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|--|---|---|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|--|---|---|

|  |   |
|--|---|
| Part I   | Annual Report Identification Information  |
| For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023 |   |
| A  | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B  | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>  |
| C  | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>   |
| D  | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>   |
| E  | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>  |

|         |   |    |  |
|---------|---|----|--|
| Part II | Basic Plan Information—enter all requested information  |    |  |
| 1a      | Name of plan<br>GUARDIAN SECURITY SYSTEMS INC. EMPLOYEE BENEFITS PLAN   | 1b | Three-digit plan number (PN) ▶ 501                 |
|         |   | 1c | Effective date of plan<br>06/01/2013               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GUARDIAN SECURITY SYSTEMS INC.<br><br>1743 1ST AVE SOUTH SEATTLE, WA 98134 | 2b | Employer Identification Number (EIN)<br>91-0957752 |
|         |   | 2c | Plan Sponsor's telephone number<br>206-622-6545    |
|         |   | 2d | Business code (see instructions)<br>238210         |
|         |   |    |  |

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. | 03/07/2024 | MISTY BENDER   |
|           | 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                      |

|   |  |
|---|--|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>GUARDIAN SECURITY SYSTEMS INC.<br><br>1743 1ST AVE SOUTH<br>SEATTLE, WA 98134  | <b>3b</b> Administrator's EIN<br>91-0957752<br><br><b>3c</b> Administrator's telephone number<br>206-622-6545  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b> 157   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 157<br><b>6a(2)</b> 158<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 158<br><b>6e</b><br><b>6f</b> 158<br><b>6g</b><br><b>6h</b>  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:<br>4A 4D 4E 4B 4F 4Q  |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input checked="" type="checkbox"/> General assets of the sponsor  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input checked="" type="checkbox"/> General assets of the sponsor   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)   |  |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary   | <b>b General Schedules</b><br>(1) <input type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>6 A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**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</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</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> |
|--|--|--|

|  |  |     |
|--|--|-----|
| For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023 |  |     |
| A Name of plan<br>GUARDIAN SECURITY SYSTEMS INC. EMPLOYEE BENEFITS PLAN                    | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUARDIAN SECURITY SYSTEMS INC.   | D Employer Identification Number (EIN)<br>91-0957752 |     |

|        |   |  |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|   |
|---|
| (a) Name of insurance carrier<br>COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY |
|---|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 57-0144607 | 62049         | E5020094                              | 16  | 06/01/2022              | 05/31/2023 |

|  |
|--|
| 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<br>1213 | (b) Total amount of fees paid<br>0 |
|--|------------------------------------|

|   |
|---|
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|---|

|  |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--|

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

|  |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--|

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |  |           |  |
|----------|--|-----------|--|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

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

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)      **b** ☐ Dental      **c** ☐ Vision      **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)      **f** ☐ Long-term disability      **g** ☐ Supplemental unemployment      **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)      **j** ☐ HMO contract      **k** ☐ PPO contract      **l** ☐ Indemnity contract  
**m** ☒ Other (specify) **WORKSITE BENEFITS**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |       |
|---|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 18955 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |       |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

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

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|--|--|--|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</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> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023 |  |
| A Name of plan<br>GUARDIAN SECURITY SYSTEMS INC. EMPLOYEE BENEFITS PLAN                    | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUARDIAN SECURITY SYSTEMS INC.   | D Employer Identification Number (EIN)<br>91-0957752 |

|        |   |  |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|  |
|--|
| (a) Name of insurance carrier<br>PACIFIC GUARDIAN LIFE INSURANCE COMPANY |
|--|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 99-0105050 | 64343         | TDI007902212                          | 0   | 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 | (b) Total amount of fees paid |
| 0                                    | 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 |
|--|

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

|  |
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|--|

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



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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
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|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| (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****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:  
(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☒ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |   |
|---|------------|---|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 0 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |   |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

