

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="text-align: center; font-size: large;"><b>2022</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection</b></p> |
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|  |   |
|--|---|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>   |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>09/30/2022</u> |   |
| <b>A</b>   | This return/report is for: <input type="checkbox"/> a multiemployer plan <input checked="" 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 type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____  |
| <b>B</b>   | This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report   |
|  | <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)   |
| <b>C</b>   | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>  |
| <b>D</b>   | 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)  |
| <b>E</b>   | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>   |

|  |   |
|--|---|
| <b>Part II</b>   | <b>Basic Plan Information</b> —enter all requested information      |
| <b>1a</b> Name of plan<br><u>OASIS DEG, INC. EMPLOYEE MAJOR MEDICAL PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>508</u>                 |
|  | <b>1c</b> Effective date of plan<br><u>01/01/1994</u>               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>OASIS DEG, INC.</u><br><br><u>2054 VISTA PARKWAY STE 300</u><br><u>WEST PALM BEACH, FL 33411</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>41-1373641</u> |
|  | <b>2c</b> Plan Sponsor's telephone number<br><u>561-227-6537</u>    |
|  | <b>2d</b> Business code (see instructions)<br><u>561300</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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/07/2023 | CORA MCLEES  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | 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

|   |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
|---|---|----------|------|--------------|------|--------------|------|-----------|--|-----------|----|-----------|------|-----------|--|-----------|--|-----------|--|-----------|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>  |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">5109</td> </tr> </table>   | <b>5</b> | 5109 |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>5</b>  | 5109  |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">5079</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">5121</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">24</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: right;">5145</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> </tr> </table> |          |      | <b>6a(1)</b> | 5079 | <b>6a(2)</b> | 5121 | <b>6b</b> |  | <b>6c</b> | 24 | <b>6d</b> | 5145 | <b>6e</b> |  | <b>6f</b> |  | <b>6g</b> |  | <b>6h</b> |  |
|   |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6a(1)</b>  | 5079  |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6a(2)</b>  | 5121  |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6b</b>   |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6c</b>   | 24  |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6d</b>   | 5145  |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6e</b>   |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6f</b>   |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6g</b>   |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>6h</b>   |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>  | <b>7</b> |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>7</b>  |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:<br>4A 4B 4D 4E 4F 4H  |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input checked="" type="checkbox"/> General assets of the sponsor  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input checked="" type="checkbox"/> General assets of the sponsor  |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)   |   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary   | <b>b General Schedules</b><br>(1) <input type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>3</b> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)   |          |      |              |      |              |      |           |  |           |    |           |      |           |  |           |  |           |  |           |  |

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

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**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.

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

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**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 132353154

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|   |  |  |
|---|--|--|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2022</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **09/30/2022**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>OASIS DEG, INC. EMPLOYEE MAJOR MEDICAL PLAN</b></p>             | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>508</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>OASIS DEG, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>41-1373641</b></p> |                   |

**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  
**MEDICA 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     |
| 41-1490988 | 12459         | 302110                                | 2710  | 01/01/2022              | 09/30/2022 |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</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 |                       |
|   |                                 |             |                       |

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>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. |
|----------------|--|

|   |          |  |
|---|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|   |           |  |
|---|-----------|--|
| <b>b</b> Premiums paid to carrier .....   | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....   | <b>6c</b> |  |
| <b>d</b> 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.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year .....  | <b>7b</b>    |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
|   | <b>7c(2)</b> |   |
|   | <b>7c(3)</b> |   |
|   | <b>7c(4)</b> |   |
|   | <b>7c(5)</b> |   |
| (6) Total additions.....  | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |   |
| <b>e</b> Deductions:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |   |
|   | <b>7e(2)</b> |   |
|   | <b>7e(3)</b> |   |
|   | <b>7e(4)</b> |   |
| (5) Total deductions.....   | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |   |

**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:

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

**10** Nonexperience-rated contracts:

|   |            |          |
|---|------------|----------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 14596178 |
| <b>b</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 ..... | <b>10b</b> |          |
| 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. ▶

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2022</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **09/30/2022**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>OASIS DEG, INC. EMPLOYEE MAJOR MEDICAL PLAN</b></p>             | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>508</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>OASIS DEG, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>41-1373641</b></p> |                   |

**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  
**RELIASTAR LIFE 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     |
| 41-0451140 | 67105         | 62018-1                               | 5003  | 01/01/2022              | 09/30/2022 |

**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.

|  |   |
|--|---|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>62614</b></p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;"><b>0</b></p> |
|--|---|

