

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2022</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input checked="" type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>CMJ RECOVERY MANAGEMENT LLC</u>	1b Three-digit plan number (PN) ▶ <u>502</u>
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) <u>CMJ RECOVERY MANAGEMENT LLC</u> <u>ALIYA HEALTH GROUP</u> <u>317 EAST CARSON STREET</u> <u>SUITE 245</u> <u>PITTSBURGH, PA 15219</u>	1c Effective date of plan <u>01/01/2022</u> 2b Employer Identification Number (EIN) <u>85-1689418</u> 2c Plan Sponsor's telephone number <u>412-520-8131</u> 2d Business code (see instructions) <u>621420</u>

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.	06/15/2023	<u>MARCUS MIHELIC</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2023	<u>MARCUS MIHELIC</u>
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 120
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6a(2) 120 6b 6c 6d 120 6e 6f 120 6g 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 Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4D	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 1 A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

(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.
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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..... Specify nature of costs ▶	6d	

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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
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** 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)	123867		
(2) Increase (decrease) in amount due but unpaid	9a(2)	15007		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)			
(4) Earned ((1) + (2) - (3)).....			9a(4)	138874
b Benefit charges (1) Claims paid.....	9b(1)			51578
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2)).....			9b(3)	51578
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 No

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



10 Hudson Yards
New York, NY 10001
guardianlife.com

ROBERT ITSKOWITZ
CMJ RECOVERY MANAGEMENT LLC
317 EAST CARSON STREET SUITE 245
PITTSBURGH, PA 15217

May 26, 2023

Plan Number : 00585916
Anniversary Date : 4/1/23

To help you with the preparation of your form 5500 (Annual Return / Report of Employee Benefit Plan ERISA) for filing with the Department of Labor, we are providing the following information.

You are required to transfer the information from this form to the appropriate schedule, forming Part of the 5500 form furnished by the United States Department of Labor. You will also need Guardian's Tax ID (EIN) and NAIC numbers, which are as follows :

EIN : 13-5123390

NAIC: 64246

A copy of this form should be retained for your records.

Certified to be correct

The Guardian Life Insurance Company of America.

1-888-278-4542



Name of Plan : **CMJ RECOVERY MANAGEMENT LLC**

Plan Number : **00585916**

Data for Period From : **4/1/22** To : **3/31/23**

The approximate number of employees covered at the end of the plan year : 261

Group Insurance coverage(s) included under this Plan :

Dental (Insured), Vision (Insured)

The following figure represents commissions that are to be reported on Schedule A, Line 3, Element (b):

Contract Identification	Name and Address of Recipient of Commissions	
0009L434	CENTERSTONE INSURANCE AND FINA 12404 PARK CENTRAL DRIVE SUITE 400S DALLAS TX 75251	
	Group Insurance Coverage(s) For Above Contract	Commissions Paid
	Dental (Insured)	11,048.01
	Vision (Insured)	2,676.00
	Total For Contract:	13,724.01
	Total Commissions Paid On Plan:	13,724.01

The following figure represents fees that are to be reported on Schedule A, Line 3, Element (c):

Contract Identification	Name of Recipient of Fees	Amount
0009L434	CENTERSTONE INSURANCE AND FINA	\$4,357.89
	Total Fees Paid	\$4,357.89

However, the compensation listed above is not charged to your case in calculating new rates.

Recipient of One Time Reimbursement	Amount Paid
	Total Fees Paid:

Group Insurance Coverage(s) For Above Contract	Gross Premium Paid
Dental (Insured)	105,465.28
Vision (Insured)	18,401.80



Totals:	123,867.08
Premium due and unpaid at the end of plan year:	15,007.26

Name of Plan: CMJ RECOVERY MANAGEMENT LLC

Plan Number: 00585916

The following figure represents Indirect Compensation to be reported on Schedule C, Part 1, 3, Elements (a & c)

Contract Identification (a)	Name and Address of Recipient of Indirect Compensation (a)	Amount (c)
	Total Indirect Compensation Paid:	

The following is for Indirect Compensation information to be reported on Schedule C, Part 1, 3, Elements (b, d & e)

Service Code (b)	Name and Address (d)	Indirect Compensation (e)



CMJ RECOVERY MANAGEMENT LLC
ROBERT ITSKOWITZ
6541 DARLINGTON ROAD
PITTSBURGH, PA 15217

February 11, 2023

Dear Guardian Dental Planholder:

We are pleased to present you with your Dental Maximum Rollover Report for the 2022 benefit year.

