

FORM N-PX FILER INFORMATION	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM N-PX ANNUAL REPORT OF PROXY VOTING RECORD	OMB APPROVAL
Form N-PX		OMB Number: 3235-0582 Estimated average burden hours per response: 20.8

N-PX: Filer Information

Filer CIK:	<input type="text" value="0000810695"/>
Filer CCC:	<input type="text" value="*****"/>
Date of Report:	<input type="text" value="06/30/2024"/>
Are you a Registered Management Investment Company or an Institutional Manager?	<input type="text" value="Registered Management Investment Company"/>
Filer Investment Company Type	<input type="text" value="Form N-1A Filer (Mutual Fund)"/>
Is this a LIVE or TEST Filing?	<input type="text" value="LIVE"/>
Is this an electronic copy of an official filing submitted in paper format?	<input type="checkbox"/>

Submission Contact Information

Name	<input type="text" value="Nicole DeMarco"/>
Phone	<input type="text" value="631-470-2704"/>
E-mail Address	<input type="text" value="edgar@blugiant.com"/>

Notification Information

Notify via Filing Website only?	<input type="checkbox"/>
Notification E-mail Address:	<input type="text" value="edgar@blugiant.com"/>

N-PX: Series/Class (Contract) Information

All?	<input type="checkbox"/>
Series ID Record 1	
Series ID	<input type="text" value="S000017165 Rational Tactical Return Fund"/>
All?	<input type="checkbox"/>
Class ID Record 1	
Class ID	<input type="text" value="C000047568"/>
Class ID Record 2	
Class ID	<input type="text" value="C000047570"/>
Class ID Record 3	
Class ID	<input type="text" value="C000169250"/>
Series ID Record 2	
Series ID	<input type="text" value="S000026200 Rational Strategic Allocation Fund"/>
All?	<input type="checkbox"/>
Class ID Record 1	
Class ID	<input type="text" value="C000078667"/>
Class ID Record 2	
Class ID	<input type="text" value="C000169251"/>
Class ID Record 3	
Class ID	<input type="text" value="C000169252"/>
Series ID Record 3	
Series ID	<input type="text" value="S000055002 Rational/ReSolve Adaptive Asset Allocation Fund"/>
All?	<input type="checkbox"/>
Class ID Record 1	
Class ID	<input type="text" value="C000172993"/>
Class ID Record 2	

Class ID	C000172994
Class ID Record 3	
Class ID	C000172995
Series ID Record 4	
Series ID	S000065726 Rational Special Situations Income Fund
All?	<input type="checkbox"/>
Class ID Record 1	
Class ID	C000212569
Class ID Record 2	
Class ID	C000212570
Class ID Record 3	
Class ID	C000212571

N-PX: Cover Page

Name and address of reporting person:

Name of reporting person (For registered management investment companies, provide exact name of registrant as specified in charter)	Mutual Fund & Variable Insurance Trust
Street 1	C/O GEMINI FUND SERVICES, LLC
Street 2	4221 NORTH 203RD STREET, SUITE 100
City	ELKHORN
State/Country	NE
Zip code and zip code extension or foreign postal code	68022-3474
Telephone number of reporting person, including area code:	631-629-4237

Name and address of agent for service:

Name of agent for service	
Street 1	
Street 2	
City	
State/Country	
Zip code and zip code extension or foreign postal code	
Reporting Period:	Report for the year ended June 30, 2024
SEC Investment Company Act or Form 13F File Number:	811-05010
CRD Number (if any):	
Other SEC File Number (if any):	033-11905
Legal Entity Identifier (if any):	5493004PTLTEAXU9GG06

Report Type (check only one):

Do you wish to provide explanatory information pursuant to Special Instruction B.4.?:	<input type="checkbox"/> Registered Management Investment Company.
	<input type="checkbox"/> Fund Voting Report (Check here if the registered management investment company held one or more securities it was entitled to vote.)
	<input checked="" type="checkbox"/> Fund Notice Report (Check here if the registered management investment company did not hold any securities it was entitled to vote.)
	<input type="checkbox"/> Institutional Manager.
	<input type="checkbox"/> Institutional Manager Voting Report (Check here if all proxy votes of this reporting manager are reported in this report.)
	<input type="checkbox"/> Institutional Manager Notice Report (Check here if no proxy votes are reported in this report and complete the notice report filing explanation section below)
<input type="checkbox"/> Institutional Manager Combination Report (Check here if a portion of the proxy votes for this reporting manager are reported in this report and a portion are reported by other reporting person(s).)	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Additional information:

N-PX: Summary - Included Series

Number of Series:

Information about the Series: 1

Series Identification Number:

Series Name:

LEI:

Information about the Series: 2

Series Identification Number:

Series Name:

LEI:

Information about the Series: 3

Series Identification Number:

Series Name:

LEI:

Information about the Series: 4

Series Identification Number:

Series Name:

LEI:

N-PX: Signature Block

Reporting Person:

By (Signature):

By (Printed Signature):

By (Title):

Date: