

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <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>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| 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 provide 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 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></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>ROLLINS 401(K) SAVINGS PLAN                                                                                                                                                                                                                                                                                             |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                      |
| 1c      | Effective date of plan<br>10/01/1983                                                                                                                                                                                                                                                                                                    |
| 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>ROLLINS, INC & SUBSIDIARIES<br><br>2170 PIEDMONT RD NE<br>ATLANTA, GA 30324-4135 |
| 2b      | Employer Identification Number (EIN)<br>51-0068479                                                                                                                                                                                                                                                                                      |
| 2c      | Plan Sponsor's telephone number<br>404-888-2000                                                                                                                                                                                                                                                                                         |
| 2d      | Business code (see instructions)<br>561710                                                                                                                                                                                                                                                                                              |

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. | 07/22/2024 | KELLI DAVIS                                                  |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/22/2024 | KELLI DAVIS                                                  |
|           | 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 checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 17367                                                                                                                                                                                                                                                                                                                                    |
| <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><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><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 12732<br><b>6a(2)</b> 13404<br><b>6b</b> 137<br><b>6c</b> 4761<br><b>6d</b> 18302<br><b>6e</b> 2<br><b>6f</b> 18304<br><b>6g(1)</b> 17367<br><b>6g(2)</b> 18304<br><b>6h</b> 952 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                          |

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

2J 2E 2F 2K 2G 3H 2T 2S 3D

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 checked="" type="checkbox"/> Trust<br>(4) <input 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 checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <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>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>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>ROLLINS 401(K) SAVINGS PLAN                                              | B Three-digit plan number (PN) ►                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ROLLINS, INC & SUBSIDIARIES      | D Employer Identification Number (EIN)<br>51-0068479 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA |
|------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 22-1211670 | 68241         | 62072                                 | 18304                                                                       | 01/01/2023              | 12/31/2023 |

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>0 | (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 |                       |
|                                               |                                 |             |                       |

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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> | 205528683 |

**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 ▶ **SYNTHETIC GIC****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> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <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>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                         |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>ROLLINS 401(K) SAVINGS PLAN</div>                                             | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ROLLINS, INC &amp; SUBSIDIARIES</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>51-0068479</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

X

Yes

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 37<br>50 64 65   | NONE                                                                                              | 878584                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

ALLIANT INSURANCE SERVICES INC

33-0785439

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 95000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WINDHAM BRANNON

58-1763439

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 27                  | NONE                                                                                              | 83925                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2023</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                |                                                                            |            |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>ROLLINS 401(K) SAVINGS PLAN</u>                                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
|                                                                                                                |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ROLLINS, INC &amp; SUBSIDIARIES</u> | <b>D</b> Employer Identification Number (EIN)<br><u>51-0068479</u>         |            |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP EP GROWTH

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                       |                               |                                                                                                                                                         |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>06-1050034-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>106445394</u></span> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LCG JP MORGAN INV MGMT

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                       |                               |                                                                                                                                                        |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>06-1050034-141</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>25542433</u></span> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METWEST CORE PLUS BOND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                       |                               |                                                                                                                                                        |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>06-1050034-826</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>68824951</u></span> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE INTERMEDIATE BOND FD

**b** Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.

|                                       |                               |                                                                                                                                                         |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>23-6994310-214</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>161382508</u></span> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCV VICTORY FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

|                                       |                               |                                                                                                                                                       |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>06-1050034-701</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>4715905</u></span> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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**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**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                         |            |
| <b>A</b> Name of plan<br><b>ROLLINS 401(K) SAVINGS PLAN</b>                                              | <b>B</b> Three-digit plan number (PN) ▶ | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ROLLINS, INC &amp; SUBSIDIARIES</b>  |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><b>51-0068479</b>                                       |                                         |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year  |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       | <b>40</b>        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                  |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                  |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                  |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                  |
| <b>c</b> General investments:                                                                      |                 |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                  |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                  |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                  |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                  |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                  |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                  |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                  |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                  |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                  |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | <b>17938746</b>       | <b>19289237</b>  |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | <b>167385675</b>      | <b>161382508</b> |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       | <b>205528683</b> |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | <b>494859478</b>      | <b>388139785</b> |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                  |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                  |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> | 299447653             | 337911434       |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 979631552             | 1112251687      |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 979631552             | 1112251687      |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 30996838   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 48793763   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 3584475    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 83375076  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 1320423    |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1320423   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 4345757    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 5446363    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 9792120   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 49867719   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 26607807   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 23259912  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 32747520   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 32747520  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 4395865   |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 10034997  |
| (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) |            | 76225731  |
| <b>c</b> Other income .....                                                                     | 2c     |            | -25683    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 241125961 |

**Expenses**

|                                                                                             |        |           |           |
|---------------------------------------------------------------------------------------------|--------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 107306450 |           |
| (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)  |           | 107306450 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |           | 119814    |
| <b>h</b> Interest expense .....                                                             | 2h     |           |           |
| <b>i</b> Administrative expenses:                                                           |        |           |           |
| (1) Salaries and allowances .....                                                           | 2i(1)  |           |           |
| (2) Contract administrator fees.....                                                        | 2i(2)  | 878429    |           |
| (3) Recordkeeping fees.....                                                                 | 2i(3)  |           |           |
| (4) IQPA audit fees.....                                                                    | 2i(4)  | 81500     |           |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 97425     |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  |           |           |
| (7) Actuarial fees .....                                                                    | 2i(7)  |           |           |
| (8) Legal fees .....                                                                        | 2i(8)  | 983       |           |
| (9) Valuation/appraisal fees .....                                                          | 2i(9)  |           |           |
| (10) Other trustee fees and expenses .....                                                  | 2i(10) |           |           |
| (11) Other expenses .....                                                                   | 2i(11) | 21225     |           |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |           | 1079562   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |           | 108505826 |

