170,221-*	170,221	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/24/25 S	339,736	1.000	0	339,736 *	339,736	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/25/25 S	19,086	1.000	0	19,086 *	19,086	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/03/25 S	103,935	1.000	0	103,935 *	103,935	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/04/25 S	21,145	1.000	0	21,145 *	21,145	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/06/25 B	169,586	1.000	0	169,586-*	169,586	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/07/25 B	29,174	1.000	0	29,174-*	29,174	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/11/25 B	218,316	1.000	0	218,316-*	218,316	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/13/25 S	8,938	1.000	0	8,938 *	8,938	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/14/25 S	214,817	1.000	0	214,817 *	214,817	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/20/25 S	152,016	1.000	0	152,016 *	152,016	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/25/25 S	15,942	1.000	0	15,942 *	15,942	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/01/25 B	220,989	1.000	0	220,989-*	220,989	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/03/25 B	153,130	1.000	0	153,130-*	153,130	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/04/25 B	28,414	1.000	0	28,414-*	28,414	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/10/25 S	15,227	1.000	0	15,227 *	15,227	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/11/25 S	270,660	1.000	0	270,660 *	270,660	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/15/25 S	199,346	1.000	0	199,346 *	199,346	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/16/25 B	150,440	1.000	0	150,440-*	150,440	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/17/25 S	216,111	1.000	0	216,111 *	216,111	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/23/25 S	14,749	1.000	0	14,749 *	14,749	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/28/25 B	222,038	1.000	0	222,038-*	222,038	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/29/25 S	18,380	1.000	0	18,380 *	18,380	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/01/25 B	170,097	1.000	0	170,097-*	170,097	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/06/25 S	18,381	1.000	0	18,381 *	18,381	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/07/25 S	203,309	1.000	0	203,309 *	203,309	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/13/25 B	316,321	1.000	0	316,321-*	316,321	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/15/25 B	171,154	1.000	0	171,154-*	171,154	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/16/25 S	202,996	1.000	0	202,996 *	202,996	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/20/25 S	333,382	1.000	0	333,382 *	333,382	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/29/25 S	24,738	1.000	0	24,738 *	24,738	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/04/25 S	10,705	1.000	0	10,705 *	10,705	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/06/25 B	30,413	1.000	0	30,413-*	30,413	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/10/25 B	203,301	1.000	0	203,301-*	203,301	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/12/25 B	171,432	1.000	0	171,432-*	171,432	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/16/25 B	206,597	1.000	0	206,597-*	206,597	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/17/25 S	387,103	1.000	0	387,103 *	387,103	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/18/25 S	200,428	1.000	0	200,428 *	200,428	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/25/25 S	19,113	1.000	0	19,113 *	19,113	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/26/25 B	395,151	1.000	0	395,151-*	395,151	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/01/25 S	15,171	1.000	0	15,171 *	15,171	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/08/25 B	31,139	1.000	0	31,139-*	31,139	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/09/25 S	13,185	1.000	0	13,185 *	13,185	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/15/25 S	5,811	1.000	0	5,811 *	5,811	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/17/25 S	202,151	1.000	0	202,151 *	202,151	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/21/25 S	3,822	1.000	0	3,822 *	3,822	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/22/25 B	3,822	1.000	0	3,822-*	3,822	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/23/25 S	12,561	1.000	0	12,561 *	12,561	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/24/25 B	172,894	1.000	0	172,894-*	172,894	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/30/25 S	23,291	1.000	0	23,291 *	23,291	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/31/25 B	222,539	1.000	0	222,539-*	222,539	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/06/25 S	281,539	1.000	0	281,539 *	281,539	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/07/25 B	29,684	1.000	0	29,684-*	29,684	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/11/25 B	171,935	1.000	0	171,935-*	171,935	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/13/25 S	18,683	1.000	0	18,683 *	18,683	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/20/25 S	224,687	1.000	0	224,687 *	224,687	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/22/25 B	171,471	1.000	0	171,471-*	171,471	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/27/25 S	140,673	1.000	0	140,673 *	140,673	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/03/25 S	17,433	1.000	0	17,433 *	17,433	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/05/25 B	172,134	1.000	0	172,134-*	172,134	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/08/25 B	29,768	1.000	0	29,768-*	29,768	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/09/25 S	13,403	1.000	0	13,403 *	13,403	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/18/25 S	219,014	1.000	0	219,014 *	219,014	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/19/25 B	173,152	1.000	0	173,152-*	173,152	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/24/25 S	371,057	1.000	0	371,057 *	371,057	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/30/25 B	224,075	1.000	0	224,075-*	224,075	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/01/25 S	12,782	1.000	0	12,782 *	12,782	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/03/25 B	172,354	1.000	0	172,354-*	172,354	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/07/25 B	28,560	1.000	0	28,560-*	28,560	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/08/25 S	11,595	1.000	0	11,595 *	11,595	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/14/25 S	216,785	1.000	0	216,785 *	216,785	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/17/25 B	157,088	1.000	0	157,088-*	157,088	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/21/25 S	322,822	1.000	0	322,822 *	322,822	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/28/25 S	28,165	1.000	0	28,165 *	28,165	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/29/25 B	225,555	1.000	0	225,555-*	225,555	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/05/25 S	15,717	1.000	0	15,717 *	15,717	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/07/25 S	236,023	1.000	0	236,023 *	236,023	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/12/25 S	17,007	1.000	0	17,007 *	17,007	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/13/25 B	189,238	1.000	0	189,238-*	189,238	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/18/25 S	16,200	1.000	0	16,200 *	16,200	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/19/25 S	205,338	1.000	0	205,338 *	205,338	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/25/25 S	23,115	1.000	0	23,115 *	23,115	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/26/25 B	173,889	1.000	0	173,889-*	173,889	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/01/25 B	225,107	1.000	0	225,107-*	225,107	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/02/25 S	13,008	1.000	0	13,008 *	13,008	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/05/25 B	29,787	1.000	0	29,787-*	29,787	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/09/25 S	13,413	1.000	0	13,413 *	13,413	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/12/25 S	21,216	1.000	0	21,216 *	21,216	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/16/25 B	172,688	1.000	0	172,688-*	172,688	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/17/25 S	228,048	1.000	0	228,048 *	228,048	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/23/25 S	19,360	1.000	0	19,360 *	19,360	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/26/25 B	172,251	1.000	0	172,251-*	172,251	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/30/25 S	18,233	1.000	0	18,233 *	18,233	0
GRAND TOTAL			0	13,980,991	13,980,991	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