**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

**DIGITAL INSURANCE INC.** **200 GALLERIA PKWY SE STE 1950**  
**ATLANTA, GA 30339-5946**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |  | (e) Organization code |
|---|---------------------------------|--|-----------------------|
|   | (c) Amount                      | (d) Purpose                                  |                       |
| 62614   |                                 | WRITING AGENT AND SUPPLEMENTARY 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 |                       |
|   |                                 |             |                       |

(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.

|   |          |  |
|---|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|   |           |  |
|---|-----------|--|
| <b>b</b> Premiums paid to carrier .....   | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....   | <b>6c</b> |  |
| <b>d</b> 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.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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**

|   |              |  |  |
|---|--------------|--|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |  |
| (2) Dividends and credits.....  | <b>7c(2)</b> |  |  |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> |  |  |
| (4) Transferred from separate account.....                            | <b>7c(4)</b> |  |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> |  |  |

(6) Total additions..... **7c(6)** 0

**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 | <b>7e(1)</b> |  |  |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |  |  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> |  |  |
| (4) Other (specify below) .....   | <b>7e(4)</b> |  |  |

(5) Total deductions..... **7e(5)** 0

**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) ▶ **AD&D**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |        |
|----------|--|------------|--------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 544759 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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. ▶

|   |  |  |
|---|--|--|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2022</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 09/30/2022

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><u>OASIS DEG, INC. EMPLOYEE MAJOR MEDICAL PLAN</u></p>             | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><u>508</u></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><u>OASIS DEG, INC.</u></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><u>41-1373641</u></p> |                   |

**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  
RELIASTAR LIFE INSURANCE COMPANY / VOYA

| (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            |
| <u>41-0451140</u> | <u>67105</u>  | <u>62018-1</u>                        | <u>5003</u>   | <u>01/01/2022</u>       | <u>09/30/2022</u> |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| <u>0</u>                                    | <u>0</u>                             |

**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.

|   |          |  |
|---|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> |  |

**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>b</b> Balance at the end of the previous year .....   | <b>7b</b>    |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> |   |
| (2) Dividends and credits.....   | <b>7c(2)</b> |   |
| (3) Interest credited during the year.....   | <b>7c(3)</b> |   |
| (4) Transferred from separate account.....   | <b>7c(4)</b> |   |
| (5) Other (specify below) .....  | <b>7c(5)</b> |   |
| ▶  |              |   |
| (6) Total additions.....   | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    |   |
| <b>e</b> Deductions:   |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                        | <b>7e(1)</b> |   |
| (2) Administration charge made by carrier.....   | <b>7e(2)</b> |   |
| (3) Transferred to separate account.....   | <b>7e(3)</b> |   |
| (4) Other (specify below) .....  | <b>7e(4)</b> |   |
| ▶  |              |   |
| (5) Total deductions.....  | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    |   |

**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)
- |   |  |   |  |
|---|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)            | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness)    | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                    | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input checked="" type="checkbox"/> Other (specify) ▶ <b>EAP PROGRAM</b> |  |   |  |

**9** Experience-rated contracts:

|   |                 |                 |       |
|---|-----------------|-----------------|-------|
| <b>a</b> Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |       |
| (2) Increase (decrease) in amount due but unpaid .....  | <b>9a(2)</b>    |                 |       |
| (3) Increase (decrease) in unearned premium reserve.....  | <b>9a(3)</b>    |                 |       |
| (4) Earned ((1) + (2) - (3)).....   |                 | <b>9a(4)</b>    |       |
| <b>b</b> Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |       |
| (2) Increase (decrease) in claim reserves .....   | <b>9b(2)</b>    |                 |       |
| (3) Incurred claims (add (1) and (2)).....  |                 | <b>9b(3)</b>    |       |
| (4) Claims charged .....  |                 | <b>9b(4)</b>    |       |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |       |
| (A) Commissions .....   | <b>9c(1)(A)</b> |                 |       |
| (B) Administrative service or other fees .....  | <b>9c(1)(B)</b> |                 |       |
| (C) Other specific acquisition costs.....   | <b>9c(1)(C)</b> |                 |       |
| (D) Other expenses .....  | <b>9c(1)(D)</b> |                 |       |
| (E) Taxes .....   | <b>9c(1)(E)</b> |                 |       |
| (F) Charges for risks or other contingencies .....  | <b>9c(1)(F)</b> |                 |       |
| (G) Other retention charges.....  | <b>9c(1)(G)</b> |                 |       |
| (H) Total retention.....  |                 | <b>9c(1)(H)</b> |       |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....   |                 | <b>9c(2)</b>    |       |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....  |                 | <b>9d(1)</b>    |       |
| (2) Claim reserves .....  |                 | <b>9d(2)</b>    |       |
| (3) Other reserves .....  |                 | <b>9d(3)</b>    |       |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....   |                 | <b>9e</b>       |       |
| <b>10</b> Nonexperience-rated contracts:  |                 |                 |       |
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b>      |                 | 23986 |
| <b>b</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 ..... | <b>10b</b>      |                 |       |
| 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. ▶

| Client ID | Client Name  | FEIN       |
|-----------|--|------------|
| 61274     | A P GRAPH, INC.                                      | 68-0560976 |
| 61500     | ABSOLUTE QUALITY MANUFACTURING, INC.                 | 41-1941845 |
| 61619     | AEROMIX SYSTEMS, INC                                 | 41-1492717 |
| 61622     | ALLIED AUDIO SERVICE INC.                            | 47-0852243 |
| 61638     | ALLISON-WILLIAMS COMPANY                             | 41-0631452 |
| 61543     | ALLYANT CORP   | 81-4469980 |
| 61489     | ALTERNATIVE SENIOR CARE, INC                         | 20-3863796 |
| 61410     | ALVEAN AMERICAS, INC.                                | 47-2561130 |
| 61562     | AMEK INCORPORATED                                    | 41-1866473 |
| 24760     | AMERICAN CONSTRUCTION SUPPLIES, INC.                 | 38-4043623 |
| 20106     | AMERICAN PHARMACIES                                  | 41-2063362 |
| 60026     | AMPLIO ECONOMIC DEVELOPMENT CORPORATION              | 41-1577185 |
| 61305     | ANIMAL ADVENTURE LLC                                 | 47-1449846 |
| 61553     | ASHLAR DEVELOPMENT, LLC                              | 81-5385960 |
| 60114     | BDLR GROUP, INC.                                     | 68-0495023 |
| 60012     | BEARPATH GOLF AND COUNTRY CLUB                       | 41-1824310 |
| 60049     | BELWIN CONSERVANCY                                   | 41-0967891 |
| 61531     | BERKSHIRE HATHAWAY HOMESERVICES FLORIDA NETWORK, LLC | 59-3584700 |
| 61635     | BERTIL ROOS ROAD RACING                              | 82-3142903 |
| 61435     | BLACKBURN INVESTMENT MANAGEMENT INC.                 | 46-1353850 |
| 20498     | BLUE WATER FINANCIAL TECHNOLOGIES SERVICES, LLC      | 83-4601646 |
| 19190     | BLUE WATER FINANCIAL TECHNOLOGIES, LLC               | 83-2161901 |
| 61603     | BOMBSHELTER DIESEL SUPPLY LLC                        | 27-3908389 |
| 61485     | BREAKTHROUGH TWIN CITIES                             | 45-3587267 |
| 61572     | BUCK HILL, INC                                       | 41-0849538 |
| 19776     | BUG TITLE INC.                                       | 46-2499638 |
| 60048     | BURR OAK GROUP                                       | 41-1834878 |
| 61337     | BY WORD OF MOUTH, LTD                                | 41-2019088 |
| 60042     | CALIFORNIA CLOSETS                                   | 41-1634169 |
| 61286     | CAPITAS FINANCIAL, INC                               | 27-4386961 |
| 19123     | CARESFIELD, LLC                                      | 20-2098556 |
| 61014     | CASCADE PACIFIC PULP, LLC                            | 26-2683843 |
| 19850     | CELLECTIS BIOLOGICS INC.                             | 38-4102683 |
| 61420     | CELLECTIS, INC.                                      | 47-2627206 |
| 60983     | CEO ROUNDTABLE                                       | 40-0002180 |
| 61571     | CERES GLOBAL AG CORPORATION                          | 20-5952900 |
| 61430     | CG GREENHOUSES, LLC                                  | 27-3778340 |
| 60973     | CIELO, INC.  | 76-0807472 |
| 61534     | CLASS ACTION ADMINISTRATION LLC                      | 81-1751596 |
| 19370     | CLEARPOINT FEDERAL BANK AND TRUST                    | 35-2047688 |
| 61372     | COMMERCIAL PARTNERS EXCHANGE COMPANY, LLC            | 20-2447273 |
| 61611     | CONCIERGE MEDICINE PARTNERS, LLC                     | 81-1986756 |
| 60047     | CONCRETE PAVING ASSOCIATION OF MINNESOTA             | 41-0826600 |
| 61629     | CORDOVA INTERNATIONAL RACEWAY                        | 47-1425717 |
| 61371     | CUSTOM HOME BUILDERS TITLE, LLC                      | 41-1995092 |
| 20358     | DAPSHIRE CAPITAL, LLC                                | 84-2548455 |
| 61592     | DAVEY BICKFORD USA INC.                              | 72-1538349 |
| 60061     | DAVIDSON & ASSOCIATES, INC.                          | 41-1660432 |
| 61639     | DCM TRAVEL, LLC                                      | 81-2897362 |
| 20697     | DECCA MANAGEMENT INC                                 | 37-1443229 |
| 61509     | DIAMOND METAL PRODUCTS, INC.                         | 41-1461318 |
| 60362     | DOHERTY CONSULTING INC                               | 81-5443326 |
| 60088     | DOHERTY STAFFING SOLUTIONS, INC.                     | 20-5677763 |

