

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="margin-top: 5px;"> ☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>05/01/2002</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>DAVIES CLAIMS SOLUTIONS, LLC</u> <u>2501 MCGAVOCK PIKE</u> <u>SUITE 802</u> <u>NASHVILLE, TN 37214</u>	2b	Employer Identification Number (EIN) <u>43-1954328</u>
		2c	Plan Sponsor's telephone number <u>615-360-1346</u>
		2d	Business code (see instructions) <u>524290</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.	10/11/2023	LAURIE RICHOUX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	158
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).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	109
a(2) Total number of active participants at the end of the plan year		6a(2)	95
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits.....		6c	48
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	145
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	145
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	123
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	16
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: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DAVIES CLAIMS SOLUTIONS, LLC	D Employer Identification Number (EIN) 43-1954328

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.
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1 Coverage Information:

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	454850-01	75	01/01/2022	12/31/2022

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.

(a) Total amount of commissions paid 3017	(b) Total amount of fees paid 0
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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 RAYMOND JAMES FINANCIAL SERVICES 150 3RD AVE S STE 800 NASHVILLE, TN 37201
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3017			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.

4	Current value of plan's interest under this contract in the general account at year end.....	4	885967
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 1176849

c	Additions: (1) Contributions deposited during the year	7c(1)	81108	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	9267	
	(4) Transferred from separate account.....	7c(4)	541610	
	(5) Other (specify below)	7c(5)	15870	
	▶ LOAN PAYMENTS			

(6) Total additions..... **7c(6)** 647855

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 1824704

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	826877
(2) Administration charge made by carrier.....	7e(2)	1622
(3) Transferred to separate account.....	7e(3)	110238
(4) Other (specify below)	7e(4)	

(5) Total deductions..... **7e(5)** 938737

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 885967

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)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(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 ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DAVIES CLAIMS SOLUTIONS, LLC	D Employer Identification Number (EIN) 43-1954328	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RAYMOND JAMES FINANCIAL SERVICES

880 CARILON PARKWAY
TREASURY - MF TRAILS
ST. PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	24412	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	11648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	1631	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RAYMOND JAMES FINANCIAL SERVICES	55	24412
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DAVIES CLAIMS SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>43-1954328</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	0
(2) Participant contributions.....		1b(2)	0
(3) Other.....		1b(3)	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	0
(2) U.S. Government securities		1c(2)	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	0
(B) All other		1c(3)(B)	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	0
(B) Common.....		1c(4)(B)	0
(5) Partnership/joint venture interests		1c(5)	0
(6) Real estate (other than employer real property)		1c(6)	0
(7) Loans (other than to participants).....		1c(7)	0
(8) Participant loans.....		1c(8)	61686
(9) Value of interest in common/collective trusts.....		1c(9)	0
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	0
(12) Value of interest in 103-12 investment entities		1c(12)	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	10683030
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	1176849
(15) Other		1c(15)	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11921565	8121995

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11921565	8121995
---	-----------	----------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	156421	
(B) Participants	2a(1)(B)	400465	
(C) Others (including rollovers)	2a(1)(C)	696	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		557582
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3564	
(F) Other	2b(1)(F)	9267	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12831
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	331751	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		331751
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2016713
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		-1114549
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2659936	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2659936
f Corrective distributions (see instructions)	2f		11806
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	13279	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13279
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2685021
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-3799570
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **STONE, RUDOLPH AND HENRY, PLC**

(2) EIN: **62-0811623**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DAVIES CLAIMS SOLUTIONS, LLC		D Employer Identification Number (EIN) 43-1954328
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....		14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			14c
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....			
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐			

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Davies Claims Solutions, LLC 401(k) Plan
Clarksville, Tennessee

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Davies Claims Solutions, LLC 401(k) Plan (the "Plan"), and employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Stone Rudolph & Henry, PLC

Clarksville, Tennessee

September 26, 2023

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	<u>ASSETS</u>	
	<u>2022</u>	<u>2021</u>
Investments:		
Mutual funds, at fair value	\$ 7,169,029	\$ 10,683,030
Guaranteed investment contract, at contract value	<u>885,967</u>	<u>1,176,849</u>
Total investments	8,054,996	11,859,879
Receivables:		
Notes receivable from participants	<u>66,999</u>	<u>61,686</u>
Total assets	8,121,995	11,921,565
	<u>LIABILITIES</u>	
Excess contributions payable	<u>-</u>	<u>11,806</u>
Net assets available for benefits	<u>\$ 8,121,995</u>	<u>\$ 11,909,759</u>

The accompanying notes are an integral part of the financial statements.