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

|  |  |  |
|--|--|--|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</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> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023 |  |
| A Name of plan<br>GUARDIAN SECURITY SYSTEMS INC. EMPLOYEE BENEFITS PLAN                    | B Three-digit plan number (PN) ► 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUARDIAN SECURITY SYSTEMS INC.   | D Employer Identification Number (EIN)<br>91-0957752 |

|        |   |  |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|   |
|---|
| (a) Name of insurance carrier<br>PACIFICSOURCE HEALTH PLANS |
|---|

| (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     |
| 93-0245545 | 54976         | G0042520                              | 141   | 06/01/2022              | 05/31/2023 |

|  |
|--|
| 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 | (b) Total amount of fees paid |
| 0                                    | 2205                          |

|   |
|---|
| 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 |
| THE PARTNERS GROUP<br>11850 SW 67TH AVE, STE 100<br>PORTLAND, OR 97223                           |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                               | (e) Organization code |
|---|---------------------------------|-------------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose                   |                       |
| 0   | 2205                            | NEW GROUP AND RETENTION BONUS | 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 |                       |
|   |                                 |             |                       |

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| (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****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:  
(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 836310 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |        |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

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

|  |  |  |
|--|--|--|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</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> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023 |  |
| A Name of plan<br>GUARDIAN SECURITY SYSTEMS INC. EMPLOYEE BENEFITS PLAN                    | B Three-digit plan number (PN) ► 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUARDIAN SECURITY SYSTEMS INC.   | D Employer Identification Number (EIN)<br>91-0957752 |

|        |   |  |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|   |
|---|
| (a) Name of insurance carrier<br>STANDARD INSURANCE COMPANY |
|---|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 93-0242990 | 69019         | 760265                                | 138   | 06/01/2022              | 05/31/2023 |

|  |
|--|
| 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<br>1057 | (b) Total amount of fees paid<br>0 |
|--|------------------------------------|

|   |
|---|
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|---|

|  |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>THE PARTNERS GROUP<br>11850 SW 67TH AVE, STE 100<br>PORTLAND, OR 97223 |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|---|---------------------------------|-------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose             |                       |
| 938   | 118                             | CONTINGENT COMPENSATION | 3                     |

|  |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--|

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



---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |  |           |  |
|----------|--|-----------|--|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

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

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☒ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|  |                 |      |      |
|--|-----------------|------|------|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    | 9382 |      |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    | 0    |      |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    | 0    |      |
| (4) Earned ((1) + (2) - (3)) .....   | <b>9a(4)</b>    |      | 9382 |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    | 5973 |      |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    | -4   |      |
| (3) Incurred claims (add (1) and (2)) .....  | <b>9b(3)</b>    |      | 5969 |
| (4) Claims charged .....   | <b>9b(4)</b>    |      | 5969 |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |      |      |
| (A) Commissions .....  | <b>9c(1)(A)</b> | 1057 |      |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> | 0    |      |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> | 0    |      |
| (D) Other expenses .....   | <b>9c(1)(D)</b> | 4010 |      |
| (E) Taxes .....  | <b>9c(1)(E)</b> | 188  |      |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> | 117  |      |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> | 0    |      |
| (H) Total retention .....  | <b>9c(1)(H)</b> |      | 5372 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |      |      |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                | <b>9d(1)</b>    |      |      |
| (2) Claim reserves .....   | <b>9d(2)</b>    |      | 715  |
| (3) Other reserves .....   | <b>9d(3)</b>    |      |      |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   | <b>9e</b>       |      |      |

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

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

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>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> |
|---|--|--|

|  |  |     |
|--|--|-----|
| For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023 |  |     |
| A Name of plan<br>GUARDIAN SECURITY SYSTEMS INC. EMPLOYEE BENEFITS PLAN                    | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUARDIAN SECURITY SYSTEMS INC.   | D Employer Identification Number (EIN)<br>91-0957752 |     |

|        |   |  |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

1 Coverage Information:

|   |
|---|
| (a) Name of insurance carrier<br>STANDARD INSURANCE COMPANY |
|---|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 93-0242990 | 69019         | 760265                                | 142   | 06/01/2022              | 05/31/2023 |