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| 19387 DOLPHIN POOLS, INC                                 | 41-1995674 |
| 60561 DOUGLAS A DUVAL SPECIAL NEEDS TRUST                | 36-7429818 |
| 61436 ENCAPSYS, LLC                                      | 36-4810567 |
| 61624 ENCORE SUPPORT SYSTEMS LIMITED PARTNERSHIP         | 74-2886320 |
| 19665 ENOZO TECHNOLOGIES, INC.                           | 83-2463110 |
| 61547 ESCONDIDO RESOURCES EMPLOYEECO, LLC                | 81-4960822 |
| 61578 EXCELLENT ENTERTAINMENT ENTERPRISES                | 26-0378293 |
| 61227 EXOSTAT MEDICAL, INC.                              | 26-4411280 |
| 61360 FACTRIGHT, LLC                                     | 56-2611511 |
| 61492 FAMILY GATEWAY, INC.                               | 75-2105579 |
| 61405 FINN DANIELS, INC.                                 | 41-1772171 |
| 19550 FOODHAUL   | 83-2014482 |
| 61620 FRITZ AND FINN MEDICAL GROUP                       | 82-3729635 |
| 61618 G8WAY CORP   | 47-3549244 |
| 60924 GARRITY, TEGELER AND VARLEY WEALTH STRATEGIES, LLP | 41-1977324 |
| 61300 GENERATIONS HEALTH CARE INITIATIVES, INC           | 41-2000473 |
| 61612 GHR FOUNDATION                                     | 45-3996122 |
| 61508 GLOBAL EMS, INC.                                   | 36-4758590 |
| 61068 GLOBAL TAX NETWORK US LLC                          | 26-1631226 |
| 61513 GO HEAR, INC.                                      | 45-4619947 |
| 61560 GRAHAM RESEARCH INC.                               | 41-1724266 |
| 61434 GRAIN ELEVATOR AND PROCESSING SOCIETY              | 36-6101799 |
| 61529 GREATER HOUSTON HEALTHCONNECT, INC                 | 27-3360465 |
| 61550 GREATER MINNEAPOLIS COUNCIL OF CHURCHES            | 41-0693933 |
| 19251 GREEN EARTH GROWERS, LLC                           | 20-2222844 |
| 61304 HARBINGER PARTNERS, INC.                           | 41-1927362 |
| 24532 HARPER HEALTH STREETERVILLE, LLC                   | 81-2001011 |
| 61382 HEALTHBPM, INC.                                    | 27-1620013 |
| 61597 HENNEPIN THEATRE TRUST                             | 41-2017278 |
| 61339 HERMAN CAPITAL CORPORATION                         | 46-0497163 |
| 60029 HIGHLAND BANK                                      | 41-0627744 |
| 61257 HOLDAHL INC  | 41-0720843 |
| 19394 HRK GROUP, INC.                                    | 41-1839028 |
| 20958 HYDRAASSIST LLC                                    | 46-2315053 |
| 61565 I A Z CORPORATION                                  | 47-2277062 |
| 61162 INFINITY1, INCORPORATED                            | 41-1884096 |
| 21415 INNOVATIVE UNDERWRITING SOLUTIONS LLC              | 85-1222032 |
| 61422 INSTITUTE FOR ATHLETES, LLC                        | 27-0505108 |
| 60055 INSTYMEDS CORPORATION                              | 41-1954398 |
| 19392 INSURMARK, INC.                                    | 76-0078454 |
| 61228 INTERNATIONAL GRAND INVESTMENT CORPORATION         | 27-1508904 |
| 61631 INTERNATIONAL HOT ROD ASSOCIATION                  | 90-0921424 |
| 61589 INTROWORKS, INC.                                   | 41-1714266 |
| 61628 IRG SPORTS AND ENTERTAINMENT                       | 46-2620013 |
| 19903 IT STARTS WITH LUV CHILDCARE, LLC                  | 81-4038921 |
| 61512 JACKSON MEDICAL EQUIPMENT, INC.                    | 41-1662473 |
| 19869 JCK INSPECTION                                     | 82-0849885 |
| 61536 JND EDISCOVERY, LLC                                | 81-2834032 |
| 61533 JND HOLDINGS, LLC                                  | 81-1404874 |
| 61353 JURO'S MEDICAL, INC.                               | 81-0536454 |
| 61528 KELLOGG MIDWEST FEDERAL CREDIT UNION               | 47-0386189 |
| 61530 KENTWOOD, LLC                                      | 26-0176956 |
| 61588 LAKESIDE TITLE COMPANY                             | 52-2064990 |
| 61623 LDSS, INC.   | 74-3193537 |