**Net Income and Reconciliation**

|                                                                 |       |  |           |
|-----------------------------------------------------------------|-------|--|-----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 132620135 |
| <b>l</b> Transfers of assets:                                   |       |  |           |
| (1) To this plan .....                                          | 2l(1) |  |           |
| (2) From this plan .....                                        | 2l(2) |  |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WINDHAM BRANNON, LLC**

(2) EIN: **58-1763439**

**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:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 45000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> 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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.)                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> 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.                                                                                                                        |                                     |                                     |          |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                       |                                                                  |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>ROLLINS 401(K) SAVINGS PLAN</div>                                             | <div>B Three-digit plan number (PN) ▶<br/>002</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>ROLLINS, INC &amp; SUBSIDIARIES</div> | <div>D Employer Identification Number (EIN)<br/>51-0068479</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                                                                               |              |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> | <div>5479819</div> |
| <div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br/><br/>EIN(s): 22-1211670</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |                    |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> |                    |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                 |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2023  
v. 230707

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                             |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                 |  |
| <b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.                                                                                                                                                                                                |  |
| <input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation. _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |  |
| <b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). |  |
| <input type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                                        |  |
| <input type="checkbox"/> N/A                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                         |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>01 / 01 / 2023</u> (MM/DD/YYYY) and the Opinion Letter serial number _____.                                                    |  |

**ROLLINS 401(k)  
SAVINGS PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022**

Rollins 401(k) Savings Plan

Financial Statements

**December 31, 2023 and 2022**

**Contents**

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| Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) | <a href="#"><u>17</u></a> |

## **INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee, the Plan Administrator, and Participants of the Rollins 401(k) Savings Plan

### **Opinion**

We have audited the accompanying financial statements of the Rollins 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Rollins 401(k) Savings Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Rollins 401(k) Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Rollins 401(k) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Rollins 401(k) Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Rollins 401(k) Savings Plan 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 of assets (held at year end) as of December 31, 2023 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 generally accepted auditing standards.

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.

*Windham Brannon, LLC*

June 27, 2024

Rollins 401(k) Savings Plan  
Statements of Net Assets Available for Benefits  
December 31, 2023 and 2022

|                                          | <u>2023</u>                    | <u>2022</u>                  |
|------------------------------------------|--------------------------------|------------------------------|
| <b>ASSETS</b>                            |                                |                              |
| INVESTMENTS:                             |                                |                              |
| Investments at fair value (Note 3)       | \$ 931,579,902                 | \$ 794,307,131               |
| Investment at contract value (Note 4)    | <u>161,382,508</u>             | <u>167,385,675</u>           |
| Total Investments                        | <u>1,092,962,410</u>           | 961,692,806                  |
| RECEIVABLES:                             |                                |                              |
| Employer contributions                   | 1,001,733                      | 1,743,927                    |
| Employee contributions                   | 437,901                        | 1,544,505                    |
| Notes receivable from participants       | <u>19,289,277</u>              | <u>17,938,746</u>            |
| Total Receivables                        | <u>20,728,911</u>              | 21,227,178                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 1,113,691,321</u></u> | <u><u>\$ 982,919,984</u></u> |

*The accompanying notes are an integral part of these financial statements.*

Rollins 401(k) Savings Plan  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2023

|                                                       |                                |
|-------------------------------------------------------|--------------------------------|
| <b>ADDITIONS</b>                                      |                                |
| Additions to net assets attributed to:                |                                |
| Investment Income:                                    |                                |
| Net appreciation in fair value of investments         | \$ 142,268,155                 |
| Net change in contract value of investment            | 4,395,865                      |
| Dividend and interest income                          | 9,792,120                      |
| Total investment income                               | <u>156,456,140</u>             |
| Interest income on notes receivable from participants | 1,320,423                      |
| Contributions:                                        |                                |
| Employer, net of forfeitures                          | 30,254,644                     |
| Participants                                          | 47,687,159                     |
| Rollovers                                             | 3,584,475                      |
|                                                       | <u>81,526,278</u>              |
| Total Additions                                       | <u>239,302,841</u>             |
| <b>DEDUCTIONS</b>                                     |                                |
| Deductions from net assets attributed to:             |                                |
| Benefits paid to participants                         | 107,426,264                    |
| Administrative expenses                               | 1,105,240                      |
| Total Deductions                                      | <u>108,531,504</u>             |
| Net Increase                                          | 130,771,337                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>             |                                |
| <b>BEGINNING OF YEAR</b>                              | <u>982,919,984</u>             |
| <b>END OF YEAR</b>                                    | <u><u>\$ 1,113,691,321</u></u> |

*The accompanying notes are an integral part of these financial statements.*

## Notes to Financial Statements

### 1. DESCRIPTION OF PLAN

The following brief description of the Rollins 401(k) Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### General

The Plan, as amended and restated, is a defined contribution plan covering all eligible employees of Rollins, Inc. (the “Company” or “Administrator”), and its subsidiaries that are eligible to participate in the Plan. The exceptions are for those who are members of a collective bargaining unit, who are not eligible to participate in the Plan under the terms of the applicable collective bargaining agreement and employees of PCO Services, Inc. (the Company’s Canadian subsidiary) or employees of PCO Services, Inc. (the Company’s Canadian subsidiary). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Effective November 1, 2022, the Waltham Services, LLC Tax-Deferred Savings Plan and the Western Industries Retirement Savings Plan were merged with and into the Plan. The net assets of these Plans were transferred to the Plan in November 2022.

The Plan has designated the Plan investment fund invested primarily in Rollins, Inc. common stock as an employee stock ownership plan within the meaning of Section 4975(e)(7) of the Internal Revenue Code (the “Code”). The Administrative Committee may allow participants to elect to receive dividends on Rollins, Inc. common stock in cash as taxable compensation or to have such dividends paid to the Plan and reinvested in Rollins, Inc. common stock with taxes deferred. Participants may exercise voting, tendering and similar rights with respect to shares of Rollins, Inc. common stock held in their accounts under the Plan agreement.

#### Eligibility

Employees are eligible to make employee contributions to the Plan on the first day of the calendar quarter that coincides with or next follows the date on which they complete three months of service. Employees of Western Industries-North, LLC and its subsidiaries who are employed in positions other than sales, supervisor or manager (“Western Employees”), and employees who are covered by a collective bargaining agreement between Waltham Pest Services, LLC and United Steel Workers Local 366 (“Waltham Union Employees”) will become eligible to receive employer matching and profit sharing contributions on the first day of the calendar quarter that coincides with or next follows the date on which they complete one year of service in which they complete 1,000 hours of service. Participants other than Western Employees and Waltham Union Employees are eligible to receive matching contributions at the same time they are eligible to make employee contributions to the Plan.

The Company may establish different eligibility requirements and enrollment procedures with respect to employees who are employed as a result of a corporate transaction.

#### Contributions

Eligible employees are automatically enrolled in the Plan, and pre-tax contributions are withheld at 3% of eligible compensation unless the employee elects differently. Eligible employees are also given the opportunity to elect Roth contributions. Participants may contribute from 1% to 75% of their compensation to the Plan via payroll deductions, except for highly compensated employees who may contribute from 1% to 8.5% of their compensation. Contributions by participants are not to exceed the annual maximum limitations of the Code, which for 2023 was \$22,500. Participants age 50 or older may also make additional “catch-up” contributions limited to \$7,500 in 2023. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

For participants other than Western Employees and Waltham Union Employees, the Company matches contributions dollar for dollar on the first 3% and 50 cents for every dollar on the next 3% a participant contributes of eligible compensation. The Company matching contribution is made every payroll period, and following each Plan year, the Company will make a “true-up” matching contribution calculated under the same formula as the payroll period match but determined on an annual basis and reduced by the payroll period matching contributions received by the participant during the year. To be eligible for a true-up matching contribution, a participant must be employed on the last day of the year or be receiving severance and not designated on the payroll system as having been terminated as of the last day of the Plan year.

For Western Employees, the Company matches 50 cents for every dollar on the first 3% of a participant’s contributions to the Plan for each payroll period, other than contributions designated as catch-up contributions. The Company may, but is not required to, make a “true-up” matching contribution following each Plan year, calculated under the same formula as the payroll period match but determined on an annual basis and reduced by the payroll period matching contributions received by the participant during the year.

The Company may make discretionary profit sharing contributions to Western Employees at the end of each Plan year. The contributions are allocated to all eligible Western Employees based on the ratio of the participant’s compensation to the total compensation of all eligible participants. To be eligible for a discretionary profit sharing contributions, a Western Employee must have completed 1,000 hours of service during the plan year and be employed on the last day of the Plan year.

For the Waltham Union Employees, the Company makes matching contributions equal to 100% of the first \$650 a participant contributes to the Plan, other than contributions designated as catch-up contributions. Following each Plan year, the Company will make a profit sharing contribution to Waltham Union Participants equal to 1% of the participant’s compensation for the year. To receive a profit sharing contribution, a Waltham Union Employee must be employed on the last day of the Plan year.

For the year ended December 31, 2023, the Company contributed approximately \$30.3 million in matching and profit sharing contributions, net of forfeitures.

No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

### **Participant Accounts**

Each participant’s account is credited with the participant’s contributions, rollovers, the Company’s contributions and earnings on the investments in their account and is charged with certain administrative expenses, participant withdrawals and losses on the investments in their account. Participants direct the investment of their contributions and the Company’s contribution into various investment options offered by the Plan. The Plan currently offers a synthetic Guaranteed Investment Contract (GIC), thirteen mutual funds, four pooled separate accounts, and the Company’s common stock as investment options for participants. Participants may change their investment options on a daily basis. The default investment fund is selected by the Plan administrator. The Plan administrator has elected GoalMaker (an asset allocation model based on the participant’s expected retirement date which includes various fund options offered by the Plan) as the default investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Approximately 27% of participants are no longer employees of the Company.

### **Notes Receivable from Participants**

The Plan provides for loans to participants up to the lesser of 50% of the individual participant’s vested account balance of employee contributions plus actual earnings thereon or \$50,000. Principal and interest are paid ratably through payroll deductions. A participant’s loan payments of principal and interest are allocated to their account and invested according to their current investment elections. Loan terms range from 1 to 25 years. Participant loans are secured by the balance in the participant’s account and bear interest at a rate equal to prime plus 2%. Interest rates are updated quarterly. The update takes place on the last business day of the calendar quarter effective for loans made on or after the first business day of the subsequent quarter. Interest rates on outstanding loans as of December 31, 2023 ranged from 3.22% to 10.50%. Participants may only have one loan outstanding at a time.

## Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Participants who previously participated in predecessor plans may be subject to different vesting schedules. Active participants, other than Waltham Union Employees, currently vest in Company matching contributions plus actual earnings thereon based on the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than one             | 0 %                             |
| One, but less than two    | 20 %                            |
| Two, but less than three  | 40 %                            |
| Three, but less than four | 60 %                            |
| Four, but less than five  | 80 %                            |
| Five or more              | 100 %                           |

If a participant terminated employment before January 1, 2016, they vested in Company matching contributions plus actual earnings based on the prior six year graded schedule.

Waltham Union Employees vest in matching contributions plus actual earnings thereon based on the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than two             | 0 %                             |
| Two, but less than three  | 25 %                            |
| Three, but less than four | 50 %                            |
| Four, but less than five  | 75 %                            |
| Five or more              | 100 %                           |

Profit sharing contributions made to Western Employees and actual earnings thereon vest in accordance with the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than two             | 0 %                             |
| Two, but less than three  | 20 %                            |
| Three, but less than four | 40 %                            |
| Four, but less than five  | 60 %                            |
| Five, but less than six   | 80 %                            |
| Six or more               | 100 %                           |

Profit sharing contributions made to Waltham Union Employees and actual earnings thereon vest in accordance with the following schedule:

|                           | <b>Vested Percentage</b> |
|---------------------------|--------------------------|
| Years of service:         |                          |
| Less than two             | 0 %                      |
| Two, but less than three  | 25 %                     |
| Three, but less than four | 50 %                     |
| Four, but less than five  | 75 %                     |
| Five or more              | 100 %                    |

### **Forfeitures**

Forfeited non-vested accounts are used to reduce employer contributions. Total forfeitures used to reduce employer contributions were \$2,608,622 in 2023. Forfeited non-vested accounts were \$62,022 and \$59,440 at December 31, 2023 and 2022, respectively.

### **Payment of Benefits**

Upon retirement, death, total and permanent disability, or termination for any reason, the participant or their beneficiary may receive the total value of their vested account in either a lump sum distribution, a rollover of assets into another qualified plan, or in systematic distributions.

A participant may also elect to withdraw all or a portion of his or her account at any time through hardship provisions as defined by the Code and subject to approval by the Company.

The Plan provides that if an employee terminates employment and their vested account balance in the Plan is more than \$1,000 but not more than \$5,000, and they do not elect either to receive or roll over a single lump-sum payment, their account will be rolled over into an Individual Retirement Account ("IRA").

Participants who are active employees may withdraw all or a part of their accounts, including the Company matching contributions, upon reaching age 59 1/2 or upon becoming disabled.

### **Administrative Expenses**

All loan fees, investment transaction fees, and recordkeeping fees are paid by participants through a per-participant charge. Advisory, audit and other fees not covered by the per-participant charge are paid with revenue-sharing amounts, with any excess amounts returned to the Plan allocated to the participant accounts in accordance with ERISA. The Company paid all other administrative expenses of the Plan during 2023. The Company does not expect reimbursement from the Plan.

### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Investments held by a defined contribution plan are required to be reported at fair value, except for the fully benefit-responsive investment contract. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to the fully benefit-responsive investment contract because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

### **Investment Valuation and Income Recognition**

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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 Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

### **Notes Receivable from Participants**

Notes receivable from participants are carried at their unpaid principal balance. Interest income is recognized when received, primarily per pay period. Participant notes receivable that are 90 days past due are considered delinquent and recorded as distributions based on the terms of the Plan agreement. As such, no allowance for credit losses has been recorded as of December 31, 2023 or 2022.

### **Payment of Benefits**

Benefit payments are recorded when paid.

### **Subsequent Events**

The Plan has evaluated subsequent events through June 27, 2024, the date the financial statements were available to be issued.

### 3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

|         |                                                                                                                                                                                                                                                                                                       |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Quoted prices in active markets that the Plan has ability to access for identical assets or liabilities                                                                                                                                                                                               |
| Level 2 | Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; 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 or liabilities |
| Level 3 | Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities                                                                                                                                                        |

The following describes the valuation methodologies used for assets measured at fair value:

Mutual funds and common stock – These investments consist of various publicly-traded mutual funds and the Company’s common stock and are categorized as Level 1. The fair values are based on quoted market prices for the identical securities.

Pooled separate accounts – These investments are traded and valued daily using their net asset value (NAV) at levels 1 and 2. The NAV is based on the fair value of the underlying securities in the accounts.

Fair value information for investments that are measured on a recurring basis was as follows at December 31, 2023 and 2022:

| Fair Value Measurements at December 31, 2023 |                       |                      |             |                       |
|----------------------------------------------|-----------------------|----------------------|-------------|-----------------------|
|                                              | Level 1               | Level 2              | Level 3     | Total                 |
| Mutual Funds                                 | \$ 388,139,785        | \$ —                 | \$ —        | \$ 388,139,785        |
| Pooled Separate Accounts                     | 136,703,732           | 68,824,951           | —           | 205,528,683           |
| Rollins Inc. Common Stock                    | 337,911,434           | —                    | —           | 337,911,434           |
| Total Investments, at fair value             | <u>\$ 862,754,951</u> | <u>\$ 68,824,951</u> | <u>\$ —</u> | <u>\$ 931,579,902</u> |

| Fair Value Measurements at December 31, 2022 |                       |             |             |                       |
|----------------------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                              | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual Funds                                 | \$ 494,859,478        | \$ —        | \$ —        | \$ 494,859,478        |
| Rollins Inc. Common Stock                    | 299,447,653           | —           | —           | 299,447,653           |
| Total Investments, at fair value             | <u>\$ 794,307,131</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 794,307,131</u> |

#### **4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan holds a portfolio of investment contracts that comprises a synthetic Guaranteed Investment Contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The synthetic GIC is a wrap contract paired with underlying investments which are owned by the Plan. The underlying investments consist of high-quality, intermediate fixed income securities. The trust's crediting interest rate on the synthetic GIC is determined using an explicit formula specified in the interest schedule within the synthetic GIC contract. The rate is reset every six months.

There are no reserves against the contract value for credit risk.

The Plan or Custodian may terminate the Contract by providing notice of at least 15 days or 60 days if initiated by the Custodian without cause. All participant-initiated and employer-initiated events that do not exceeding 10% of the beginning of year value (as defined by the contract) will be paid at contract value assuming there has been no termination event as defined below.

- 1) A Plan representative announces its intention to terminate or cancel the Plan;
- 2) The Internal Revenue Service determines that the Plan does not meet the requirements of a qualified program under Section 401(a) of the Tax Code;
- 3) A Plan representative announces its intention to merge or consolidate the Plan with another tax qualified or tax favored plan;
- 4) Except as otherwise provided in the Contract, Contractholder removes any Assets from the Investment Account or deposits cash or securities into the Investment Account without Prudential's consent, or the Investment Account is charged with any lien or liability unrelated to the Contract or the Assets other than a lien, claim or encumbrance in favor of a service provider for accrued and unpaid fees for services rendered to the Fund;
- 5) Contractholder or plan sponsor appoints a new Manager or Trustee, after a Conversion, or a new Manager is appointed to the Collective Trust Fund, in each case without the prior written approval of Prudential;
- 6) There is a material breach of the Benefit Withdrawal Schedule defined in the Contract;
- 7) Contractholder or Plan or any of their respective agents specifically advises participants not to contribute to the Fund or to withdraw part or all of their contributions from the Fund;
- 8) A withdrawal from the Investment Account for which the Equity Wash Procedures are not followed; or
- 9) Any other provision of the Contract is materially breached.