Guardian's Maximum Rollover benefit is an innovative feature that enables qualifying members to roll over a portion of unused annual maximums into a personal Maximum Rollover Account. Plan members' personal Maximum Rollover Accounts can be used to provide extra dental coverage should they incur dental expenses that exceed their annual maximums in future years, making your dental plan even more valuable. Your qualifying employees can also access their personal Maximum Rollover reports.

Your Maximum Rollover Report will be posted to www.GuardianAnytime.com 45 days after the end of the benefit year.

Visit **www.GuardianAnytime.com** often! Use the site to simplify your plan administration duties:

- Enroll new hires, add dependents, terminate members
- Pay your billing statement
- Access discounts on valuable products and services ... and more

If you have any questions, email your inquiry (click on the "Contact Us" link on the left side of your www.GuardianAnytime.com homepage).

Sincerely,

Ray Marra
Vice President, Group Products



Plan #: 00585916
Report Date: 02/11/2023
CMJ RECOVERY MANAGEMENT LLC

DENTAL MAXIMUM ROLLOVER REPORT

For Benefit Year Ending 12/31/2022

Maximum Rollover Account (MRA) Size	Number of Qualifying Employees and Dependents	Total Account Value
\$00 *	181	\$0
\$1-\$250	15	\$3,562
\$251-\$500	35	\$12,800
\$501-\$750	35	\$21,416
\$751-\$1000	7	\$6,600
OVER \$1000	6	\$7,200
GRAND TOTAL	279	\$51,578

85 of your Employees and Dependents qualified for additional Maximum Rollover amounts during the benefit year ending 12/31/2022.

* Maximum Rollover Rewards are based on all claims incurred during the benefit year, even when a claim is submitted after the benefit year ends. Late claim submission can affect the Maximum Rollover Reward earned by a patient. When a Maximum Rollover Reward is initially calculated in a benefit year and a claim with dates of service in that benefit year is subsequently paid, the patient's eligibility for the Maximum Rollover Reward may change and the reward amount may be changed or removed from the patient's Maximum Rollover Account. When a claim incurred in the next year has already been paid using the initially calculated Maximum Rollover Reward dollars, that amount paid becomes a negative dollar amount in the patient's Maximum Rollover Account. This negative amount will be recovered by deducting the amount paid for the claim from future claims.

Notes:

By "Benefit Year" we mean the 12-month period during which charges are counted toward this plan's annual maximum.

Current Number of Qualifying Employees and Dependents reflects information available at the time of this report. Additional claims will affect the number.

Plan #: 00585916
 Report Date: 02/11/2023
 CMJ RECOVERY MANAGEMENT LLC

DENTAL MAXIMUM ROLLOVER REPORT
 For Benefit Year Ending 12/31/2022

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
ABILA, TISHA	\$0	NO
AHLBACH, CAROLYN J	\$0	NO
AKINS, WILLIE	\$0	NO
ALBIN, ELI JOHN	\$0	NO
ANDERSON, DANIELLE	\$0	NO
FOREMAN, AVA	\$600	YES
ANDERSON, MCKAYLA	\$0	NO
AQUINO, SHEENA	\$0	NO
ARROYO, JUAN	\$0	NO
ASLARONA, RISGLENN	\$0	NO
ASQUITH, JAMES	\$600	YES
BARDILL, BRANDON	\$0	NO
BARDILL, AVA	\$400	YES
BARDILL, CHLOE	\$400	YES
BARDILL, ETHAN	\$400	YES
BARDILL, KRISTIN	\$0	NO
BARNES, KEESHA	\$600	YES
BARRON, GINA	\$0	NO
BASHAM, BRIANNE	\$0	NO
BECK, STEVEN	\$0	NO
BECKNER, BLAKE	\$400	YES

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
BELL, SHAWN	\$0	NO
BENAVIDEZ, JORDAN	\$0	NO
BISHOP, JAMES	\$243	NO
BISHOP, JULIE	\$250	YES
BLOCKLAND, SCOTT R	\$600	YES
BOGENRIEF, NICHOLAS	\$0	NO
BOWMAN, KYLIE	\$350	YES
BRADY, JODI L	\$0	NO
BROOKS, ANTONIO	\$0	NO
BROOKS, THERESA	\$0	NO
BROOKS, TROYDELL	\$0	NO
BROWN, THERESA	\$0	NO
YOUNG, COREY	\$0	NO
BROWN, DANYLLE	\$0	NO
BROWN, ANGELIA	\$0	NO
BROWNING, CANDICE	\$0	NO
CASTEY, KENDRA	\$0	NO
CECALA, HEATHER	\$0	NO
CHAMBERLAIN, ERIC	\$0	NO
CHEEMA, SUKHPREET	\$400	YES
CONLEY, ALANA	\$600	YES
BOWEN, LILIANNA	\$0	NO
COOPER, RENEE M	\$0	NO
CRAFTON, MIRANDA	\$600	YES
CRENSHAW, JOSEPH	\$0	NO
CROUTHER, JANIECE	\$350	YES
CUARESMA, JASPER	\$0	NO