SERIES / BY BROKER

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		66,702.52			
	COMPARATIVE VALUE (5%)		3,335.13			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		66,702.52			
	COMPARATIVE VALUE (5%)		3,335.13			
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/02/25 B	680	1.000	0	680-	680	
01/09/25 B	167,699	1.000	0	167,699-*	167,699	
01/10/25 B	242,750	1.000	0	242,750-*	242,750	
01/13/25 B	126	1.000	0	126-	126	
01/23/25 B	165,274	1.000	0	165,274-*	165,274	
01/27/25 B	212,161	1.000	0	212,161-*	212,161	
01/28/25 B	512	1.000	0	512-	512	
01/30/25 B	286	1.000	0	286-	286	
01/31/25 B	233,564	1.000	0	233,564-*	233,564	
02/03/25 B	693	1.000	0	693-	693	
02/04/25 B	339	1.000	0	339-	339	
02/06/25 B	170,016	1.000	0	170,016-*	170,016	
02/07/25 B	29,156	1.000	0	29,156-*	29,156	
02/20/25 B	170,221	1.000	0	170,221-*	170,221	
02/21/25 B	88	1.000	0	88-	88	
02/26/25 B	512	1.000	0	512-	512	
03/03/25 B	1,186	1.000	0	1,186-	1,186	
03/06/25 B	169,586	1.000	0	169,586-*	169,586	
03/07/25 B	29,174	1.000	0	29,174-*	29,174	
03/10/25 B	88	1.000	0	88-	88	
03/11/25 B	218,316	1.000	0	218,316-*	218,316	
03/26/25 B	843	1.000	0	843-	843	
03/28/25 B	512	1.000	0	512-	512	
04/01/25 B	668	1.000	0	668-	668	
04/01/25 B	220,989	1.000	0	220,989-*	220,989	
04/03/25 B	153,130	1.000	0	153,130-*	153,130	
04/04/25 B	28,414	1.000	0	28,414-*	28,414	
04/14/25 B	88	1.000	0	88-	88	
04/16/25 B	150,440	1.000	0	150,440-*	150,440	
04/24/25 B	88	1.000	0	88-	88	
04/28/25 B	222,038	1.000	0	222,038-*	222,038	
05/01/25 B	607	1.000	0	607-	607	
05/01/25 B	170,097	1.000	0	170,097-*	170,097	
05/05/25 B	88	1.000	0	88-	88	
05/12/25 B	88	1.000	0	88-	88	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/13/25 B	316,321	1.000	0	316,321-*	316,321	
05/15/25 B	171,154	1.000	0	171,154-*	171,154	
05/22/25 B	88	1.000	0	88-	88	
05/27/25 B	339	1.000	0	339-	339	
06/02/25 B	626	1.000	0	626-	626	
06/02/25 B	512	1.000	0	512-	512	
06/06/25 B	30,413	1.000	0	30,413-*	30,413	
06/09/25 B	261	1.000	0	261-	261	
06/10/25 B	203,301	1.000	0	203,301-*	203,301	
06/12/25 B	171,432	1.000	0	171,432-*	171,432	
06/16/25 B	206,597	1.000	0	206,597-*	206,597	
06/23/25 B	216	1.000	0	216-	216	
06/26/25 B	395,151	1.000	0	395,151-*	395,151	
06/30/25 B	339	1.000	0	339-	339	
07/01/25 B	602	1.000	0	602-	602	
07/02/25 B	88	1.000	0	88-	88	
07/08/25 B	31,139	1.000	0	31,139-*	31,139	
07/10/25 B	216	1.000	0	216-	216	
07/14/25 B	261	1.000	0	261-	261	
07/22/25 B	3,822	1.000	0	3,822-*	3,822	
07/24/25 B	172,894	1.000	0	172,894-*	172,894	
07/31/25 B	222,539	1.000	0	222,539-*	222,539	
08/01/25 B	986	1.000	0	986-	986	
08/07/25 B	29,684	1.000	0	29,684-*	29,684	
08/11/25 B	171,935	1.000	0	171,935-*	171,935	
08/22/25 B	171,471	1.000	0	171,471-*	171,471	
08/25/25 B	261	1.000	0	261-	261	
08/28/25 B	339	1.000	0	339-	339	
09/02/25 B	1,091	1.000	0	1,091-	1,091	
09/05/25 B	172,134	1.000	0	172,134-*	172,134	
09/08/25 B	29,768	1.000	0	29,768-*	29,768	
09/19/25 B	173,152	1.000	0	173,152-*	173,152	
09/30/25 B	224,075	1.000	0	224,075-*	224,075	
10/01/25 B	867	1.000	0	867-	867	
10/02/25 B	339	1.000	0	339-	339	
10/03/25 B	172,354	1.000	0	172,354-*	172,354	
10/07/25 B	28,560	1.000	0	28,560-*	28,560	
10/15/25 B	1,387	1.000	0	1,387-	1,387	
10/17/25 B	157,088	1.000	0	157,088-*	157,088	
10/29/25 B	225,555	1.000	0	225,555-*	225,555	
10/31/25 B	339	1.000	0	339-	339	
11/03/25 B	758	1.000	0	758-	758	
11/13/25 B	189,238	1.000	0	189,238-*	189,238	
11/20/25 B	505	1.000	0	505-	505	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
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SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE		UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/26/25 B	173,889		1.000	0	173,889-*	173,889	
12/01/25 B	350		1.000	0	350-	350	