The termination events limiting the Plan's ability to transact at contract value are not probable of occurring.

#### **5. INCOME TAX STATUS**

The Plan received a determination letter from the Internal Revenue Service dated February 17, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended and restated since receiving the determination letter; however, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and has no income subject to unrelated business income tax. Therefore, the Plan Administrator believes that the Plan, as amended and restated, is qualified and the related trust is tax exempt. The Plan's income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

## 6. TRANSACTIONS WITH PARTIES-IN-INTEREST

At December 31, 2023 the Plan held approximately 7.7 million shares of Rollins, Inc. common stock; whereas at December 31, 2022 the Plan held approximately 8.2 million shares of Rollins, Inc. common stock. The fair value of the Plan's investment in Rollins, Inc. common stock at December 31, 2023 and 2022 was approximately \$337.9 million and \$299.4 million, respectively. During 2023, the Plan received approximately \$4.3 million in dividends on Rollins, Inc. common stock, which was used to purchase additional shares of that stock.

At December 31, 2023 and 2022, the Plan investments include a synthetic GIC that is directly managed by Empower Insurance Company of America (EICA). At December 31, 2023, the Plan investments include pooled separate accounts that are directly managed by EICA. EICA, through its parent company, acquired Prudential Retirement Insurance and Annuity Company during 2022 and renamed the acquired entity. EICA and Prudential Retirement Insurance and Annuity Company are service providers for the Plan; therefore, transactions in these securities qualify as party-in-interest transactions.

The Administrative expenses that are paid to service providers of the Plan represent party-in-interest transactions.

## 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023 and 2022:

|                                                                      | 2023             | 2022           |
|----------------------------------------------------------------------|------------------|----------------|
| Total net assets available for benefits per the financial statements | \$ 1,113,691,321 | \$ 982,919,984 |
| Less: current year employer and employee receivables                 | (1,439,634)      | (3,288,432)    |
| Total net assets available for benefits per the Form 5500            | \$ 1,112,251,687 | \$ 979,631,552 |

The following is a reconciliation of the total decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2023:

|                                                                            | 2023           |
|----------------------------------------------------------------------------|----------------|
| Increase in net assets available for benefits per the financial statements | \$ 130,771,337 |
| Less: current year employer and employee receivables                       | (1,439,634)    |
| Add: prior year employer and employee receivables                          | 3,288,432      |
| Increase in net assets available for benefits per the Form 5500            | \$ 132,620,135 |

## **Supplemental Information**

# ROLLINS 401(k) SAVINGS PLAN

EIN: 51-0068479 Plan No: 002  
 FORM 5500, SCHEDULE H, Part IV, LINE 4i  
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 December 31, 2023

| (a)                                    | (b)                                                         | (c)                                            | (e)                     |
|----------------------------------------|-------------------------------------------------------------|------------------------------------------------|-------------------------|
|                                        | Identity of Issue,<br>Borrower,<br>Lessor, or Similar Party | Description of<br>Investment                   | Current Value           |
| <b>Investments at Fair Value:</b>      |                                                             |                                                |                         |
| *                                      | Prudential                                                  | MetWest Core Plus Bond Fund                    | \$ 68,824,951           |
| *                                      | Prudential                                                  | SCV Victory Fund                               | 4,715,905               |
|                                        | Victory Funds                                               | Victory SYCA ESTB VAL R6                       | 45,315,423              |
|                                        | Vanguard Funds                                              | Vanguard Windsor II Adm Fund                   | 90,520,105              |
|                                        | Vanguard Funds                                              | Vanguard 500 Index Admiral                     | 29,706,960              |
|                                        | Vanguard Funds                                              | Vanguard Total Bond Index Admiral              | 3,650,288               |
|                                        | Vanguard Funds                                              | Vanguard Total STK Admiral                     | 3,791,078               |
|                                        | Vanguard Funds                                              | Vanguard Small Cap Index Admiral               | 4,276,180               |
|                                        | Vanguard Funds                                              | Vanguard Mid Cap Index Fund                    | 4,777,965               |
|                                        | Vanguard Funds                                              | Vanguard Explorer Admiral                      | 264,263                 |
|                                        | T. Rowe Price Funds                                         | T Rowe Price New Horizons Fund CI I            | 50,148,446              |
|                                        | American Funds                                              | Capital World G/I R6                           | 11,134,248              |
|                                        | American Funds                                              | American Balanced R6                           | 44,738,315              |
|                                        | Blackrock Funds                                             | BlackRock Mid-Cap Growth Equity Portfolio CL K | 7,792,335               |
|                                        | Franklin Funds                                              | Franklin Growth Adv CI                         | 92,024,179              |
| *                                      | Prudential                                                  | Capital Group EP Growth                        | 106,445,394             |
| *                                      | Prudential                                                  | LCG JP Morgan Inv Management                   | 25,542,433              |
| *                                      | Rollins, Inc.                                               | Common Stock                                   | 337,911,434             |
| <b>Total Investments at Fair Value</b> |                                                             |                                                | 931,579,902             |
| <b>Investment at Contract Value:</b>   |                                                             |                                                |                         |
| *                                      | Prudential                                                  | Prudential Stable Value Fund-Rollins, Inc.     | 161,382,508             |
| *                                      | <b>Participant Loans</b>                                    | Interest rates ranging from 3.22% to 10.50%    | 19,289,277              |
| <b>Assets held at end of year</b>      |                                                             |                                                | <b>\$ 1,112,251,687</b> |

\* Indicates a party-in-interest to the Plan.