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<br>2647 | (b) Total amount of fees paid<br>0 |
|--|------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

|  |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>THE PARTNERS GROUP<br>11850 SW 67TH AVE, STE 100<br>PORTLAND, OR 97223 |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|---|---------------------------------|-------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose             |                       |
| 2421  | 227                             | CONTINGENT COMPENSATION | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |  |           |  |
|----------|--|-----------|--|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

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

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)      **b** ☐ Dental      **c** ☐ Vision      **d** ☒ Life insurance  
**e** ☐ Temporary disability (accident and sickness)      **f** ☐ Long-term disability      **g** ☐ Supplemental unemployment      **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)      **j** ☐ HMO contract      **k** ☐ PPO contract      **l** ☐ Indemnity contract  
**m** ☒ Other (specify) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

**9** Experience-rated contracts:

|  |                 |       |       |
|--|-----------------|-------|-------|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    | 16137 |       |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    | 0     |       |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    | 0     |       |
| (4) Earned ((1) + (2) - (3)) .....   | <b>9a(4)</b>    |       | 16137 |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    | 0     |       |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    | 39    |       |
| (3) Incurred claims (add (1) and (2)) .....  | <b>9b(3)</b>    |       | 39    |
| (4) Claims charged .....   | <b>9b(4)</b>    |       | 39    |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |       |       |
| (A) Commissions .....  | <b>9c(1)(A)</b> | 2647  |       |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> | 0     |       |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> | 0     |       |
| (D) Other expenses .....   | <b>9c(1)(D)</b> | 2519  |       |
| (E) Taxes .....  | <b>9c(1)(E)</b> | 323   |       |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> | 1290  |       |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> | 9319  |       |
| (H) Total retention .....  | <b>9c(1)(H)</b> |       | 16098 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |       |       |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                | <b>9d(1)</b>    |       |       |
| (2) Claim reserves .....   | <b>9d(2)</b>    |       | 3206  |
| (3) Other reserves .....   | <b>9d(3)</b>    |       |       |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   | <b>9e</b>       |       |       |

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

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

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>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> |
|---|--|--|

|  |  |     |
|--|--|-----|
| For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023 |  |     |
| A Name of plan<br>GUARDIAN SECURITY SYSTEMS INC. EMPLOYEE BENEFITS PLAN                    | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUARDIAN SECURITY SYSTEMS INC.   | D Employer Identification Number (EIN)<br>91-0957752 |     |

|        |   |  |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

1 Coverage Information:

|   |
|---|
| (a) Name of insurance carrier<br>STANDARD INSURANCE COMPANY |
|---|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 93-0242990 | 69019         | 760265                                | 129   | 06/01/2022              | 05/31/2023 |

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<br>8894 | (b) Total amount of fees paid<br>0 |
|--|------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

|  |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>THE PARTNERS GROUP<br>11850 SW 67TH AVE, STE 100<br>PORTLAND, OR 97223 |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|---|---------------------------------|-------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose             |                       |
| 8315  | 579                             | CONTINGENT COMPENSATION | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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



---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

---

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)**  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions ..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:  
(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions ..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☒ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|  |                 |       |       |
|--|-----------------|-------|-------|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    | 83154 |       |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    | 0     |       |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    | 0     |       |
| (4) Earned ((1) + (2) - (3)) .....   | <b>9a(4)</b>    |       | 83154 |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    | 69185 |       |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    | 152   |       |
| (3) Incurred claims (add (1) and (2)) .....  | <b>9b(3)</b>    |       | 69337 |
| (4) Claims charged .....   | <b>9b(4)</b>    |       | 69337 |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |       |       |
| (A) Commissions .....  | <b>9c(1)(A)</b> | 8894  |       |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> | 0     |       |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> | 0     |       |
| (D) Other expenses .....   | <b>9c(1)(D)</b> | 15043 |       |
| (E) Taxes .....  | <b>9c(1)(E)</b> | 1663  |       |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> | 1500  |       |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> | 0     |       |
| (H) Total retention .....  | <b>9c(1)(H)</b> |       | 27100 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |       |       |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                | <b>9d(1)</b>    |       |       |
| (2) Claim reserves .....   | <b>9d(2)</b>    |       | 3285  |
| (3) Other reserves .....   | <b>9d(3)</b>    |       |       |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   | <b>9e</b>       |       |       |