12/01/25 B	225,107		1.000	0	225,107-*	225,107	
12/05/25 B	29,787		1.000	0	29,787-*	29,787	
12/12/25 B	899		1.000	0	899-	899	
12/16/25 B	172,688		1.000	0	172,688-*	172,688	
12/26/25 B	172,251		1.000	0	172,251-*	172,251	
	SUB-TOTAL OF BUYS	# 86		0	7,215,685	7,215,685	
01/03/25 S	11,560		1.000	0	11,560 *	11,560	0
01/08/25 S	7,725		1.000	0	7,725 *	7,725	0
01/15/25 S	14,676		1.000	0	14,676 *	14,676	0
01/17/25 S	166,000		1.000	0	166,000 *	166,000	0
01/22/25 S	19,368		1.000	0	19,368 *	19,368	0
01/29/25 S	162,333		1.000	0	162,333 *	162,333	0
02/05/25 S	19,822		1.000	0	19,822 *	19,822	0
02/11/25 S	172,474		1.000	0	172,474 *	172,474	0
02/14/25 S	209,676		1.000	0	209,676 *	209,676	0
02/18/25 S	9,282		1.000	0	9,282 *	9,282	0
02/24/25 S	339,736		1.000	0	339,736 *	339,736	0
02/25/25 S	19,086		1.000	0	19,086 *	19,086	0
03/03/25 S	103,935		1.000	0	103,935 *	103,935	0
03/04/25 S	21,145		1.000	0	21,145 *	21,145	0
03/13/25 S	8,938		1.000	0	8,938 *	8,938	0
03/14/25 S	214,817		1.000	0	214,817 *	214,817	0
03/20/25 S	152,016		1.000	0	152,016 *	152,016	0
03/25/25 S	15,942		1.000	0	15,942 *	15,942	0
04/10/25 S	15,227		1.000	0	15,227 *	15,227	0
04/11/25 S	270,660		1.000	0	270,660 *	270,660	0
04/15/25 S	199,346		1.000	0	199,346 *	199,346	0
04/17/25 S	216,111		1.000	0	216,111 *	216,111	0
04/23/25 S	14,749		1.000	0	14,749 *	14,749	0
04/29/25 S	18,380		1.000	0	18,380 *	18,380	0
05/06/25 S	18,381		1.000	0	18,381 *	18,381	0
05/07/25 S	203,309		1.000	0	203,309 *	203,309	0
05/09/25 S	1,451		1.000	0	1,451	1,451	0
05/16/25 S	202,996		1.000	0	202,996 *	202,996	0
05/20/25 S	333,382		1.000	0	333,382 *	333,382	0
05/29/25 S	24,738		1.000	0	24,738 *	24,738	0
06/04/25 S	10,705		1.000	0	10,705 *	10,705	0
06/17/25 S	387,103		1.000	0	387,103 *	387,103	0
06/18/25 S	200,428		1.000	0	200,428 *	200,428	0
06/25/25 S	19,113		1.000	0	19,113 *	19,113	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
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SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/01/25 S	15,171	1.000	0	15,171 *	15,171	0
07/09/25 S	13,185	1.000	0	13,185 *	13,185	0
07/15/25 S	5,811	1.000	0	5,811 *	5,811	0
07/17/25 S	202,151	1.000	0	202,151 *	202,151	0
07/21/25 S	3,822	1.000	0	3,822 *	3,822	0
07/23/25 S	12,561	1.000	0	12,561 *	12,561	0
07/30/25 S	23,291	1.000	0	23,291 *	23,291	0
08/06/25 S	281,539	1.000	0	281,539 *	281,539	0
08/13/25 S	18,683	1.000	0	18,683 *	18,683	0
08/20/25 S	224,687	1.000	0	224,687 *	224,687	0
08/27/25 S	140,673	1.000	0	140,673 *	140,673	0
09/03/25 S	17,433	1.000	0	17,433 *	17,433	0
09/09/25 S	13,403	1.000	0	13,403 *	13,403	0
09/18/25 S	219,014	1.000	0	219,014 *	219,014	0
09/24/25 S	371,057	1.000	0	371,057 *	371,057	0
10/01/25 S	12,782	1.000	0	12,782 *	12,782	0
10/08/25 S	11,595	1.000	0	11,595 *	11,595	0
10/14/25 S	216,785	1.000	0	216,785 *	216,785	0
10/15/25 S	2,043	1.000	0	2,043	2,043	0
10/21/25 S	322,822	1.000	0	322,822 *	322,822	0
10/28/25 S	28,165	1.000	0	28,165 *	28,165	0
11/05/25 S	15,717	1.000	0	15,717 *	15,717	0
11/07/25 S	236,023	1.000	0	236,023 *	236,023	0
11/12/25 S	17,007	1.000	0	17,007 *	17,007	0
11/18/25 S	16,200	1.000	0	16,200 *	16,200	0
11/19/25 S	205,338	1.000	0	205,338 *	205,338	0
11/25/25 S	23,115	1.000	0	23,115 *	23,115	0
12/02/25 S	13,008	1.000	0	13,008 *	13,008	0
12/09/25 S	13,413	1.000	0	13,413 *	13,413	0
12/12/25 S	21,216	1.000	0	21,216 *	21,216	0
12/17/25 S	228,048	1.000	0	228,048 *	228,048	0
12/23/25 S	19,360	1.000	0	19,360 *	19,360	0
12/30/25 S	18,233	1.000	0	18,233 *	18,233	0
SUB-TOTAL OF SALES # 67			0	6,787,961	6,787,961	0
SUB-TOTAL			0	14,003,646	14,003,646	0
GRAND TOTAL			0	14,003,646	14,003,646	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER **AGP H&W - 0004 - AGP INC - PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129902**