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| 19670 LINVILL PROPERTIES, INC.                      | 41-1554734 |
| 20065 LINXENS US                                    | 38-4100359 |
| 21472 LOCUTUS, LLC                                  | 85-0528261 |
| 61306 LUMINATE HOME LOANS, INC.                     | 41-1941324 |
| 61600 MACV  | 41-1694717 |
| 61545 MANAGEMENT HQ, LLC                            | 46-3183137 |
| 19380 MAPLE BANK                                    | 20-0023407 |
| 61576 MASS TRANSFER LIMITED                         | 74-2965209 |
| 61403 MBG PROPERTY MANAGEMENT                       | 41-1432745 |
| 61585 MCGINTY ROAD PARTNERS LP                      | 82-2892965 |
| 61356 MEDISTIM USA, INC.                            | 59-3692221 |
| 61632 MEMPHIS INTERNATIONAL RACEWAY                 | 27-4656389 |
| 60639 METROPOLITAN ECONOMIC DEVELOPMENT ASSOCIATION | 41-0977257 |
| 19041 MICRO KEY SOFTWARE INC                        | 59-3040341 |
| 60027 MID-MINNESOTA MANAGEMENT SERVICES INC.        | 41-1716641 |
| 61451 MINNESOTA ELECTRICAL ASSOCIATION, INC         | 41-0741501 |
| 60065 MINNESOTA LAND TRUST                          | 41-1713652 |
| 61653 MISSION SEARCH CONTRACT SERVICES, INC         | 20-5500584 |
| 61652 MISSION SEARCH CORPORATION                    | 59-3595352 |
| 61654 MISSION SEARCH INTERNATIONAL, INC             | 04-3683787 |
| 60933 MISSISSIPPI PARK CONNECTION                   | 87-0786530 |
| 61503 MOBILE ACCORD, INC.                           | 20-2939332 |
| 19156 MOORE NORTH AMERICA, INC.                     | 20-3962155 |
| 61523 MURRAY WISE ASSOCIATES, LLC                   | 27-3483152 |
| 21214 MWA INVESTMENTS LLC                           | 37-1843684 |
| 61206 NORTH STAR MACHINE COMPANY, INC.              | 41-1807559 |
| 19340 ON-SITE HEARING SERVICES, INC.                | 41-1689731 |
| 61234 ONWARD INVESTORS                              | 45-4978556 |
| 61443 OPERIS TAX CONSULTING, L.L.C.                 | 47-4833671 |
| 61590 ORDWAY CENTER FOR THE PERFORMING ARTS         | 41-1428998 |
| 61634 PALM BEACH DRIVING CLUB                       | 26-1281265 |
| 61633 PALM BEACH INTERNATIONAL RACEWAY              | 61-1742355 |
| 60084 POLY-TEX, INC                                 | 41-1458478 |
| 19358 PONDEROSA TX OPERATING LLC                    | 81-2913532 |
| 19047 PREMIER BIOTECH INC                           | 27-0962878 |
| 19046 PREMIER BIOTECH LABS, LLC                     | 46-3105871 |
| 61398 PROFESSIONAL MUSIC TOURS, INC.                | 41-1648655 |
| 61605 PROFESSIONAL SKATERS ASSOCIATION              | 41-1125012 |
| 61577 PROMAZO, INC.                                 | 27-4553035 |
| 61606 QDA SOLUTIONS                                 | 61-1848759 |
| 61464 QUEST CONSTRUCTION DATA NETWORK LLC           | 41-1939378 |
| 61326 RAMTECH SOFTWARE SOLUTIONS, INC               | 22-3740594 |
| 61450 RAPID MARINE                                  | 41-1318884 |
| 60113 RDLP CORPORATION                              | 41-1963649 |
| 19613 REMOTEADMIN, INC.                             | 81-4113750 |
| 60965 RENODIS, INC.                                 | 58-2671063 |
| 61567 RG FIBER, LLC                                 | 46-5560746 |
| 20075 RICE PARK CAPITAL MANAGEMENT, LP              | 83-4153871 |
| 61602 RINK SYSTEMS, INC.                            | 41-1750087 |
| 61478 RJL ENTERPRISES LLC                           | 81-2132347 |
| 19157 RONCOR CONSTRUCTION INC.                      | 41-1406984 |
| 61566 RUBBLE FLOORING, LLC                          | 45-5290233 |
| 20607 RZ INDUSTRIES, LLC                            | 30-0947630 |
| 61555 SC & A, INC.                                  | 54-1183001 |

