

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/04/2023

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) G
B This return/report is: [] the first return/report [X] the final return/report [] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TLA GROUP INSURANCE TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/11/1970
2a Plan sponsor's name (employer, if for a single-employer plan): TLA GROUP INSURANCE TRUST
2b Employer Identification Number (EIN): 43-6132711
2c Plan Sponsor's telephone number: 816-753-4390
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	17
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	17
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	
	6f	
	6g(1)	0
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B 4D

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **10/04/2023**

<p>A Name of plan TLA GROUP INSURANCE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TLA GROUP INSURANCE TRUST</p>	<p>D Employer Identification Number (EIN) 43-6132711</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
FIDELITY SECURITY 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
43-0949844	71870	4010	0	01/01/2023	10/04/2023

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 35	(b) Total amount of fees paid 354
---	---

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 LEWER AGENCY **4534 WORNALL ROAD**
KANSAS CITY, MO 64111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35	354	ADMIN FEES	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:

a Premiums: (1) Amount received		9a(1)	2679	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)		
(3) Increase (decrease) in unearned premium reserve		9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)		2679
b Benefit charges (1) Claims paid.....		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)		
(4) Claims charged		9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)		35	
(B) Administrative service or other fees	9c(1)(B)		354	
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)		355	
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies.....	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention	9c(1)(H)			744
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
(2) Claim reserves		9d(2)		
(3) Other reserves.....		9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **10/04/2023**

A Name of plan TLA GROUP INSURANCE TRUST		B Three-digit plan number (PN) ▶	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TLA GROUP INSURANCE TRUST		D Employer Identification Number (EIN) 43-6132711	

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of plan sponsor HERDRICH PETROLEUM**c** EIN-PN 35-1348706-501**a** Plan name**b** Name of plan sponsor BILLEAUD'S GROCERY**c** EIN-PN 72-0841547-501**a** Plan name**b** Name of plan sponsor DAGATE'S MARINE**c** EIN-PN 72-0812803-501**a** Plan name**b** Name of plan sponsor RICHARD OIL & FUEL**c** EIN-PN 72-0715773-501**a** Plan name**b** Name of plan sponsor WHITE CASTLE FERTILIZER**c** EIN-PN 72-1004599-501**a** Plan name**b** Name of plan sponsor 7-ELEVEN STORE #18142B**c** EIN-PN 31-1442851-501**a** Plan name**b** Name of plan sponsor BROAD & HAGUE**c** EIN-PN 31-0939587-501**a** Plan name**b** Name of plan sponsor LYKINS OIL-JESSE'S SHELL**c** EIN-PN 13-0344200-501**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/04/2023	
A Name of plan TLA GROUP INSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TLA GROUP INSURANCE TRUST	D Employer Identification Number (EIN) 43-6132711

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	25009	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1567463	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1592472	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	31696	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	31696	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1560776	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7689	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7689
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7689

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1565092	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1565092
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3373	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3373
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1568465

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1560776
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FORVIS MAZARS, LLP

(2) EIN: 44-0160260

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

	Yes	No	Amount
4a		X	

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

4b		X	
-----------	--	---	--

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

4c		X	
-----------	--	---	--

d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

4d		X	
-----------	--	---	--

e Was this plan covered by a fidelity bond?

4e			
-----------	--	--	--

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

4f			
-----------	--	--	--

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

4g			
-----------	--	--	--

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

4h			
-----------	--	--	--

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

4i		X	
-----------	--	---	--

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

4j	X		
-----------	---	--	--

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

4k			
-----------	--	--	--

l Has the plan failed to provide any benefit when due under the plan?

4l		X	
-----------	--	---	--

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m			
-----------	--	--	--

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

4n			
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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



TLA Group Insurance Trust

EIN 43-6132711 PN 501

**Independent Auditor's Report
and Financial Statements**

October 4, 2023 and December 31, 2022



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Independent Auditor's Report