SINGLE / BY BROKER

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		66,702.52			
	COMPARATIVE VALUE (5%)		3,335.13			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP & COMPANIES - CAFETERIA**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129907**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		128,386.46			
	COMPARATIVE VALUE (5%)		6,419.32			
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/09/25 B	13,368	1.000	0	13,368-*	13,368	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/15/25 S	40,978	1.000	0	40,978 *	40,978	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/23/25 B	13,702	1.000	0	13,702-*	13,702	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/29/25 S	11,832	1.000	0	11,832 *	11,832	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/05/25 S	11,128	1.000	0	11,128 *	11,128	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/06/25 B	13,705	1.000	0	13,705-*	13,705	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/11/25 S	11,674	1.000	0	11,674 *	11,674	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/19/25 S	9,284	1.000	0	9,284 *	9,284	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/20/25 B	13,705	1.000	0	13,705-*	13,705	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/25/25 S	10,826	1.000	0	10,826 *	10,826	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/04/25 S	7,474	1.000	0	7,474 *	7,474	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/06/25 B	13,705	1.000	0	13,705-*	13,705	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/11/25 S	9,097	1.000	0	9,097 *	9,097	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/20/25 B	13,705	1.000	0	13,705-*	13,705	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/21/25 S	8,744	1.000	0	8,744 *	8,744	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/25/25 S	6,755	1.000	0	6,755 *	6,755	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
04/01/25 S	11,783	1.000	0	11,783 *	11,783	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
04/03/25 B	13,697	1.000	0	13,697-*	13,697	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
04/10/25 S	9,118	1.000	0	9,118 *	9,118	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP & COMPANIES - CAFETERIA**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129907**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/15/25 S	6,670	1.000	0	6,670 *	6,670	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/16/25 B	13,787	1.000	0	13,787-*	13,787	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/22/25 S	6,885	1.000	0	6,885 *	6,885	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/30/25 S	8,110	1.000	0	8,110 *	8,110	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/01/25 B	13,867	1.000	0	13,867-*	13,867	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/15/25 B	13,867	1.000	0	13,867-*	13,867	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/21/25 S	7,208	1.000	0	7,208 *	7,208	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/28/25 S	7,093	1.000	0	7,093 *	7,093	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/11/25 S	7,922	1.000	0	7,922 *	7,922	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/12/25 B	13,882	1.000	0	13,882-*	13,882	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/25/25 S	6,508	1.000	0	6,508 *	6,508	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/26/25 B	13,807	1.000	0	13,807-*	13,807	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/09/25 S	10,110	1.000	0	10,110 *	10,110	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/15/25 B	13,767	1.000	0	13,767-*	13,767	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/24/25 B	13,767	1.000	0	13,767-*	13,767	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/11/25 B	13,767	1.000	0	13,767-*	13,767	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/22/25 B	13,767	1.000	0	13,767-*	13,767	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/27/25 S	7,726	1.000	0	7,726 *	7,726	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/05/25 B	13,802	1.000	0	13,802-*	13,802	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/15/25 B	35,707	1.000	0	35,707-*	35,707	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/19/25 B	13,802	1.000	0	13,802-*	13,802	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/03/25 B	14,093	1.000	0	14,093-*	14,093	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/17/25 B	14,218	1.000	0	14,218-*	14,218	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP & COMPANIES - CAFETERIA**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129907**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/29/25 S	9,945	1.000	0	9,945 *	9,945	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/13/25 S	10,136	1.000	0	10,136 *	10,136	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/26/25 B	14,123	1.000	0	14,123-*	14,123	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/16/25 B	14,123	1.000	0	14,123-*	14,123	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/23/25 S	8,359	1.000	0	8,359 *	8,359	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/26/25 B	14,123	1.000	0	14,123-*	14,123	
GRAND TOTAL			0	599,221	599,221	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER **AGP & COMPANIES - CAFETERIA**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129907**