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

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

Colonial Life & Accident Insurance Company  
Post Office Box 1365  
Columbia, SC 29202-1365



Guardian Security Systems  
Attn: Keli Cordova/Anna Walker  
1743 First Avenue South  
Seattle, WA 98134

July 13, 2023

Re: Information Schedule A (Form 5500)  
BCN: E5020094

Dear Keli Cordova/Anna Walker:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at [www.efast.dol.gov](http://www.efast.dol.gov). Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



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Insurance Data for Schedule A Form 5500

**AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.**

**Name of Carrier:** Colonial Life & Accident Insurance Company  
Post Office Box 1365  
Columbia, SC 29202-1365

**Carrier EIN:** 57-0144607  
**Carrier NAIC Code:** 62049

**Account Name:** Guardian Security Systems  
**Billing Control Number:** E5020094  
**Plan Year Date Range:** 06/01/2022 - 05/31/2023

**Organization Code For Agents/Producers: 3**

**Amount for Pre-tax or Employer Paid Premium:** \$7,369.56  
**Amount for After Tax Paid Premium:** \$11,585.54  
**Total Paid Premium:** \$18,955.10

**APPROXIMATE NUMBER OF PERSONS COVERED IN MAY 2023: 16**

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Insurance Fees and Commission Information for Schedule A Form 5500

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| <b>Agent/Producer Name<br/>Address</b>                                       | <b>Amount of<br/>Commissions<br/>On Pre-Tax<br/>Or Employer<br/>Paid Policies</b> | <b>Amount of<br/>Commissions<br/>On After Tax<br/>Or Employee<br/>Paid Policies</b> | <b>Total<br/>Commissions<br/>Paid</b> | <b>Amount of<br/>Fees Paid<br/>If Any</b> |
|--|---|---|---------------------------------------|---|
| Consumer Driven Benefits Llc<br>1301 Dove St<br>Newport Beach CA 92660       | \$14.26   | \$18.18   | \$32.44                               | \$0.00                                    |
| Burnham Benefits Insurance Services<br>15901 Red Hill Ave<br>Tustin CA 92780 | \$180.72  | \$100.59  | \$281.31                              | \$0.00                                    |
| Heartsease Llc<br>1521 Ne 63rd Ave<br>Hillsboro OR 97124                     | \$0.00  | \$7.57  | \$7.57                                | \$0.00                                    |
| Benefits By Design Inc<br>2101 Ne 279th St<br>Ridgefield WA 98642            | \$0.00  | \$3.36  | \$3.36                                | \$0.00                                    |