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| 60971 SELECT COMMUNICATIONS, INC.                   | 41-1965171 |
| 61596 SENTERA INC                                   | 83-2134251 |
| 60009 SIMPLEX CONSTRUCTION SUPPLIES                 | 41-1598807 |
| 61541 SIMPLICITY FINANCIAL MARKETING HOLDINGS, INC. | 26-1553695 |
| 61527 SOLUTION BUILDERS, INC.                       | 41-1826018 |
| 21941 SONS OF NORWAY                                | 41-0547795 |
| 19391 SPRUIK TECHNOLOGIES                           | 82-2532831 |
| 20632 SPSM INDUSTRIES, INC.                         | 41-1965581 |
| 60115 ST CLOUD FINANCIAL PLANNING SERVICES, LLC     | 41-2005016 |
| 61447 STAHL CONSTRUCTION COMPANY                    | 41-1408243 |
| 24410 TAKE TWO TRAVEL SOLUTIONS LLC                 | 87-3936554 |
| 61400 TELIN TRANSPORTATION GROUP, LLC               | 26-3189248 |
| 61402 TERRAPIN TECHNOLOGIES, INC.                   | 41-1828817 |
| 19010 THE MEYERS PRINTING COMPANIES, INC.           | 41-0760489 |
| 61263 THE RAHN GROUP, LLC                           | 41-1885616 |
| 60030 THE WALL COMPANIES                            | 41-1332521 |
| 23963 THP PORTFOLIO RESOURCES, LLC                  | 87-2322063 |
| 60075 TILE BY DESIGN, INC.                          | 41-1770120 |
| 61352 TRIDENT LAND TRANSFER COMPANY, LLC            | 46-3298087 |
| 20726 TRINITY HUNT MANAGEMENT, L.P.                 | 71-0960235 |
| 21750 TURNSIGNL                                     | 85-1765873 |
| 61613 U.S. MATH RECOVERY COUNCIL                    | 05-0538927 |
| 20459 URBAN VENTURES                                | 36-3558710 |
| 61258 VANSON TECHNOLOGY SERVICES, INC.              | 41-1888083 |
| 61559 VIENTOS SERVICES, LLC                         | 32-0526845 |
| 61302 WATERS MEDICAL SYSTEMS, LLC                   | 26-0727198 |
| 24629 WEALTHPOINT BUSINESS ADVISORY SERVICES, LLC   | 87-4008879 |
| 24630 WEALTHPOINT INVESTMENT BANKING, LLC           | 87-4008744 |
| 61601 WEALTHPOINT, LLC                              | 27-2564995 |
| 61569 WEXFORD COMMERCIAL CONSTRUCTION, LLC          | 82-1670381 |
| 61365 WILDAMERE CAPITAL MANAGEMENT, LLC             | 32-0421309 |
| 61481 WOMENVENTURE                                  | 41-1463426 |
| 23813 WPT CAPITAL ADVISORS, LLC                     | 87-2964216 |
| 61656 YAYIN GADOL, LLC                              | 46-2724777 |
| 61568 YEADON FABRIC DOMES, LLC                      | 20-4966829 |
| 20888 Z TRIBE FITNESS GROUP, LLC                    | 83-3518191 |

Grand Total