SERIES / BY BROKER

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		128,386.46			
	COMPARATIVE VALUE (5%)		6,419.32			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP & COMPANIES - CAFETERIA**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129907**

SERIES / BY ISSUE

DATE BOUGHT/SOLD		SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE			128,386.46			
	COMPARATIVE VALUE (5%)			6,419.32			
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM							
01/02/25	B	281	1.000	0	281-	281	
01/09/25	B	13,368	1.000	0	13,368-*	13,368	
01/13/25	B	213	1.000	0	213-	213	
01/23/25	B	13,702	1.000	0	13,702-*	13,702	
01/30/25	B	238	1.000	0	238-	238	
02/03/25	B	242	1.000	0	242-	242	
02/06/25	B	13,705	1.000	0	13,705-*	13,705	
02/20/25	B	13,705	1.000	0	13,705-*	13,705	
03/03/25	B	163	1.000	0	163-	163	
03/06/25	B	13,705	1.000	0	13,705-*	13,705	
03/20/25	B	13,705	1.000	0	13,705-*	13,705	
04/01/25	B	160	1.000	0	160-	160	
04/03/25	B	13,697	1.000	0	13,697-*	13,697	
04/16/25	B	13,787	1.000	0	13,787-*	13,787	
05/01/25	B	138	1.000	0	138-	138	
05/01/25	B	13,867	1.000	0	13,867-*	13,867	
05/15/25	B	13,867	1.000	0	13,867-*	13,867	
06/02/25	B	144	1.000	0	144-	144	
06/12/25	B	13,882	1.000	0	13,882-*	13,882	
06/26/25	B	13,807	1.000	0	13,807-*	13,807	
07/01/25	B	123	1.000	0	123-	123	
07/15/25	B	13,767	1.000	0	13,767-*	13,767	
07/24/25	B	13,767	1.000	0	13,767-*	13,767	
08/01/25	B	138	1.000	0	138-	138	
08/11/25	B	13,767	1.000	0	13,767-*	13,767	
08/22/25	B	13,767	1.000	0	13,767-*	13,767	
09/02/25	B	163	1.000	0	163-	163	
09/05/25	B	13,802	1.000	0	13,802-*	13,802	
09/15/25	B	35,707	1.000	0	35,707-*	35,707	
09/19/25	B	13,802	1.000	0	13,802-*	13,802	
10/01/25	B	208	1.000	0	208-	208	
10/03/25	B	14,093	1.000	0	14,093-*	14,093	
10/17/25	B	14,218	1.000	0	14,218-*	14,218	
11/03/25	B	264	1.000	0	264-	264	
11/26/25	B	14,123	1.000	0	14,123-*	14,123	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP & COMPANIES - CAFETERIA**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129907**