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
DAVIS, STEVEN	\$0	NO
DAVIS, SAMANTHA	\$0	NO
DEJOURNETTE, JASMINE	\$0	NO
DENILLO, ALEXA	\$0	NO
DOMINIQUE, CARLAH	\$0	NO
DRYANSKI, NICOLE	\$250	YES
DUCSAY, KAITLYN	\$0	NO
DURAN, ROBERT	\$0	NO
ELLISON-SMITH, ARANETH	\$0	NO
ESPINOZA, ERVIN	\$0	NO
ESTRADA, LESLIE	\$0	NO
SHAPIRO, ARIE	\$0	NO
SHAPIRO, SADIE	\$600	YES
EVANS, JUSTIN	\$0	NO
FANNING, MICHELLE	\$0	NO
FRANKLIN DENN, ZANNA F	\$0	NO
FREEMAN, AMY	\$0	NO
FRENCH, JALEISA	\$0	NO
GARCIA, FRANCISCO	\$250	YES
GARVEY, SARAH	\$250	YES
GAVELA, MADISON	\$0	NO
GOLDBERG, MARA D	\$0	NO
GORELIK, MICHAEL	\$350	YES
GRAHAM, CHRISTINA	\$0	NO
GREEN, ALIA	\$950	YES
GREEN, ALEXA	\$950	YES
GREEN, JAMES	\$950	YES

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
GREEN, LOGAN	\$0	NO
GRIGSBY, KAYLA	\$400	YES
HADLER, LAURIE E	\$70	NO
HALL, KRISTEN L	\$0	NO
BUERKLEHALL, BRAYDEN	\$700	YES
HANNA, BROCK	\$0	NO
HALLGREN, ERIC O	\$0	NO
HANAKEAWE, PHILLIP	\$400	YES
HARRIS, LINDA	\$0	NO
HART, LAWRENCE	\$0	NO
HENDRIX, ROSALYN	\$0	NO
HILL, SHAMARI	\$0	NO
HERNANDEZ, JENNIFER	\$350	YES
HERRERA, DEVON	\$600	YES
HIERS, EDNA A	\$0	NO
HIGGINS-SPAR, IAN	\$0	NO
HILL-HERNANDE, KENISHA	\$0	NO
HINES, WARREN	\$0	NO
HODO, RONALD	\$0	NO
HOLM, BENJAMIN	\$600	YES
HOPPE, LISA	\$0	NO
HORAN, DAREK	\$0	NO
HORAN, AMARA R	\$0	NO
HORAN, ASHLEY	\$0	NO
HORNEY, JARED	\$0	NO
HUGHES, CHRISTINA	\$0	NO
HUTCHISON, LINDSAY	\$700	YES

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
ITSKOWITZ, ROBERT	\$1200	YES
ITSKOWITZ, ANDREW	\$600	YES
ITSKOWITZ, ASHER	\$600	YES
ITSKOWITZ, JONAH	\$600	YES
ITSKOWITZ, NATHAN	\$0	NO
ITSKOWITZ, SHELLY	\$1200	YES
JACKSON, TIFFANY	\$0	NO
JENKINS, SHEREE	\$0	NO
JIMENEZ, ANGEL	\$0	NO
JOHNSON, STERLING	\$0	NO
JOHNSON, SANTO	\$0	NO
JOHNSON II, SANTO	\$0	NO
JONES, DEJEANMAI	\$0	NO
JONES, ANGELA	\$0	NO
JONES, KELSEY	\$600	YES
JOURDEN, SALLY	\$0	NO
KELLY, MICHAEL	\$0	NO
KLIMKO, MARIYA	\$0	NO
KLYUCHKIN, MARK	\$350	NO
KNOX, LEON	\$350	YES
KNOX, NYLAH	\$350	YES
MENDEZ, VIRIDIANA	\$0	NO
KOSTRZESKI, LAUREN	\$0	NO
KRATZER, NICHOLAS	\$0	NO
KULIKYAN, GAYANE	\$350	YES
LARA, NICOLE S	\$0	NO
LEE, DARYL	\$0	NO

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
LEMONS, TONKYA J	\$0	NO
LIBASSI, AMANDA	\$350	YES
LOBRANO, FRANCESCO	\$0	NO
LOPEZ, LEANN	\$0	NO
LOPEZ, APRIL	\$350	YES
LOUKA, EMILY R	\$250	YES
LUKEN, ELKE	\$0	NO
MACHNIAKCEDAN, SAMANTHA	\$250	YES
MAPPY, ISABELLA	\$0	NO
MARKHAM, BEN	\$0	NO
MARKHAM, IAN	\$0	NO
MARKHAM, KATHERYN	\$0	NO
MARKHAM, REECE	\$0	NO
MARQUETTE, JAMES	\$0	NO
MARTIN, ROHANA	\$600	YES
MARTINELLI, KIANNA	\$0	NO
MARTINEZ, ADREYANNA	\$600	YES
MARTINEZ, IRMA	\$0	NO
MCGARRY, DAVID	\$0	NO
MEEKS, IMANI N	\$0	NO
MICHAELS, LIN	\$0	NO
MIGET, SUSAN	\$600	YES
MCNITT, RONALD	\$0	NO
MIHELIC, MARCUS	\$250	YES
MILCH, MICHAEL	\$0	NO
MILCH, DEBRA	\$0	NO
MILCH, ESTHER	\$0	NO

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
MILCH, HANNAH	\$600	NO
MILCH, HENRY	\$0	NO
MILCH, ILANA	\$0	NO
MILCH, RACHEL	\$600	NO
MILCH, TOVA	\$600	NO
MILISAVLJEVIC, LAURA	\$0	NO
MILISAVLJEVIC, EMILY	\$600	YES
MILISAVLJEVIC, MATTHEW	\$0	NO
MILLARE, GIANNA	\$0	NO
MILLER, JAMES	\$0	NO
MOREASH, STEPHANIE	\$0	NO
MORGAN, DANA L	\$350	YES
MOROSINI, NEDA	\$250	NO
O, NEIL	\$0	NO
CONNELL, PATRICIA	\$0	NO
OETJEN, DANIELLE	\$0	NO
ORLAN, DONALD	\$350	YES
ORLAND, CLEMENCIA	\$0	NO
OWINGS, JAMES	\$0	NO
PARRA, MARGARITA	\$0	NO
PASCHKE, BECKY	\$0	NO
PATTON, LATONYA	\$1200	YES
PERRY-KEBEDE, JILL	\$350	YES
PETTWAY, TERESA	\$600	YES
PHILLIPS, TRE LATRE	\$0	NO
PIECHOWSKI, NICOLE	\$1000	YES
POP, ELIZABETH	\$0	NO

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
PRIDGEN, LEMUUEL	\$350	YES
QUALKINBUSH, AILISA	\$0	NO
RAMIREZ MORTE, BRITTA	\$0	NO
REED, LISA	\$0	NO
REINELT, MELISSA	\$0	NO
RENDEN, BRIAN	\$0	NO
RICE, ARTHUR	\$0	NO
RICHER, JENNA	\$0	NO
RIVERA, CARMINA	\$0	NO
ROBB, NYCOLE	\$0	NO
ROBERTSON, OCTAVIA	\$250	YES
ROCCA, ANDREA	\$350	YES
ROYCE, MONTANA	\$0	NO
FAGERBAKKE, HANNAH	\$350	YES
RUBIN, RIVKA	\$700	YES
CUKIER, AARON	\$700	YES
CUKIER, RACHEL	\$0	NO
CUKIER, RAPHAEL	\$0	NO
CUKIER, SARAH	\$0	NO
SANDERS, SANDY	\$0	NO
SANGARIE, SHEKU	\$350	YES
SAUCEDA, SHANAY	\$0	NO
SAWYER, DEEANA	\$0	NO
SCHAPMANN, SARA	\$700	YES
SCHEITLER, KURT	\$600	NO
SCHEITLER, DANIEL	\$0	NO
SCHEITLER, JOHN	\$0	NO