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets:		
Contributions:		
Employer	\$ 156,421	\$ 173,473
Participant	400,465	441,698
Rollover	696	-
	<u>557,582</u>	<u>615,171</u>
Investment income:		
Interest and other income from:		
Guaranteed investment contract	9,267	10,067
Mutual funds	331,751	748,419
Notes receivable from participants	3,564	4,623
	<u>344,582</u>	<u>763,109</u>
Net appreciation (depreciation) in fair value of investments	<u>(2,016,713)</u>	<u>753,076</u>
Total additions (reductions)	<u>(1,114,549)</u>	<u>2,131,356</u>
Deductions from net assets:		
Administrative fees	13,279	14,061
Benefits paid to participants	2,659,936	1,044,005
Refund of excess contributions	-	11,806
Total deductions	<u>2,673,215</u>	<u>1,069,872</u>
Net increase (decrease) in net assets	(3,787,764)	1,061,484
Net assets available for benefits:		
Beginning of year	<u>11,909,759</u>	<u>10,848,275</u>
End of year	<u>\$ 8,121,995</u>	<u>\$ 11,909,759</u>

The accompanying notes are an integral part of the financial statements.

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

1. Description of Plan

The following description of the Davies Claims Solutions, LLC 401(k) Plan (the “Plan”, formerly ASC 401(k) plan through August 31, 2021) is provided for general information purposes only. Participants may review the Plan adoption agreement for a more complete presentation of the Plan’s provisions. The Plan was adopted by its sponsor, Davies Claims Solutions, LLC (the “Company”).

General

The Plan is a defined contribution plan that provides retirement and other benefits for all eligible employees of the Company. Employees are eligible to participate after completing three months of employment and may enroll on the first day of any quarter. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Administration

Administration of the Plan is the responsibility of the Company and the Plan administrator, a designated Senior Vice President of the Company. In addition, Empower Annuity Insurance Company of America (“Empower”) (formerly Great-West Life & Annuity Insurance Company (“Great-West”)), has been appointed “Trustee” of the Trust which serves as custodian of the Plan assets. Empower serves as Agent of the Trustee. The Agent of the Trustee is responsible for executing various transactions and performing other trustee duties as specified in the Trust Agreement. The Company pays certain operating expenses incurred in the ongoing administration of the Plan.

Contributions

Participants in the Plan may elect to contribute through salary deferrals (i.e. payroll deductions) an amount not less than one percent or more than twenty percent of their earnings, as defined in the Plan’s adoption agreement. The maximum annual contribution for each participant (\$20,500 and \$19,500 for calendar years 2022 and 2021, respectively) may be adjusted annually for inflation by federal statute. Participants may elect to change their contribution percentage or cease salary deferrals into the Plan effective with the first payroll of each month.

Additional contributions, called “catch-up” contributions, are allowed for employees who are age 50 or older by the end of the calendar year in which the catch-up contributions are made. Qualifying participants can make the additional contributions (limited to \$6,500 for calendar years 2022 and 2021) once the participant’s regular contributions have reached the maximum annual deferral limit prescribed by federal statute. Catch-up contributions are excluded from the Company’s matching contributions.

During 2022 and 2021, the Company made discretionary matching contributions to the Plan equal to 100% of the lesser of: (1) each participant’s total contributions to the Plan, or (2) 3% of the participant’s earnings. Company matching contributions are allocated to participants each pay period.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions, the Company's matching contributions and an allocable portion of the Plan’s net investment earnings.