SERIES / BY ISSUE

DATE BOUGHT/SOLD		SHARES/ PAR VALUE		UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH		TRANSACTION COST	REALIZED GAIN/LOSS
12/01/25	B	213		1.000	0	213-		213	
12/16/25	B	14,123		1.000	0	14,123-*		14,123	
12/26/25	B	14,123		1.000	0	14,123-*		14,123	
	SUB-TOTAL OF BUYS		# 38		0	356,544		356,544	
01/15/25	S	40,978		1.000	0	40,978	*	40,978	0
01/17/25	S	5,863		1.000	0	5,863		5,863	0
01/22/25	S	6,225		1.000	0	6,225		6,225	0
01/29/25	S	11,832		1.000	0	11,832	*	11,832	0
02/05/25	S	11,128		1.000	0	11,128	*	11,128	0
02/11/25	S	11,674		1.000	0	11,674	*	11,674	0
02/14/25	S	0		1.000	0	0		0	0
02/19/25	S	9,284		1.000	0	9,284	*	9,284	0
02/25/25	S	10,826		1.000	0	10,826	*	10,826	0
03/04/25	S	7,474		1.000	0	7,474	*	7,474	0
03/11/25	S	9,097		1.000	0	9,097	*	9,097	0
03/21/25	S	8,744		1.000	0	8,744	*	8,744	0
03/25/25	S	6,755		1.000	0	6,755	*	6,755	0
04/01/25	S	11,783		1.000	0	11,783	*	11,783	0
04/02/25	S	1		1.000	0	1		1	0
04/10/25	S	9,118		1.000	0	9,118	*	9,118	0
04/15/25	S	6,670		1.000	0	6,670	*	6,670	0
04/22/25	S	6,885		1.000	0	6,885	*	6,885	0
04/30/25	S	8,110		1.000	0	8,110	*	8,110	0
05/07/25	S	4,371		1.000	0	4,371		4,371	0
05/14/25	S	5,292		1.000	0	5,292		5,292	0
05/21/25	S	7,208		1.000	0	7,208	*	7,208	0
05/28/25	S	7,093		1.000	0	7,093	*	7,093	0
06/04/25	S	3,311		1.000	0	3,311		3,311	0
06/11/25	S	7,922		1.000	0	7,922	*	7,922	0
06/17/25	S	4,442		1.000	0	4,442		4,442	0
06/25/25	S	6,508		1.000	0	6,508	*	6,508	0
07/01/25	S	1,522		1.000	0	1,522		1,522	0
07/09/25	S	10,110		1.000	0	10,110	*	10,110	0
07/16/25	S	3,337		1.000	0	3,337		3,337	0
07/23/25	S	3,688		1.000	0	3,688		3,688	0
07/30/25	S	3,276		1.000	0	3,276		3,276	0
08/06/25	S	4,855		1.000	0	4,855		4,855	0
08/13/25	S	4,571		1.000	0	4,571		4,571	0
08/27/25	S	7,726		1.000	0	7,726	*	7,726	0
08/28/25	S	6,144		1.000	0	6,144		6,144	0
09/04/25	S	5,249		1.000	0	5,249		5,249	0
09/10/25	S	3,082		1.000	0	3,082		3,082	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP & COMPANIES - CAFETERIA**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129907**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH		TRANSACTION COST	REALIZED GAIN/LOSS
09/18/25 S	4,288	1.000	0	4,288		4,288	0
09/24/25 S	3,487	1.000	0	3,487		3,487	0
10/01/25 S	4,300	1.000	0	4,300		4,300	0
10/08/25 S	3,337	1.000	0	3,337		3,337	0
10/15/25 S	4,493	1.000	0	4,493		4,493	0
10/22/25 S	3,133	1.000	0	3,133		3,133	0
10/29/25 S	9,945	1.000	0	9,945	*	9,945	0
11/06/25 S	3,248	1.000	0	3,248		3,248	0
11/13/25 S	10,136	1.000	0	10,136	*	10,136	0
11/18/25 S	5,095	1.000	0	5,095		5,095	0
11/25/25 S	5,840	1.000	0	5,840		5,840	0
12/02/25 S	6,329	1.000	0	6,329		6,329	0
12/09/25 S	2,367	1.000	0	2,367		2,367	0
12/17/25 S	1,912	1.000	0	1,912		1,912	0
12/23/25 S	8,359	1.000	0	8,359	*	8,359	0
12/30/25 S	4,283	1.000	0	4,283		4,283	0
SUB-TOTAL OF SALES # 54			0	362,706		362,706	0
SUB-TOTAL			0	719,250		719,250	0
GRAND TOTAL			0	719,250		719,250	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER **AGP & COMPANIES - CAFETERIA**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129907**

SINGLE / BY BROKER

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		128,386.46			
	COMPARATIVE VALUE (5%)		6,419.32			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		40,546.40			
	COMPARATIVE VALUE (5%)		2,027.32			
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/09/25 B	2,908	1.000	0	2,908-*	2,908	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/10/25 B	4,130	1.000	0	4,130-*	4,130	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/17/25 S	2,569	1.000	0	2,569 *	2,569	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/23/25 B	2,853	1.000	0	2,853-*	2,853	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
01/29/25 S	2,864	1.000	0	2,864 *	2,864	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/06/25 B	2,880	1.000	0	2,880-*	2,880	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/10/25 B	3,875	1.000	0	3,875-*	3,875	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/11/25 S	11,276	1.000	0	11,276 *	11,276	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/14/25 S	3,058	1.000	0	3,058 *	3,058	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/20/25 B	2,880	1.000	0	2,880-*	2,880	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
02/24/25 S	8,596	1.000	0	8,596 *	8,596	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/03/25 S	8,333	1.000	0	8,333 *	8,333	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/06/25 B	2,626	1.000	0	2,626-*	2,626	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/11/25 B	3,687	1.000	0	3,687-*	3,687	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