Trustees
TLA Group Insurance Trust
Overland Park, Kansas

Opinion

We have performed audits of the financial statements of TLA Group Insurance Trust, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA). The financial statements comprise the statement of net assets in liquidation as of October 4, 2023 and the statement of net assets available for benefits (ongoing) as of December 31, 2022, the statement of changes in net assets in liquidation for the period ended October 4, 2023 and the statement of changes in net assets available for benefits for the year ended December 31, 2022 (ongoing), the statement of plan's benefit obligations in liquidation for the period ended October 4, 2023 and the statement of plan's benefit obligations for the year ended December 31, 2022 (ongoing), and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the statement of net assets in liquidation as of October 4, 2023 and the statement of net assets available for benefits (ongoing) as of December 31, 2022 and the statement of changes in net assets in liquidation for the period ended October 4, 2023 and the statement of changes in net assets available for benefits for the year ended December 31, 2022 (ongoing) and changes in plan's benefit obligations for the years then ended of TLA Group Insurance Trust, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter – Trust Termination and Liquidation Basis of Accounting

As further discussed in *Note 6* to the financial statements, The Lewer Companies voted on August 31, 2023 to terminate the Trust and management determined liquidation is imminent. As a result, the Trust has changed its basis of accounting from the going concern basis used in presenting the 2022 financial statements to the liquidation basis used in presenting the 2023 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

**Kansas City, Missouri
June 19, 2024**

Federal Employer Identification Number: 44-0160260

TLA Group Insurance Trust
Statement of Net Assets in Liquidation as of October 4, 2023 and
Statement of Net Assets Available for Benefits as of December 31, 2022 (Ongoing)

	2023 (In Liquidation)	2022 (Ongoing)
ASSETS		
Investments, At Fair Value		
Interest-bearing cash (employer funds)	\$ -	\$ 316,998
Interest-bearing cash (employee funds)	-	529,562
Certificates of deposit (employee funds)	-	720,903
	<u>-</u>	<u>1,567,463</u>
Deferred Tax Asset	-	24,000
Refundable Income Tax	-	1,009
	<u>-</u>	<u>1,592,472</u>
Total assets	-	1,592,472
LIABILITIES		
Due to affiliated trust	-	31,696
	<u>-</u>	<u>31,696</u>
Total liabilities	-	31,696
	<u>-</u>	<u>31,696</u>
Net Assets Available for Benefits (Ongoing)		<u>\$ 1,560,776</u>
Net Assets in Liquidation	<u>\$ -</u>	

TLA Group Insurance Trust
Statement of Changes in Net Assets in Liquidation for the Period Ended
October 4, 2023 and Statement of Changes in Net Assets Available for
Benefits for the Year Ended December 31, 2022 (Ongoing)

	2023 (In Liquidation)	2022 (Ongoing)
Investment Income (Loss)		
Net depreciation in fair value of investments	\$ -	\$ (25,842)
Interest income (loss)	7,689	(3,389)
	<u>7,689</u>	<u>(3,389)</u>
Net investment income (loss)	<u>7,689</u>	<u>(29,231)</u>
Deductions		
Benefits transferred to beneficiary	1,565,092	-
Dental claims reimbursements	-	5,991
Dental premium stabilization expense	3,373	22,145
Administrative expense	-	23,938
	<u>1,568,465</u>	<u>52,074</u>
Total deductions	<u>1,568,465</u>	<u>52,074</u>
Income Tax Benefit	<u>-</u>	<u>20,000</u>
Net Decrease	(1,560,776)	(61,305)
Net Assets Available for Benefits, Beginning of Year (Ongoing)	<u>1,560,776</u>	<u>1,622,081</u>
Net Assets Available for Benefits, End of Year (Ongoing)		<u><u>\$ 1,560,776</u></u>
Net Assets in Liquidation, End of Year	<u><u>\$ -</u></u>	

TLA Group Insurance Trust
Statement of Plan's Benefit Obligations in Liquidation and Changes in Plan's Benefit
Obligations for the Period Ended October 4, 2023 and Statement of Plan's Benefit Obligations
and Changes in Plan's Benefit Obligations for the Year Ended December 31, 2022 (Ongoing)

	2023 (In Liquidation)	2022 (Ongoing)
Plan's Benefit Obligations		
Obligations for current benefit coverage, at present value of estimated amounts	\$ -	\$ -
Plan's Total Benefit Obligations	<u>\$ -</u>	<u>\$ -</u>
Changes in Plan's Benefit Obligations		
Other obligation for current benefit coverage		
Beginning of year	\$ -	\$ -
Approved for payment	-	-
Payments made	-	-
End of year	-	-
Plan's Total Benefit Obligations (Ongoing)		<u>\$ -</u>
Plan's Total Benefit Obligations in Liquidation	<u>\$ -</u>	

Note 1. Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

The following description of the TLA Group Insurance Trust (the “TLA Trust”) provides only general information. Participants should refer to the Trust agreements of the participating employers for a more complete description of the plan provisions. Effective August 31, 2023, the Board of Directors approved the Trust’s termination. On October 4, 2023, all assets transferred to Greater Kansas City Community Foundation. As discussed in *Note 6*, there were no remaining assets subsequent to the transfer.