| <b>Agent/Producer Name<br/>Address</b>                               | <b>Amount of<br/>Commissions<br/>On Pre-Tax<br/>Or Employer<br/>Paid Policies</b> | <b>Amount of<br/>Commissions<br/>On After Tax<br/>Or Employee<br/>Paid Policies</b> | <b>Total<br/>Commissions<br/>Paid</b> | <b>Amount of<br/>Fees Paid<br/>If Any</b> |
|--|---|---|---------------------------------------|---|
| Valor Benefits<br>12125 Koudekerk Street<br>Artesia CA 90701         | \$106.85  | \$137.30  | \$244.15                              | \$0.00                                    |
| Jessica Loree Grow<br>10 S. Vancouver St.<br>Kennewick WA 99336      | \$14.65   | \$13.00   | \$27.65                               | \$0.00                                    |
| Luann E Davis<br>325 North Grant Street<br>Kennewick WA 99336        | \$25.10   | \$24.12   | \$49.22                               | \$0.00                                    |
| Christopher Robert Berry<br>27108 162nd St Se<br>Monroe WA 98272     | \$2.29  | \$2.18  | \$4.47                                | \$0.00                                    |
| Valorie L Strickland<br>1437 Cimarron Pl<br>Richland WA 99352        | \$17.52   | \$29.87   | \$47.39                               | \$0.00                                    |
| Dale Witwer<br>4106 Sturdee Lane<br>Pasco WA 99301                   | \$1.46  | \$2.07  | \$3.53                                | \$0.00                                    |
| Andrea Marie Tierce<br>1199 Madrone Ln<br>Placerville CA 95667       | \$69.10   | \$84.91   | \$154.01                              | \$0.00                                    |
| Susie A Estrada<br>25742 Park Avenue<br>San Juan Capistrano CA 92675 | \$34.76   | \$43.94   | \$78.70                               | \$0.00                                    |
| Caryl Estes<br>15907 Ash Way<br>Lynnwood WA 98087                    | \$26.01   | \$17.30   | \$43.31                               | \$0.00                                    |
| Pamela Cople Smith<br>411 Highland Dr<br>Seattle WA 98109            | \$0.00  | \$6.72  | \$6.72                                | \$0.00                                    |
| Arian E Nawabi<br>201 Darlington<br>Irvine CA 92620                  | \$27.44   | \$23.56   | \$51.00                               | \$0.00                                    |
| Worksite Benefits Group Inc<br>112 Nw 114th St<br>Vancouver WA 98685 | \$0.00  | \$2.53  | \$2.53                                | \$0.00                                    |
| The Partners Group Ltd<br>11850 Sw 67th Ave<br>Portland OR 97223     | \$0.00  | \$82.37   | \$82.37                               | \$0.00                                    |



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| <b>Agent/Producer Name<br/>Address</b>  | <b>Amount of<br/>Commissions<br/>On Pre-Tax<br/>Or Employer<br/>Paid Policies</b> | <b>Amount of<br/>Commissions<br/>On After Tax<br/>Or Employee<br/>Paid Policies</b> | <b>Total<br/>Commissions<br/>Paid</b> | <b>Amount of<br/>Fees Paid<br/>If Any</b> |
|---|---|---|---------------------------------------|---|
| Wood Gutmann & Bogart Insurance<br>Bro<br>15901 Red Hill Ave<br>Tustin CA 92780 | \$61.65   | \$32.10   | \$93.75                               | \$0.00                                    |
| Grand Totals  | \$581.81  | \$631.67  | \$1,213.48                            | \$0.00                                    |

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick  
AVP of Sales Compensation

|  |   |   |
|--|---|---|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|--|---|---|

|  |  |
|--|--|
| Part I   | Annual Report Identification Information   |
| For calendar plan year 2022 or fiscal plan year beginning 06/01/2022 and ending 05/31/2023 |  |
| A  | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B  | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>  |
| C  | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>  |
| D  | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>  |
| E  | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>   |

|         |   |
|---------|---|
| Part II | Basic Plan Information—enter all requested information  |
| 1a      | Name of plan<br>GUARDIAN SECURITY SYSTEMS INC. EMPLOYEE BENEFITS PLAN   |
| 1b      | Three-digit plan number (PN) ▶ 501  |
| 1c      | Effective date of plan<br>06/01/2013  |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GUARDIAN SECURITY SYSTEMS INC.<br><br>1743 1ST AVE SOUTH SEATTLE, WA 98134 |
| 2b      | Employer Identification Number (EIN)<br>91-0957752  |
| 2c      | Plan Sponsor's telephone number<br>206-622-6545   |
| 2d      | Business code (see instructions)<br>238210  |

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 | Anna Walker                        | Digitally signed by Anna Walker<br>DN: cn=Anna Walker, o=Guardian Security Systems, Inc, ou=Accounting Supervisor, email=awalker@guardiansecurity.com, c=US<br>Date: 2024.03.03 15:58:23 -08'00' |  |  |
|           | Signature of plan administrator    | Date   | Enter name of individual signing as plan administrator       |  |
| SIGN HERE | Anna Walker                        | Digitally signed by Anna Walker<br>DN: cn=Anna Walker, o=Guardian Security Systems, Inc, ou=Accounting Supervisor, email=awalker@guardiansecurity.com, c=US<br>Date: 2024.03.03 15:58:46 -08'00' |  |  |
|           | 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                      |  |