OMB Control number 1210-0040; Expiration Date 03/31/2026

SUMMARY ANNUAL REPORT FOR PMA FINANCIAL NETWORK (AND AFFILIATES) WELFARE BENEFIT PLAN

This is a summary of the annual report of the PMA FINANCIAL NETWORK (AND AFFILIATES) WELFARE BENEFIT PLAN, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 36-3270709, Plan Number 501), for the plan year 01/01/2025 through 12/31/2025. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

PMA FINANCIAL NETWORK, LLC has committed itself to pay certain Dental and Healthcare Flexible Spending Account claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with BLUECROSS BLUESHIELD OF ILLINOIS and THE LINCOLN NATIONAL LIFE INSURANCE COMPANY to pay certain Health, Prescription drug, HMO contract, PPO contract, Vision, Life insurance, Temporary disability, Long-term disability, ACCIDENTAL DEATH AND DISMEMBERMENT claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2025 were $2,566,607.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 2135 CITYGATE LANE, NAPERVILLE, IL 60563 and phone number, 630-657-6400. The charge to cover copying costs will be $5.00 for the full annual report, or $0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 2135 CITYGATE LANE, NAPERVILLE, IL 60563, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

Additional Explanation

Dental and Healthcare Flexible Spending Account benefits are self-insured and not subject to SAR reporting requirements. Contact your plan administrator for details.