The TLA Trust is not an employee welfare benefit plan under the *Employee Retirement Income Security Act of 1974* (“ERISA”); rather, this arrangement qualifies as a “group insurance arrangement” under EBSA Regulations Section 2520.104-43.

A “group insurance arrangement” provides benefits to the employees of two or more unaffiliated employers (not in connection with a multi-employer plan or multiple-employer collectively-bargained plan) and fully insures any welfare plan(s) of each participating employer. There is an exemption from the annual reporting requirements for employers participating in certain group insurance arrangements. This exemption applies only to a welfare plan for a plan year in which the holder of the group insurance contracts by which plan benefits are provided and the vehicle for payment of premiums and charges for such policies.

The TLA Trust is the holder of several group insurance policies issued by National Guardian Life Insurance Company (NGLIC) and Fidelity Security Life Insurance Company (Fidelity). Under the policies, benefits are provided for certain eligible employees (and their dependents) of the participating employers. The TLA Trust and General American Life Insurance Company of St. Louis, Missouri entered into a Minimum Premium Agreement (an “MPA”), which became part of the policies effective June 1, 1989. General American assigned the agreements to Great-West in 2001. Great-West was ultimately purchased by CIGNA in 2008. CIGNA, as the ultimate successor-in-interest to the General American agreements, opted to terminate the policies as of December 31, 2010. The MPA describes only the premium arrangements between the TLA Trust and the insurance carrier and specifically provides that it shall in no way alter the insurance carrier’s ultimate responsibility to pay claims for benefits under the policies. The insurance carriers, the Trustees, the Policy Administrator and the Policy Administrator’s legal counsel share the opinion the arrangement is fully insured so that all benefit payments are made solely by NGLIC and Fidelity pursuant to the insurance policies.

Basis of Accounting

The accompanying 2023 financial statements of the TLA Trust are presented on the liquidation basis of accounting. The accompanying 2022 financial statements are prepared on the accrual basis of accounting.

The TLA Trust’s method of accounting and reporting for the group insurance policies it holds, which were issued by Great-West, is based upon the opinion shared by the Trustees, The Lewer Agency, Inc. and its legal counsel and confirmed by Great-West, that the TLA Trust does not have assets other than the policy and cash, and does not have any operating activity other than amounts spent in connection to the provisions of the agreement and interest income. See also *Note 5* regarding demutualization/settlement proceeds.

Valuation of Investments and Income Recognition

The TLA Trust's investments consisted of interest-bearing checking accounts and certificates of deposit at December 31, 2022. The TLA Trust's investments were carried at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The certificates of deposit had maturity dates ranging from May 2023 to October 2024 with the interest rates ranging from 0.15% to 0.70%. All investments that have matured were reinvested in like-kind investments. All investments were segregated between employer and employee funds as described in *Note 5*.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the TLA Trust's gains and losses on investments bought and sold, as well as those held during the year.

As discussed in *Note 6*, at October 4, 2023, the Trust no longer carried investments due to the termination of the trust.

Income Taxes

Prior to the receipt of the demutualization/settlement proceeds described in *Note 5*, the only asset held by the TLA Trust was an insurance policy. All amounts received by the TLA Trust were premiums to pay for the insurance policy and, under the State of Missouri's insurance laws, all such amounts are required to belong to the insurance company. Therefore, except for the receipt of demutualization proceeds, all amounts held in custody for the insurance company by the TLA Trust belong to the insurance company under applicable Missouri state insurance law. Accordingly, the insurance company is responsible for reporting and paying any income taxes owed in connection with the insurance policy owned by the TLA Trust.