**ROLLINS 401(k)  
SAVINGS PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022**

Rollins 401(k) Savings Plan

Financial Statements

**December 31, 2023 and 2022**

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| Form 5500, Schedule H, Part IV, Line 4i, Schedule of Assets (Held at End of Year) | <a href="#"><u>17</u></a> |

## **INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee, the Plan Administrator, and Participants of the Rollins 401(k) Savings Plan

### **Opinion**

We have audited the accompanying financial statements of the Rollins 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Rollins 401(k) Savings Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Rollins 401(k) Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Rollins 401(k) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Rollins 401(k) Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Rollins 401(k) Savings Plan 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 of assets (held at year end) as of December 31, 2023 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 generally accepted auditing standards.

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.

*Windham Brannon, LLC*

June 27, 2024

Rollins 401(k) Savings Plan  
Statements of Net Assets Available for Benefits  
December 31, 2023 and 2022

|                                          | <u>2023</u>                    | <u>2022</u>                  |
|------------------------------------------|--------------------------------|------------------------------|
| <b>ASSETS</b>                            |                                |                              |
| INVESTMENTS:                             |                                |                              |
| Investments at fair value (Note 3)       | \$ 931,579,902                 | \$ 794,307,131               |
| Investment at contract value (Note 4)    | <u>161,382,508</u>             | <u>167,385,675</u>           |
| Total Investments                        | <u>1,092,962,410</u>           | 961,692,806                  |
| RECEIVABLES:                             |                                |                              |
| Employer contributions                   | 1,001,733                      | 1,743,927                    |
| Employee contributions                   | 437,901                        | 1,544,505                    |
| Notes receivable from participants       | <u>19,289,277</u>              | <u>17,938,746</u>            |
| Total Receivables                        | <u>20,728,911</u>              | 21,227,178                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 1,113,691,321</u></u> | <u><u>\$ 982,919,984</u></u> |

*The accompanying notes are an integral part of these financial statements.*

Rollins 401(k) Savings Plan  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2023

|                                                       |                                |
|-------------------------------------------------------|--------------------------------|
| <b>ADDITIONS</b>                                      |                                |
| Additions to net assets attributed to:                |                                |
| Investment Income:                                    |                                |
| Net appreciation in fair value of investments         | \$ 142,268,155                 |
| Net change in contract value of investment            | 4,395,865                      |
| Dividend and interest income                          | 9,792,120                      |
| Total investment income                               | <u>156,456,140</u>             |
| Interest income on notes receivable from participants | 1,320,423                      |
| Contributions:                                        |                                |
| Employer, net of forfeitures                          | 30,254,644                     |
| Participants                                          | 47,687,159                     |
| Rollovers                                             | 3,584,475                      |
|                                                       | <u>81,526,278</u>              |
| Total Additions                                       | <u>239,302,841</u>             |
| <b>DEDUCTIONS</b>                                     |                                |
| Deductions from net assets attributed to:             |                                |
| Benefits paid to participants                         | 107,426,264                    |
| Administrative expenses                               | 1,105,240                      |
| Total Deductions                                      | <u>108,531,504</u>             |
| Net Increase                                          | 130,771,337                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>             |                                |
| <b>BEGINNING OF YEAR</b>                              | <u>982,919,984</u>             |
| <b>END OF YEAR</b>                                    | <u><u>\$ 1,113,691,321</u></u> |

*The accompanying notes are an integral part of these financial statements.*

## Notes to Financial Statements

### 1. DESCRIPTION OF PLAN

The following brief description of the Rollins 401(k) Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### General

The Plan, as amended and restated, is a defined contribution plan covering all eligible employees of Rollins, Inc. (the “Company” or “Administrator”), and its subsidiaries that are eligible to participate in the Plan. The exceptions are for those who are members of a collective bargaining unit, who are not eligible to participate in the Plan under the terms of the applicable collective bargaining agreement and employees of PCO Services, Inc. (the Company’s Canadian subsidiary) or employees of PCO Services, Inc. (the Company’s Canadian subsidiary). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Effective November 1, 2022, the Waltham Services, LLC Tax-Deferred Savings Plan and the Western Industries Retirement Savings Plan were merged with and into the Plan. The net assets of these Plans were transferred to the Plan in November 2022.

The Plan has designated the Plan investment fund invested primarily in Rollins, Inc. common stock as an employee stock ownership plan within the meaning of Section 4975(e)(7) of the Internal Revenue Code (the “Code”). The Administrative Committee may allow participants to elect to receive dividends on Rollins, Inc. common stock in cash as taxable compensation or to have such dividends paid to the Plan and reinvested in Rollins, Inc. common stock with taxes deferred. Participants may exercise voting, tendering and similar rights with respect to shares of Rollins, Inc. common stock held in their accounts under the Plan agreement.

#### Eligibility

Employees are eligible to make employee contributions to the Plan on the first day of the calendar quarter that coincides with or next follows the date on which they complete three months of service. Employees of Western Industries-North, LLC and its subsidiaries who are employed in positions other than sales, supervisor or manager (“Western Employees”), and employees who are covered by a collective bargaining agreement between Waltham Pest Services, LLC and United Steel Workers Local 366 (“Waltham Union Employees”) will become eligible to receive employer matching and profit sharing contributions on the first day of the calendar quarter that coincides with or next follows the date on which they complete one year of service in which they complete 1,000 hours of service. Participants other than Western Employees and Waltham Union Employees are eligible to receive matching contributions at the same time they are eligible to make employee contributions to the Plan.

The Company may establish different eligibility requirements and enrollment procedures with respect to employees who are employed as a result of a corporate transaction.

#### Contributions

Eligible employees are automatically enrolled in the Plan, and pre-tax contributions are withheld at 3% of eligible compensation unless the employee elects differently. Eligible employees are also given the opportunity to elect Roth contributions. Participants may contribute from 1% to 75% of their compensation to the Plan via payroll deductions, except for highly compensated employees who may contribute from 1% to 8.5% of their compensation. Contributions by participants are not to exceed the annual maximum limitations of the Code, which for 2023 was \$22,500. Participants age 50 or older may also make additional “catch-up” contributions limited to \$7,500 in 2023. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

For participants other than Western Employees and Waltham Union Employees, the Company matches contributions dollar for dollar on the first 3% and 50 cents for every dollar on the next 3% a participant contributes of eligible compensation. The Company matching contribution is made every payroll period, and following each Plan year, the Company will make a “true-up” matching contribution calculated under the same formula as the payroll period match but determined on an annual basis and reduced by the payroll period matching contributions received by the participant during the year. To be eligible for a true-up matching contribution, a participant must be employed on the last day of the year or be receiving severance and not designated on the payroll system as having been terminated as of the last day of the Plan year.

For Western Employees, the Company matches 50 cents for every dollar on the first 3% of a participant’s contributions to the Plan for each payroll period, other than contributions designated as catch-up contributions. The Company may, but is not required to, make a “true-up” matching contribution following each Plan year, calculated under the same formula as the payroll period match but determined on an annual basis and reduced by the payroll period matching contributions received by the participant during the year.

The Company may make discretionary profit sharing contributions to Western Employees at the end of each Plan year. The contributions are allocated to all eligible Western Employees based on the ratio of the participant’s compensation to the total compensation of all eligible participants. To be eligible for a discretionary profit sharing contributions, a Western Employee must have completed 1,000 hours of service during the plan year and be employed on the last day of the Plan year.

For the Waltham Union Employees, the Company makes matching contributions equal to 100% of the first \$650 a participant contributes to the Plan, other than contributions designated as catch-up contributions. Following each Plan year, the Company will make a profit sharing contribution to Waltham Union Participants equal to 1% of the participant’s compensation for the year. To receive a profit sharing contribution, a Waltham Union Employee must be employed on the last day of the Plan year.

For the year ended December 31, 2023, the Company contributed approximately \$30.3 million in matching and profit sharing contributions, net of forfeitures.

No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

### **Participant Accounts**

Each participant’s account is credited with the participant’s contributions, rollovers, the Company’s contributions and earnings on the investments in their account and is charged with certain administrative expenses, participant withdrawals and losses on the investments in their account. Participants direct the investment of their contributions and the Company’s contribution into various investment options offered by the Plan. The Plan currently offers a synthetic Guaranteed Investment Contract (GIC), thirteen mutual funds, four pooled separate accounts, and the Company’s common stock as investment options for participants. Participants may change their investment options on a daily basis. The default investment fund is selected by the Plan administrator. The Plan administrator has elected GoalMaker (an asset allocation model based on the participant’s expected retirement date which includes various fund options offered by the Plan) as the default investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Approximately 27% of participants are no longer employees of the Company.

### **Notes Receivable from Participants**

The Plan provides for loans to participants up to the lesser of 50% of the individual participant’s vested account balance of employee contributions plus actual earnings thereon or \$50,000. Principal and interest are paid ratably through payroll deductions. A participant’s loan payments of principal and interest are allocated to their account and invested according to their current investment elections. Loan terms range from 1 to 25 years. Participant loans are secured by the balance in the participant’s account and bear interest at a rate equal to prime plus 2%. Interest rates are updated quarterly. The update takes place on the last business day of the calendar quarter effective for loans made on or after the first business day of the subsequent quarter. Interest rates on outstanding loans as of December 31, 2023 ranged from 3.22% to 10.50%. Participants may only have one loan outstanding at a time.

## Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Participants who previously participated in predecessor plans may be subject to different vesting schedules. Active participants, other than Waltham Union Employees, currently vest in Company matching contributions plus actual earnings thereon based on the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than one             | 0 %                             |
| One, but less than two    | 20 %                            |
| Two, but less than three  | 40 %                            |
| Three, but less than four | 60 %                            |
| Four, but less than five  | 80 %                            |
| Five or more              | 100 %                           |

If a participant terminated employment before January 1, 2016, they vested in Company matching contributions plus actual earnings based on the prior six year graded schedule.

Waltham Union Employees vest in matching contributions plus actual earnings thereon based on the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than two             | 0 %                             |
| Two, but less than three  | 25 %                            |
| Three, but less than four | 50 %                            |
| Four, but less than five  | 75 %                            |
| Five or more              | 100 %                           |

Profit sharing contributions made to Western Employees and actual earnings thereon vest in accordance with the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than two             | 0 %                             |
| Two, but less than three  | 20 %                            |
| Three, but less than four | 40 %                            |
| Four, but less than five  | 60 %                            |
| Five, but less than six   | 80 %                            |
| Six or more               | 100 %                           |

Profit sharing contributions made to Waltham Union Employees and actual earnings thereon vest in accordance with the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than two             | 0 %                             |
| Two, but less than three  | 25 %                            |
| Three, but less than four | 50 %                            |
| Four, but less than five  | 75 %                            |
| Five or more              | 100 %                           |

### **Forfeitures**

Forfeited non-vested accounts are used to reduce employer contributions. Total forfeitures used to reduce employer contributions were \$2,608,622 in 2023. Forfeited non-vested accounts were \$62,022 and \$59,440 at December 31, 2023 and 2022, respectively.

### **Payment of Benefits**

Upon retirement, death, total and permanent disability, or termination for any reason, the participant or their beneficiary may receive the total value of their vested account in either a lump sum distribution, a rollover of assets into another qualified plan, or in systematic distributions.

A participant may also elect to withdraw all or a portion of his or her account at any time through hardship provisions as defined by the Code and subject to approval by the Company.

The Plan provides that if an employee terminates employment and their vested account balance in the Plan is more than \$1,000 but not more than \$5,000, and they do not elect either to receive or roll over a single lump-sum payment, their account will be rolled over into an Individual Retirement Account ("IRA").

Participants who are active employees may withdraw all or a part of their accounts, including the Company matching contributions, upon reaching age 59 1/2 or upon becoming disabled.