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2022 AND 2021

1. Description of Plan (Cont'd)

Participant Accounts (Cont'd)

Participant accounts are charged with an allocable portion of Plan losses and administrative expenses. Allocations are based on participant account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, including any rollovers, plus actual earnings thereon. Vesting in the remainder of the account is based on years of service, as follows:

<u>Years of Service</u>	<u>Vesting</u>
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Forfeitures

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$2. These accounts will be used to reduce future employer contributions. During the years ended December 31, 2022 and 2021, employer contributions were reduced by \$8,663 and \$2,987, respectively, from forfeited nonvested accounts.

Investment Options

All investments within the Plan are participant directed. An investment election form is initially completed by each participant upon enrollment in the Plan. Participants may elect to invest their entire account, or any portion thereof, in one or more of the following investment options:

Mutual Funds: Forty-two options that offer participants the opportunity to invest in shares of specified mutual funds.

Guaranteed Investment Contract: A group annuity contract that offers participants a stable value option for their principal balances while earning interest at an annually guaranteed rate (0.93% and 0.90% for 2022 and 2021, respectively). The underlying contract value is backed by the general assets of Empower (formerly Great-West) and represents a concentration of credit risk. The Plan typically does not obtain collateral with respect to financial instruments subject to credit risk.

Distributions to Participants

Upon termination of service due to attainment of normal retirement age, death, or permanent disability (each as defined by the Plan), a participant will receive the vested value of his or her account in a lump sum distribution. The participant may delay the distribution of the vested value if his or her account exceeds \$5,000. Upon termination of employment for any reason other than retirement, death, or disability, the vested value of the participant's account will be paid in a lump

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2022 AND 2021

1. Description of Plan (Cont'd)

Distributions to Participants (Cont'd)

sum distribution, if not greater than \$5,000, or as directed by participant if exceeding \$5,000. Withdrawal of part or all of a participant's account may be authorized by the Plan administrator prior to termination of employment if the participant experiences a financial hardship, as defined.

Notes Receivable from Participants

Participant loans are limited to the lesser of 50% of the vested portion of a participant's account balance or \$50,000 less the highest outstanding total loan balance during the previous twelve-month period. The minimum amount of each loan is \$1,000. Loans are secured by the balance of the participant's account and bear interest at a commercially reasonable rate and are repaid through payroll deductions over a period generally not to exceed five years, unless the loan is used to acquire a home at which time the loan term would be extended over a reasonable period of time. Interest income is recorded on the accrual basis. Credit risk for participant loans is considered to be minimal. A non-refundable setup and maintenance fee of \$75 per loan as well as a \$50 annual fee is charged to the participant and deducted from his or her account after the loan is processed.

Plan Termination

The Company expects the Plan to continue indefinitely. However, the Company retains the right under the Plan to discontinue Company contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, the participants shall become 100% vested in their accounts.

Date of Management's Review

Subsequent events have been evaluated through September 26, 2023, which is the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements in conformity with U. S. generally accepted accounting principles using the accrual method of accounting.

Plan Year End

The Plan year end is December 31.

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2022 AND 2021

2. Summary of Significant Accounting Policies (Cont'd)

Valuation of Investments

The Plan's investments are stated at fair value based upon quoted market prices of the underlying investment, as certified by Empower (formerly Great-West). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net realized gains or losses from dispositions and the net unrealized gain or loss from changes in fair value are combined and presented in the "Statement of Changes in Net Assets Available for Benefits" as "Net appreciation in fair value of investments." Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis using the simple interest method.

Contributions Receivables

The Plan records a receivable at December 31 whenever employer or participant contributions attributable to that Plan year are not received by the Plan until the following Plan year. Due to the nature of the receivable, an allowance for uncollectible contributions receivable is generally unnecessary.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates. Significant estimates used in preparing these financial statements principally include those assumed in establishing the fair values and contract value of investments. It is at least reasonably possible that the significant estimates used by the Plan administrator will change within the next year and that such changes could materially affect the amounts reported in the financial statements.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. An allowance for uncollectible notes receivable from participants is generally considered unnecessary because the outstanding loan balances are collateralized by the vested portions of the respective participants' account balances.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. Amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid were \$-0- at December 31, 2022 and 2021.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan did not have any excess contributions in 2022.