The TLA Trust has received proceeds from demutualization/settlement of an insurance company that had issued a policy to the TLA Trust. Such amounts are not policy premiums and do not belong to any insurance company under applicable law and, accordingly, income taxes have been provided for in the financial statements of the TLA Trust on the income from the receipt of demutualization/settlement proceeds and related investment earnings.

The TLA Trust files income tax returns in the U.S. federal jurisdiction and the state of Missouri.

The difference between the expected tax on pretax income using federal rates and the actual recorded provision is due principally to the fact that income related to the contributions received from the related trust is not taxable, and the dental and vision premium stabilization expenses and the dental claims reimbursements are not deductible. Interest earned but not received, bond amortization, NOL carryforward and net depreciation in fair value of investments are the principal items resulting in a \$0 and \$24,000 deferred tax asset at October 4, 2023 and December 31, 2022, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Revenue Recognition

Prior to termination, the TLA Trust recorded investment income when earned by any accounts held within the TLA Trust. Demutualization/settlement and other income were recognized as earned by the TLA Trust.

Subsequent Events

Subsequent events have been evaluated through June 19, 2024, which is the date the financial statements were available to be issued.

Note 2. Benefit Obligations

Health costs incurred by participants and their beneficiaries and dependents are fully insured by insurance contracts issued to the TLA Trust, as discussed in *Note 1*.

Note 3. Related Party Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

Commerce Bank, NA, the Trustee of the TLA Trust, has appointed as Administrators the majority stockholders and officers of The Lower Agency, Inc. The Lower Agency, Inc. entered into a marketer and administrative services agreements with NGLIC and Fidelity under which The Lower Agency provides marketing, claims processing, and other non-discretionary policy administration services to the respective carriers. At December 31, 2022, TLA Trust owed \$31,696 to an affiliated unrestricted trust. During 2022, the TLA Trust made payments totaling \$27,573 to the affiliated unrestricted trust.

Note 4. Fair Value of Trust Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs are supported by little or no market activity and are significant to the fair value of the assets

TLA Group Insurance Trust
Notes to Financial Statements
October 4, 2023 and December 31, 2022

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statement of net assets in liquidation as of October 4, 2023 and statement of net assets available for benefits as of December 31, 2022 (ongoing) measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at October 4, 2023 and December 31, 2022:

2023				
Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Interest-bearing cash accounts	\$ -	\$ -	\$ -	\$ -
Certificates of deposit	-	-	-	-
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

2022				
Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Interest-bearing cash accounts	\$ 846,560	\$ 846,560	\$ -	\$ -
Certificates of deposit	720,903	-	720,903	-
	<u>\$ 1,567,463</u>	<u>\$ 846,560</u>	<u>\$ 720,903</u>	<u>\$ -</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statement of net assets in liquidation as of October 4, 2023 and statement of net assets available for benefits as of December 31, 2022 (ongoing), as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the period ended October 4, 2023 and year ended December 31, 2022. The TLA Trust had no liabilities measured at fair value on a recurring basis. In addition, the TLA Trust had no assets or liabilities measured at fair value on a nonrecurring basis. There were no assets classified within Level 3 of the fair value hierarchy. The process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 and Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Note 5. Demutualization/Settlement Proceeds

During 2003, General American Mutual Holding Company (General American) made a payment to the TLA Trust due in part to a plan to convert to a stock company, a process known as demutualization. As a result of the demutualization plan and other actions taken by General American, the TLA Trust received demutualization/settlement proceeds in cash totaling \$2,066,190. Accordingly, the Trustees of the TLA Trust have proposed an amendment to the TLA Trust's governing documents to provide that the portion of demutualization proceeds attributable to participant contributions would be subject to regulation under ERISA. The remaining portion of demutualization/settlement proceeds that are not ERISA-regulated proceeds would be administered by the Trustees in accordance with the other terms of the TLA Trust's governing documents.

Under the terms of the Group Insurance Trust Fund Agreement, the TLA Trust also is entitled to receive interest income and other un-obligated or excess deposits derived from a custodial bank account administered by The Lower Agency, Inc. There were no amounts that were required to be transferred into the TLA Trust from the custodial account during both 2023 and 2022. When transfers are received, these funds are treated as contributions received from related trust in the statements of changes in net assets available for benefits.