03/14/25 S	3,079	1.000	0	3,079 *	3,079	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
04/03/25 B	2,094	1.000	0	2,094-*	2,094	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
04/10/25 B	3,494	1.000	0	3,494-*	3,494	
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
04/11/25 S	5,483	1.000	0	5,483 *	5,483	0
	ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM					
04/15/25 S	2,747	1.000	0	2,747 *	2,747	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/16/25 B	2,626	1.000	0	2,626-*	2,626	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/01/25 B	2,626	1.000	0	2,626-*	2,626	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/07/25 S	4,704	1.000	0	4,704 *	4,704	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/12/25 B	3,480	1.000	0	3,480-*	3,480	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/13/25 B	19,589	1.000	0	19,589-*	19,589	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/15/25 B	2,626	1.000	0	2,626-*	2,626	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/16/25 S	2,802	1.000	0	2,802 *	2,802	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/20/25 S	7,514	1.000	0	7,514 *	7,514	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/10/25 B	3,475	1.000	0	3,475-*	3,475	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/12/25 B	2,420	1.000	0	2,420-*	2,420	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/16/25 S	2,669	1.000	0	2,669 *	2,669	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/17/25 S	4,110	1.000	0	4,110 *	4,110	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/18/25 S	2,802	1.000	0	2,802 *	2,802	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/25/25 B	2,034	1.000	0	2,034-*	2,034	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/26/25 B	2,420	1.000	0	2,420-*	2,420	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/10/25 B	3,285	1.000	0	3,285-*	3,285	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/17/25 S	2,556	1.000	0	2,556 *	2,556	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/21/25 B	3,822	1.000	0	3,822-*	3,822	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/22/25 S	3,822	1.000	0	3,822 *	3,822	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/24/25 B	2,420	1.000	0	2,420-*	2,420	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/31/25 B	3,663	1.000	0	3,663-*	3,663	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/06/25 S	13,646	1.000	0	13,646 *	13,646	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/11/25 B	2,119	1.000	0	2,119-*	2,119	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/20/25 S	2,962	1.000	0	2,962 *	2,962	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/22/25 B	2,420	1.000	0	2,420-*	2,420	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/27/25 S	3,412	1.000	0	3,412 *	3,412	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/29/25 B	3,243	1.000	0	3,243-*	3,243	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/05/25 B	2,420	1.000	0	2,420-*	2,420	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/18/25 S	2,315	1.000	0	2,315 *	2,315	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/19/25 B	2,721	1.000	0	2,721-*	2,721	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/03/25 B	2,420	1.000	0	2,420-*	2,420	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/10/25 B	3,210	1.000	0	3,210-*	3,210	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/14/25 S	2,390	1.000	0	2,390 *	2,390	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/17/25 B	13,549	1.000	0	13,549-*	13,549	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/21/25 S	3,476	1.000	0	3,476 *	3,476	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/31/25 B	3,184	1.000	0	3,184-*	3,184	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/07/25 S	2,242	1.000	0	2,242 *	2,242	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/19/25 S	2,390	1.000	0	2,390 *	2,390	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/26/25 B	2,243	1.000	0	2,243-*	2,243	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/01/25 B	3,049	1.000	0	3,049-*	3,049	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/16/25 B	2,824	1.000	0	2,824-*	2,824	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/17/25 S	2,201	1.000	0	2,201 *	2,201	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/26/25 B	2,222	1.000	0	2,222-*	2,222	
GRAND TOTAL			0	245,555	245,555	0