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2022 AND 2021

3. Related Party Transactions

All Plan investments are managed by Empower (formerly Great-West), the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Empower (formerly Great-West) serves as the third-party administrator of the Plan. Therefore, these transactions also qualify as party-in-interest transactions. Fees paid to the trustee and the third party administrators by the Plan were \$13,279 and \$14,061 for the years ended December 31, 2022 and 2021, respectively.

4. Investments and Related Information Certified by the Trustee

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent auditor did not perform any auditing procedures with respect to the information certified to as complete and accurate by Empower (formerly Great-West), except for comparing such information to the related financial statements and supplemental schedule of assets (held at end of year). Accordingly, all information presented in the accompanying financial statements and supplemental schedule pertaining to investments held at December 31, 2022 and 2021, and investment income and net appreciation (depreciation) in fair value of investments for the Plan years then ended, was obtained from certifications by Empower (formerly Great-West), and is therefore unaudited.

Following is a summary of unaudited information pertaining to the Plan:

	<u>2022</u>	<u>2021</u>
STATEMENTS OF NET ASSETS:		
Investments:		
Mutual funds	\$ 7,169,029	\$ 10,683,030
Guaranteed investment contract	885,967	1,176,849
Notes receivable from participants	<u>66,999</u>	<u>61,686</u>
Total unaudited assets	<u>\$ 8,121,995</u>	<u>\$ 11,921,565</u>
STATEMENTS OF CHANGES IN NET ASSETS		
Investment income:		
Net appreciation (depreciation)		
in fair value of investments	\$ (2,016,713)	\$ 753,076
Mutual funds	331,751	748,419
Guaranteed investment contract	9,267	10,067
Notes receivable from participants	<u>3,564</u>	<u>4,623</u>
Total unaudited investment income (loss)	<u>\$ (1,672,131)</u>	<u>\$ 1,516,185</u>

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2022 AND 2021

5. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Level 1 Fair Value Measurements: The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair value of corporate bonds are valued at the closing price reported in the active market in which the bond is traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2022 AND 2021

5. Fair Value Measurements (Cont'd):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. growth funds	\$ 1,352,217	\$ -	\$ -	\$ 1,352,217
U.S. blend funds	2,452,651	-	-	2,452,651
U.S. value funds	1,212,655	-	-	1,212,655
International growth funds	1,128,353	-	-	1,128,353
International blend	121,255	-	-	121,255
International value funds	129,124	-	-	129,124
Bonds	772,774	-	-	772,774
Total	<u>\$ 7,169,029</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,169,029</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. growth funds	\$ 2,565,571	\$ -	\$ -	\$ 2,565,571
U.S. blend funds	2,909,898	-	-	2,909,898
U.S. value funds	1,718,143	-	-	1,718,143
International growth funds	2,077,988	-	-	2,077,988
International blend	110,710	-	-	110,710
International value funds	84,661	-	-	84,661
Bonds	1,216,059	-	-	1,216,059
Total	<u>\$10,683,030</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$10,683,030</u>

6. Guaranteed Investment Contract with Empower (formerly Great-West)

In 2002, the Plan entered into a fully benefit-responsive guaranteed investment contract with Empower (formerly Great-West). Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2022 AND 2021

6. Guaranteed Investment Contract with Empower (formerly Great-West) (Cont'd)

contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Empower (formerly Great-West), represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on an quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring. Either party to the guaranteed investment contract may terminate the contract with at least 60 days advance written notice to the other party.

7. Tax Status

The Company's Plan is based on a "prototype non-standardized profit sharing plan with cash or deferred arrangement" that was developed by a commercial benefit plan provider. The "prototype" form was submitted to the Internal Revenue Service, who responded to the commercial plan provider in its letter dated August 7, 2001, that the form of the "prototype" plan is acceptable under Section 401 for use by employers for the benefit of their employees. Although a determination letter has not been requested specifically for the Company's Plan, as amended, the Plan administrator believes the plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan was duly qualified as a tax-exempt trust as of the latest financial statement date and intends for the Plan to continue in such a manner. The Plan is no longer subject to federal, state and local income tax examinations by tax authorities for fiscal years ended before December 31, 2019.

