SUMMARY ANNUAL REPORT

FOR
Business Council of New York State Inc. Insurance Fund

This is a Summary Annual Report for Business Council of New York State Inc. Insurance Fund, 14-6034807/501 for the January 1, 2025 through December 31, 2025 Plan Year. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The Insurance Fund has contracts with Ameritas Life Insurance Company of New York to pay all Dental and Vision claims, Equitable Financial Life Insurance Company to pay all Special Accidental Death and Dismemberment, Long Term Disability, Temporary Disability, Life and Supplemental Life claims and Hartford Life Insurance Company to pay all New York Power Authority Long Term Disability claims under the terms of the Plan. The total premiums paid during the Plan Year ending December 31, 2025 were $39,228,642.

Basic Financial Statement

The value of The Insurance Fund assets, after subtracting liabilities of the Plans, was $3,291,640 as of December 31, 2025, compared to $2,894,765 as of January 1, 2025. During the Plan Year the Plan experienced an increase in its net assets of $396,875. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the Plan Year, the Plan had total income of $3,114,074, including earnings from investments of $114,047. Plan expenses were $2,717,199, all of which were administrative expenses.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. Presented in that report is insurance information which includes sales commissions paid by insurance carriers, an accountants' report, financial information, and information on payments to service providers, fiduciary information, including non-exempt transactions between the Plan and parties-in-interest and a list of assets held for investment.

To obtain a copy of the full annual report, or any part thereof, contact the office of The Business Council of New York State Inc. Insurance Fund, which is the policy holder, at 12 Corporate Woods Blvd., Ste. 17, Albany, NY, 12211-2344, (518) 465-1571.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, if any, or a statement of income and expenses of the Plan and accompanying notes, if any, or both. If you request a copy of the full Annual Report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the Insurance Fund at 12 Corporate Woods Blvd., Ste. 17, Albany, NY, 12211-2344 and at the U.S. Department of Labor in Washington, D.C., or 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, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB. Control Number 1210-0040.