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

SERIES / BY BROKER

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		40,546.40			
	COMPARATIVE VALUE (5%)		2,027.32			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		40,546.40			
	COMPARATIVE VALUE (5%)		2,027.32			
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/02/25 B	76	1.000	0	76-	76	
01/09/25 B	2,908	1.000	0	2,908-*	2,908	
01/10/25 B	4,130	1.000	0	4,130-*	4,130	
01/23/25 B	2,853	1.000	0	2,853-*	2,853	
01/31/25 B	2,001	1.000	0	2,001-	2,001	
02/03/25 B	95	1.000	0	95-	95	
02/06/25 B	2,880	1.000	0	2,880-*	2,880	
02/07/25 B	282	1.000	0	282-	282	
02/10/25 B	3,875	1.000	0	3,875-*	3,875	
02/20/25 B	2,880	1.000	0	2,880-*	2,880	
03/03/25 B	80	1.000	0	80-	80	
03/06/25 B	2,626	1.000	0	2,626-*	2,626	
03/07/25 B	282	1.000	0	282-	282	
03/11/25 B	3,687	1.000	0	3,687-*	3,687	
03/20/25 B	1,149	1.000	0	1,149-	1,149	
04/01/25 B	57	1.000	0	57-	57	
04/03/25 B	2,094	1.000	0	2,094-*	2,094	
04/04/25 B	282	1.000	0	282-	282	
04/10/25 B	3,494	1.000	0	3,494-*	3,494	
04/16/25 B	2,626	1.000	0	2,626-*	2,626	
05/01/25 B	54	1.000	0	54-	54	
05/01/25 B	2,626	1.000	0	2,626-*	2,626	
05/12/25 B	3,480	1.000	0	3,480-*	3,480	
05/13/25 B	19,589	1.000	0	19,589-*	19,589	
05/15/25 B	2,626	1.000	0	2,626-*	2,626	
06/02/25 B	75	1.000	0	75-	75	
06/06/25 B	282	1.000	0	282-	282	
06/10/25 B	3,475	1.000	0	3,475-*	3,475	
06/12/25 B	2,420	1.000	0	2,420-*	2,420	
06/25/25 B	2,034	1.000	0	2,034-*	2,034	
06/26/25 B	2,420	1.000	0	2,420-*	2,420	
07/01/25 B	79	1.000	0	79-	79	
07/08/25 B	224	1.000	0	224-	224	
07/10/25 B	3,285	1.000	0	3,285-*	3,285	
07/15/25 B	1,995	1.000	0	1,995-	1,995	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/21/25 B	3,822	1.000	0	3,822-*	3,822	
07/24/25 B	2,420	1.000	0	2,420-*	2,420	
07/31/25 B	3,663	1.000	0	3,663-*	3,663	
08/01/25 B	88	1.000	0	88-	88	
08/07/25 B	282	1.000	0	282-	282	
08/11/25 B	2,119	1.000	0	2,119-*	2,119	
08/22/25 B	2,420	1.000	0	2,420-*	2,420	
08/29/25 B	3,243	1.000	0	3,243-*	3,243	
09/02/25 B	77	1.000	0	77-	77	
09/05/25 B	2,420	1.000	0	2,420-*	2,420	
09/08/25 B	282	1.000	0	282-	282	
09/19/25 B	2,721	1.000	0	2,721-*	2,721	
10/01/25 B	75	1.000	0	75-	75	
10/03/25 B	2,420	1.000	0	2,420-*	2,420	
10/07/25 B	282	1.000	0	282-	282	
10/10/25 B	3,210	1.000	0	3,210-*	3,210	
10/17/25 B	13,549	1.000	0	13,549-*	13,549	
10/31/25 B	3,184	1.000	0	3,184-*	3,184	
11/03/25 B	92	1.000	0	92-	92	
11/26/25 B	2,243	1.000	0	2,243-*	2,243	
12/01/25 B	94	1.000	0	94-	94	
12/01/25 B	3,049	1.000	0	3,049-*	3,049	
12/05/25 B	282	1.000	0	282-	282	
12/16/25 B	2,824	1.000	0	2,824-*	2,824	
12/26/25 B	2,222	1.000	0	2,222-*	2,222	
SUB-TOTAL OF BUYS # 60			0	140,104	140,104	
01/03/25 S	473	1.000	0	473	473	0
01/17/25 S	2,569	1.000	0	2,569 *	2,569	0
01/29/25 S	2,864	1.000	0	2,864 *	2,864	0
02/05/25 S	353	1.000	0	353	353	0
02/11/25 S	11,276	1.000	0	11,276 *	11,276	0
02/14/25 S	3,058	1.000	0	3,058 *	3,058	0
02/18/25 S	203	1.000	0	203	203	0
02/24/25 S	8,596	1.000	0	8,596 *	8,596	0
02/25/25 S	198	1.000	0	198	198	0
03/03/25 S	8,333	1.000	0	8,333 *	8,333	0
03/04/25 S	705	1.000	0	705	705	0
03/13/25 S	1,892	1.000	0	1,892	1,892	0
03/14/25 S	3,079	1.000	0	3,079 *	3,079	0
03/25/25 S	462	1.000	0	462	462	0
04/11/25 S	5,483	1.000	0	5,483 *	5,483	0
04/15/25 S	2,747	1.000	0	2,747 *	2,747	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH		TRANSACTION COST	REALIZED GAIN/LOSS
04/17/25 S	1,289	1.000	0	1,289		1,289	0
05/07/25 S	4,704	1.000	0	4,704	*	4,704	0
05/09/25 S	24	1.000	0	24		24	0
05/16/25 S	2,802	1.000	0	2,802	*	2,802	0
05/20/25 S	7,514	1.000	0	7,514	*	7,514	0
05/29/25 S	639	1.000	0	639		639	0
06/16/25 S	2,669	1.000	0	2,669	*	2,669	0
06/17/25 S	4,110	1.000	0	4,110	*	4,110	0
06/18/25 S	2,802	1.000	0	2,802	*	2,802	0
07/01/25 S	504	1.000	0	504		504	0
07/17/25 S	2,556	1.000	0	2,556	*	2,556	0
07/22/25 S	3,822	1.000	0	3,822	*	3,822	0
07/23/25 S	570	1.000	0	570		570	0
07/30/25 S	579	1.000	0	579		579	0
08/06/25 S	13,646	1.000	0	13,646	*	13,646	0
08/20/25 S	2,962	1.000	0	2,962	*	2,962	0
08/27/25 S	3,412	1.000	0	3,412	*	3,412	0
09/18/25 S	2,315	1.000	0	2,315	*	2,315	0
09/24/25 S	727	1.000	0	727		727	0
10/14/25 S	2,390	1.000	0	2,390	*	2,390	0
10/21/25 S	3,476	1.000	0	3,476	*	3,476	0
11/07/25 S	2,242	1.000	0	2,242	*	2,242	0
11/19/25 S	2,390	1.000	0	2,390	*	2,390	0
12/17/25 S	2,201	1.000	0	2,201	*	2,201	0
SUB-TOTAL OF SALES # 40			0	122,636		122,636	0
SUB-TOTAL			0	262,740		262,740	0
GRAND TOTAL			0	262,740		262,740	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER **AGP H&W- 0527- GRAIN MARKETING- PREM**
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025 **ACCOUNT NUMBER 15129908**

SINGLE / BY BROKER

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		40,546.40			
	COMPARATIVE VALUE (5%)		2,027.32			

*** NO TRANSACTIONS QUALIFIED ***

Plan Name: **The Ag Processing Inc Welfare Benefits Plan**
Plan Sponsor EIN: **42-0615016**
ERISA 3-digit Plan #: **501**
Plan Year Ending: **12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant ("IQPA").

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name: **The Ag Processing Inc Welfare Benefits Plan**
Plan Sponsor EIN: **42-0615016**
ERISA 3-digit Plan #: **501**
Plan Year Ending: **12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant ("IQPA").

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name: **The Ag Processing Inc Welfare Benefits Plan**
Plan Sponsor EIN: **42-0615016**
ERISA 3-digit Plan #: **501**
Plan Year Ending: **12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant ("IQPA").

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	