Plan participants are not subject to federal income taxes on contributions to their accounts or the related account earnings until they receive a distribution from the Plan. Distributions that are rolled over to another qualified retirement plan generally continue to be tax deferred until ultimate distribution to the participant.

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2022 AND 2021

8. Risks and Uncertainties – Investments

Financial instruments that potentially subject the Plan to significant concentrations of credit risk consist principally of cash, a guaranteed investment contract and mutual funds. The Plan places its cash with federally-insured financial institutions. The Plan's investment in a guaranteed investment contract is also subject to credit risk in that the collectability of the contract principal and earnings is not insured or guaranteed, but rather is dependent upon the financial ability of the contract issuer to make such payments at maturity. The Plan's mutual funds include investments which are inherently exposed to various risks associated with certain mutual funds, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the accompanying "Statements of Net Assets Available for Benefits."

9. Reconciliation of Financial Statements to Form 5500

The financial statement caption "Net assets available for benefits," presented on pages 5 and 6 of the accompanying financial statements, is synonymous with the caption "Net assets" presented in Part 1, Line 1l of Schedule H to Form 5500.

In accordance with the instructions to IRS Form 5500, investment income from registered investment companies is to be reported as a component of the "Net investment gain (loss)" for the reporting period. For financial reporting purposes, investment income from such investments is to be reported as a separate line item on the "Statement of Changes in Net Assets Available for Benefits."

Reconciliation of "Net increase in net assets," presented on page 6 of the accompanying financial statements for the year ended December 31, 2022, to "Net income (loss)", as presented in Part II, Line 2k of Schedule H to Form 5500 for the corresponding reporting period, is as follows:

	<u>2022</u>
Net increase (decrease) in net assets, per the accompanying financial statements	\$ (3,787,764)
Minus: refund of excess contributions – December 31, 2021	<u>(11,806)</u>
Net income (loss), as reported in Form 5500 Schedule H, Part II, Line 2k	<u>\$ (3,799,570)</u>

SUPPLEMENTAL SCHEDULE

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

Name of plan	Three-digit	
Davies Claims Solutions, LLC 401(k) Plan	plan number	001
Plan sponsor's name as shown on line 2a of Form 5500	Employer Identification Number	
Davies Claims Solutions, LLC		43-1954328

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Empower Annuity Ins. Co. of America		American Century Mid Cap Value A	N/A	\$ 95,936
* Empower Annuity Ins. Co. of America		American Funds Capital World G/I R3	N/A	118,695
* Empower Annuity Ins. Co. of America		American Funds Europacific Gr R3	N/A	381,807
* Empower Annuity Ins. Co. of America		American Funds Fundamental Invs R3	N/A	36,095
* Empower Annuity Ins. Co. of America		American Funds Growth Fund of Amer R3	N/A	827,636
* Empower Annuity Ins. Co. of America		American Funds New Perspective R3	N/A	40,836
* Empower Annuity Ins. Co. of America		BlackRock Health Sciences Opps Inv A	N/A	88,926
* Empower Annuity Ins. Co. of America		BNY Mellon Opp MidCap Value A	N/A	344,241
* Empower Annuity Ins. Co. of America		Clearbridge Small Cap Growth A	N/A	138,889
* Empower Annuity Ins. Co. of America		Columbia Contrarian Core A	N/A	7,053
* Empower Annuity Ins. Co. of America		Columbia Income Opportunities A	N/A	48,576
* Empower Annuity Ins. Co. of America		Delaware Ivy Science and Technology Y	N/A	2,538
* Empower Annuity Ins. Co. of America		Delaware Small Cap Core A	N/A	7,552
* Empower Annuity Ins. Co. of America		Eaton Vance Atlanta Capital Smid-Cap A	N/A	121,012
* Empower Annuity Ins. Co. of America		Empower Aggressive Profile Fund	N/A	10,273
* Empower Annuity Ins. Co. of America		Empower Bond Index Fund	N/A	216,750
* Empower Annuity Ins. Co. of America		Empower Conserv Profile Fund	N/A	19,944
* Empower Annuity Ins. Co. of America		Empower International Value Fund	N/A	286,450
* Empower Annuity Ins. Co. of America		Empower Lifetime 2015 Fund	N/A	29,616
* Empower Annuity Ins. Co. of America		Empower Lifetime 2025 Fund	N/A	644,670
* Empower Annuity Ins. Co. of America		Empower Lifetime 2035 Fund	N/A	41,273
* Empower Annuity Ins. Co. of America		Empower Lifetime 2045 Fund	N/A	157,828
* Empower Annuity Ins. Co. of America		Empower Lifetime 2055 Fund	N/A	60,750
* Empower Annuity Ins. Co. of America		Empower Moderate Profile II Fund	N/A	2,560
* Empower Annuity Ins. Co. of America		Empower Multi Sector Bond Investor	N/A	17,714
* Empower Annuity Ins. Co. of America		Empower Real Estate Index Fund	N/A	261
* Empower Annuity Ins. Co. of America		Empower S&P 500 Index Fund	N/A	833,207
* Empower Annuity Ins. Co. of America		Empower S&P Mid Cap 400 Index Fund	N/A	33,815
* Empower Annuity Ins. Co. of America		Empower S&P Smallcap 600 Index Fund	N/A	194,633
* Empower Annuity Ins. Co. of America		Empower T Rowe Price Midcap GR Fund	N/A	107,965
* Empower Annuity Ins. Co. of America		Invesco Small Cap Value A	N/A	120,268
* Empower Annuity Ins. Co. of America		Janus Henderson Venture S	N/A	60,842
* Empower Annuity Ins. Co. of America		MFS Value A	N/A	846,705
* Empower Annuity Ins. Co. of America		Oakmark Equity & Income II	N/A	409,064