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
SCHEITLER, MADISON	\$0	NO
CAITHAMER, RACHEL	\$0	NO
SCHEITLER, ERIC	\$0	NO
SEITTER, SHELBY	\$0	NO
SEROWSKI, DANIANN	\$250	YES
SKROCKI, TREVOR	\$600	YES
SMITH, JANINE	\$600	YES
SMITH, REAGHAN	\$600	YES
SMITH, RYAN	\$0	NO
SMITH, RYAN	\$600	YES
SPENCER, JIMMY	\$0	NO
STEPHENS, IAN H	\$1200	YES
STRASSMAN, CHAIM M	\$0	NO
STRASSMAN, AVI	\$0	NO
STRASSMAN, ESTHER L	\$350	YES
STRASSMAN, LINDSEY	\$350	YES
STRASSMAN, NATHAN	\$350	YES
STROCKS, ANTHONY	\$0	NO
SUGRUE, ABIGAIL J	\$950	YES
SZWED, MICHELLE	\$0	NO
TERNORA, ADRIAN P	\$0	NO
THOMAS, JIM	\$0	NO
TORRES, SONIA	\$0	NO
TORRES, MICHAEL	\$400	YES
TORRES, ALEXIS M	\$0	NO
TORRES, ALYSSA M	\$0	NO
TORRES, CAMILO J	\$0	NO

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
TORRES JR, MICHAEL A	\$0	NO
TAPIA, VANESSA	\$0	NO
TRAN, NOMI THI	\$0	NO
TUSKAN, JESSICA	\$0	NO
UNDERWOOD, MORGAN	\$0	NO
VAJCNER, JEFF	\$0	NO
VAJCNER, JENNIFER	\$0	NO
VARGAS, MATTHEW	\$0	NO
PACHECO, GENESIS	\$0	NO
GOMEZ, MARIA	\$0	NO
VARGAS, RACHELLE	\$350	YES
VAYSBERG, JANICE	\$400	NO
VAYSBERG, ALEX	\$1000	YES
VAYSBERG, ALLEN	\$516	NO
VAYSBERG, ANETT	\$1200	YES
VAZQUEZ TREPA, CARLA	\$0	NO
VICENTE, KATIA	\$0	NO
WARD, JANET	\$0	NO
WARNE, KIMBERLY	\$0	NO
MATLACK, THOMAS	\$400	YES
WATERS, KATIE	\$600	YES
WATZ, RANDY C	\$0	NO
WIELECHOWSKI, AGATA	\$0	NO
WILDER, WILLIAM	\$1200	YES
WILLAMS, ERIK C	\$600	NO
WILLIAMS, VAUN	\$0	NO
WILLIAMSON, IAN	\$0	NO

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Member	Maximum Rollover Account (MRA) Size	Additional Rollover Amount Earned in Benefit Year Ending 12/31/2022
WILSON, MARISSA	\$350	YES
ROBBIN, LAYLA	\$350	YES
WOLFE, JUSTIN	\$250	YES
WOLFE, CALLIE	\$250	YES
WOLFE, JOSH	\$250	YES
WOLFE, SHANNON	\$0	NO
WOODARD, RYAN T	\$0	NO
HARRIS, LASHAWN	\$0	NO
WOODARD, RASHAD	\$350	NO
WOODARD, LAURIE E	\$0	NO
WOODS, LEAH ANN	\$800	YES
WALLACE, ARMON	\$400	NO
WOODS, DERRICUS	\$0	NO
ZAMUDIO, YESENIA	\$600	YES
ZAVALA, DENISE	\$0	NO

GRAND TOTAL	
TOTAL EE WITH MRA AMOUNTS	66
TOTAL EE WITH AMOUNT EARNED PRIOR BENEFIT YEAR	58
TOTAL DEPS WITH MRA AMOUNTS	32
TOTAL DEPS WITH AMOUNT EARNED PRIOR BENEFIT YEAR	27
TOTAL MRA SIZE	\$ 51,578

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

Notes:

By "Benefit Year" we mean the 12-month period during which charges are counted toward this plan's annual maximum.

Current Number of Employees and Dependents with MRA Amounts reflects information available at the time of this report. Additional claims will affect the number.

Eligibility for additional rollover amounts earned during prior year reflects information available at the time of this report. Additional claims will affect the eligibility for additional rollover amounts.

Rollover amounts earned in the benefit year ending 12/31/2022 are applied to the member's MRA for use during this benefit year.

DENTAL | DISABILITY | LIFE | VISION | CRITICAL ILLNESS | CANCER | ACCIDENT

The Guardian Life Insurance Company of America, New York, NY 10004