In 2004, in accordance with the action plan submitted to the DOL, the Trustees calculated the portion of the demutualization/settlement proceeds attributable to employee's and employer's contributions. As a result of these calculations, the Trustees established new cash accounts and investment accounts restricted for use in accordance with the benefit enhancement plan described above. Funds in excess of current needs are invested in interest-bearing checking accounts, money market funds, certificates of deposit or corporate bonds depending on where the Trustees believe they can get a reasonable return. In 2022, \$22,145, respectively, of the non-restricted funds were incurred for dental and vision premiums as part of the "premium stabilization" aspect of the TLA Trust described above.

On October 15, 2004, a letter was sent to the DOL requesting its approval of the proposed amendment to the TLA Trust's governing documents described below and the methods used to determine that portion of demutualization proceeds attributable to participant contributions and, therefore, subject to regulation under ERISA.

The proposed amendment provides that the ERISA-regulated proceeds would be applied by the Trustees for the exclusive benefit of participants and beneficiaries of plans that are employee benefit plans within the meaning of ERISA, as amended, and are maintained by one or more employers, and such application would be made at times and in the manner determined by the Trustees at their discretion. Such application of the ERISA-regulated proceeds would include the payment of all or part of premiums associated with enhancing the benefits of an insurance policy owned by the TLA Trust that provides benefits for one or more employee benefit plans, as such term defined in ERISA, that are maintained by one or more employers.

TLA Group Insurance Trust
Notes to Financial Statements
October 4, 2023 and December 31, 2022

On February 7, 2005, the DOL responded to the aforementioned request and advised the TLA Trust that violations had indeed occurred, but that the actions of the TLA Trust, described above, had remedied the violations. The DOL stated that it would take no further action. The DOL also stated that its agreement to take no further action does not in any way restrain any other individual or government agency from taking action. The plan administrator has not been notified of any further action by any other interested parties nor does it believe that any steps will be taken with respect to these matters in the future.

In 2009, the TLA Trust received an additional \$150,108 in proceeds from General American related to the demutualization/settlement. There was no demutualization/settlement income in years 2010 or 2011, and 2013 through 2023. The Trustees received the final demutualization/settlement income on July 13, 2012 for the amount of \$136,097.

Note 6. Trust Termination

Effective August 31, 2023, the Board of Directors approved the termination of the Trust subject to the provisions of ERISA resulting in a transfer of \$1,565,092 to the Trust's beneficiary Greater Kansas City Community Foundation on October 4, 2023.

Supplemental Schedule

TLA Group Insurance Trust
EIN 43-6132711 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Period Ended October 4, 2023

<u>Identity</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Maturities/ Call Price</u>	<u>Expenses Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Commerce Bank	Interest-Bearing Checking (Employer)	\$ 317,642	\$ -	\$ -	\$ -	\$ 317,642	\$ 317,642	\$ -
Commerce Bank	Interest-Bearing Checking (Employee)	786,606	-	-	-	786,606	786,606	-
Commerce Bank	Interest-Bearing Checking (Employee)	-	257,045	-	-	257,045	257,045	-



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July 12, 2024

TLA Group Insurance Trust

EIN: 43-6132711

Plan Number: 501

Letter of Explanation for Late Filing for Form 5500 for Plan Year 1/1/2023-10/4/2023

Please accept this letter of explanation for the late filing of our Form 5500 for the plan year 1/1/2023-10/4/2023. We did not realize that the filing deadline had been adjusted due to the trust terminating until the audit was drafted. By this time the filing was delinquent, using the day that the assets left the plan as the last day of the plan year. We worked on filing the return as quickly as possible after this realization.

We apologize for this error. We have always taken our filing obligations seriously and respectfully request you accept this return as having been filed timely.

Thank you for your consideration.

Scott L Mylin, Vice President of Finance
TLA Group Insurance Trust

TLA Group Insurance Trust
EIN 43-6132711 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Period Ended October 4, 2023

<u>Identity</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Maturities/ Call Price</u>	<u>Expenses Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
Commerce Bank	Interest-Bearing Checking (Employer)	\$ 317,642	\$ -	\$ -	\$ -	\$ 317,642	\$ 317,642	\$ -
Commerce Bank	Interest-Bearing Checking (Employee)	786,606	-	-	-	786,606	786,606	-
Commerce Bank	Interest-Bearing Checking (Employee)	-	257,045	-	-	257,045	257,045	-