(Continued)

DAVIES CLAIMS SOLUTIONS, LLC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

Name of plan Davies Claims Solutions, LLC 401(k) Plan	Three-digit plan number	001
Plan sponsor's name as shown on line 2a of Form 5500 Davies Claims Solutions, LLC	Employer Identification Number	43-1954328

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Empower Annuity Ins. Co. of America	Oakmark International Service	N/A	33,188
*	Empower Annuity Ins. Co. of America	PIMCO Income A	N/A	93,275
*	Empower Annuity Ins. Co. of America	PIMCO Int Bond (USD-Hedged) A	N/A	14,353
*	Empower Annuity Ins. Co. of America	PIMCO Total Return Admin	N/A	430,540
*	Empower Annuity Ins. Co. of America	T. Rowe Price Blue Chip Growth Adv	N/A	55,962
*	Empower Annuity Ins. Co. of America	T. Rowe Price Real Estate Advisor	N/A	46,045
*	Empower Annuity Ins. Co. of America	Virtus Ceredex Mid-Cap Value Equity I	N/A	141,144
*	Empower Annuity Ins. Co. of America	Western Asset Core Plus Bond A	N/A	142
*	Empower Annuity Ins. Co. of America	Guaranteed Investment Contract	N/A	885,967
*	Notes Receivable from Participants	4.25-6.50%	-	66,999
				<u>\$ 8,121,995</u>

* Indicates party-in-interest

See independent auditor's report.

(Concluded)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Davies Claims Solutions, LLC 401(k) Plan

01-JAN-22 to 31-DEC-22

24-JAN-23 04:14:01

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MX15A1			33,385.54	29,615.86
1MX25A1			730,530.56	644,669.70
1MX35A1			46,110.23	41,272.68
1MX45A1			180,208.43	157,828.38
1MX55A1			66,169.23	60,750.32
1PBAXCP			22,931.70	19,944.21
1PBAXMP			2,989.73	2,559.63
1PBAXAP			13,463.59	10,272.79
197AFCW			125,710.08	118,694.86
192AFEP			390,752.31	381,807.43
198AFNP			46,578.42	40,835.75
1MXIVX			298,155.97	286,449.68
1OAKIX			38,312.80	33,188.39
1SHSAX			81,180.49	88,926.23
1MXREX			279.14	261.07
1WSTYX			3,949.54	2,538.30
1PAREX			65,074.56	46,044.74
1DCCAX			8,099.65	7,551.56
1MXIN6			209,913.34	194,632.58
1VSCAX			100,445.07	120,268.44
1JVTX			72,968.37	60,842.27
1SASMX			137,255.37	138,888.98
1ACLAX			98,813.06	95,935.16
1DMCVX			402,183.11	344,240.87
1EAASX			129,029.35	121,012.35
1MXMDX			37,013.99	33,814.72
1MGRXTM			97,418.81	107,964.62
1SMVTX			164,480.73	141,143.96
1RFNCX			35,609.32	36,094.69
195AFGF			752,942.42	827,635.97
1LCCAX			8,132.85	7,053.02
194MX5			783,290.39	833,206.79
1MEIAX			566,669.77	846,704.60
1PABGX			62,282.01	55,962.15
1OAKBX			459,482.19	409,064.45
1AIOAX			50,772.94	48,575.80
1BIMXBI			232,574.89	216,750.04
1BMSXLC			19,257.06	17,714.32
1PFOAX			15,316.04	14,353.05
1PONAX			104,118.30	93,274.55
1PTRAX			531,041.17	430,540.25
1WAPAX			146.94	142.33
1KGPF		1.050	821,511.27	885,967.35
			8,046,550.73	8,054,994.89
PARTICIPANT LOANS	VARIOUS	4.250-7.250	67,093.39	66,999.26
FORFEITURES			2.05	1.61

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Davies Claims Solutions, LLC 401(k) Plan

01-JAN-22 to 31-DEC-22

24-JAN-23 04:14:01

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
EIN # 43-1954328				

LEGEND

INVESTMENT OPTION:

1MX15A1	Empower Lifetime 2015 Fund Svc	1MX25A1	Empower Lifetime 2025 Fund Svc
1MX35A1	Empower Lifetime 2035 Fund Svc	1MX45A1	Empower Lifetime 2045 Fund Svc
1MX55A1	Empower Lifetime 2055 Fund Svc	1PBAXCP	Empower Conservative Profile Fund Inv
1PBAXMP	Empower Moderate Profile Fund Inv	1PBAXAP	Empower Aggressive Profile Fund Inv
197AFCW	American Funds Capital World G/I R3	192AFEP	American Funds EuroPacific Gr R3
198AFNP	American Funds New Perspective R3	1MXIVX	Empower International Value Inv
1OAKIX	Oakmark International Investor	1SHSAX	BlackRock Health Sciences Opps Inv A
1MXREX	Empower Real Estate Index Fund Inv	1WSTYX	Delaware Ivy Science And Technology Y
1PAREX	T. Rowe Price Real Estate Advisor	1DCCAX	Delaware Small Cap Core A
1MXIN6	Empower S&P SmCap 600 Index Fund Inv	1VSCAX	Invesco Small Cap Value A
1JVT SX	Janus Henderson Venture S	1SASMX	ClearBridge Small Cap Growth A
1ACLAX	American Century Mid Cap Value A	1DMCVX	BNY Mellon Opp Midcap Value A
1EAASX	Eaton Vance Atlanta Capital SMID-Cap A	1MXMDX	Empower S&P MidCap 400 Index Fund Inv
1MGRXTM	Empower T Rowe Price MdCp Gr Fund Inv	1SMVTX	Virtus Ceredex Mid-Cap Value Equity I
1RFNCX	American Funds Fundamental Invs R3	195AFGF	American Funds Growth Fund of Amer R3
1LCCAX	Columbia Contrarian Core A	194MX5	Empower S&P 500 Index Fund Inv
1MEIAX	MFS Value A	1PABGX	T. Rowe Price Blue Chip Growth Adv
1OAKBX	Oakmark Equity & Income Investor	1AIOAX	Columbia Income Opportunities A
1BIMXBI	Empower Bond Index Fund Inv	1BMSXLC	Empower Multi Sector Bond Investor
1PFOAX	PIMCO Int Bond (USD-Hedged) A	1PONAX	PIMCO Income A
1PTRAX	PIMCO Total Return Admin	1WAPAX	Western Asset Core Plus Bond A
1KGPF	Key Guaranteed Portfolio Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year