### **Administrative Expenses**

All loan fees, investment transaction fees, and recordkeeping fees are paid by participants through a per-participant charge. Advisory, audit and other fees not covered by the per-participant charge are paid with revenue-sharing amounts, with any excess amounts returned to the Plan allocated to the participant accounts in accordance with ERISA. The Company paid all other administrative expenses of the Plan during 2023. The Company does not expect reimbursement from the Plan.

### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Investments held by a defined contribution plan are required to be reported at fair value, except for the fully benefit-responsive investment contract. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to the fully benefit-responsive investment contract because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

### **Investment Valuation and Income Recognition**

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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 Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

### **Notes Receivable from Participants**

Notes receivable from participants are carried at their unpaid principal balance. Interest income is recognized when received, primarily per pay period. Participant notes receivable that are 90 days past due are considered delinquent and recorded as distributions based on the terms of the Plan agreement. As such, no allowance for credit losses has been recorded as of December 31, 2023 or 2022.

### **Payment of Benefits**

Benefit payments are recorded when paid.

### **Subsequent Events**

The Plan has evaluated subsequent events through June 27, 2024, the date the financial statements were available to be issued.

### 3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1      Quoted prices in active markets that the Plan has ability to access for identical assets or liabilities
- Level 2      Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; 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 or liabilities
- Level 3      Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

The following describes the valuation methodologies used for assets measured at fair value:

Mutual funds and common stock – These investments consist of various publicly-traded mutual funds and the Company’s common stock and are categorized as Level 1. The fair values are based on quoted market prices for the identical securities.

Pooled separate accounts – These investments are traded and valued daily using their net asset value (NAV) at levels 1 and 2. The NAV is based on the fair value of the underlying securities in the accounts.

Fair value information for investments that are measured on a recurring basis was as follows at December 31, 2023 and 2022:

| Fair Value Measurements at December 31, 2023 |                       |                      |             |                       |
|----------------------------------------------|-----------------------|----------------------|-------------|-----------------------|
|                                              | Level 1               | Level 2              | Level 3     | Total                 |
| Mutual Funds                                 | \$ 388,139,785        | \$ —                 | \$ —        | \$ 388,139,785        |
| Pooled Separate Accounts                     | 136,703,732           | 68,824,951           | —           | 205,528,683           |
| Rollins Inc. Common Stock                    | 337,911,434           | —                    | —           | 337,911,434           |
| Total Investments, at fair value             | <u>\$ 862,754,951</u> | <u>\$ 68,824,951</u> | <u>\$ —</u> | <u>\$ 931,579,902</u> |

| Fair Value Measurements at December 31, 2022 |                       |             |             |                       |
|----------------------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                              | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual Funds                                 | \$ 494,859,478        | \$ —        | \$ —        | \$ 494,859,478        |
| Rollins Inc. Common Stock                    | 299,447,653           | —           | —           | 299,447,653           |
| Total Investments, at fair value             | <u>\$ 794,307,131</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 794,307,131</u> |

#### **4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan holds a portfolio of investment contracts that comprises a synthetic Guaranteed Investment Contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The synthetic GIC is a wrap contract paired with underlying investments which are owned by the Plan. The underlying investments consist of high-quality, intermediate fixed income securities. The trust's crediting interest rate on the synthetic GIC is determined using an explicit formula specified in the interest schedule within the synthetic GIC contract. The rate is reset every six months.

There are no reserves against the contract value for credit risk.

The Plan or Custodian may terminate the Contract by providing notice of at least 15 days or 60 days if initiated by the Custodian without cause. All participant-initiated and employer-initiated events that do not exceeding 10% of the beginning of year value (as defined by the contract) will be paid at contract value assuming there has been no termination event as defined below.

- 1) A Plan representative announces its intention to terminate or cancel the Plan;
- 2) The Internal Revenue Service determines that the Plan does not meet the requirements of a qualified program under Section 401(a) of the Tax Code;
- 3) A Plan representative announces its intention to merge or consolidate the Plan with another tax qualified or tax favored plan;
- 4) Except as otherwise provided in the Contract, Contractholder removes any Assets from the Investment Account or deposits cash or securities into the Investment Account without Prudential's consent, or the Investment Account is charged with any lien or liability unrelated to the Contract or the Assets other than a lien, claim or encumbrance in favor of a service provider for accrued and unpaid fees for services rendered to the Fund;
- 5) Contractholder or plan sponsor appoints a new Manager or Trustee, after a Conversion, or a new Manager is appointed to the Collective Trust Fund, in each case without the prior written approval of Prudential;
- 6) There is a material breach of the Benefit Withdrawal Schedule defined in the Contract;
- 7) Contractholder or Plan or any of their respective agents specifically advises participants not to contribute to the Fund or to withdraw part or all of their contributions from the Fund;
- 8) A withdrawal from the Investment Account for which the Equity Wash Procedures are not followed; or
- 9) Any other provision of the Contract is materially breached.

The termination events limiting the Plan's ability to transact at contract value are not probable of occurring.

#### **5. INCOME TAX STATUS**

The Plan received a determination letter from the Internal Revenue Service dated February 17, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended and restated since receiving the determination letter; however, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and has no income subject to unrelated business income tax. Therefore, the Plan Administrator believes that the Plan, as amended and restated, is qualified and the related trust is tax exempt. The Plan's income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

## 6. TRANSACTIONS WITH PARTIES-IN-INTEREST

At December 31, 2023 the Plan held approximately 7.7 million shares of Rollins, Inc. common stock; whereas at December 31, 2022 the Plan held approximately 8.2 million shares of Rollins, Inc. common stock. The fair value of the Plan's investment in Rollins, Inc. common stock at December 31, 2023 and 2022 was approximately \$337.9 million and \$299.4 million, respectively. During 2023, the Plan received approximately \$4.3 million in dividends on Rollins, Inc. common stock, which was used to purchase additional shares of that stock.

At December 31, 2023 and 2022, the Plan investments include a synthetic GIC that is directly managed by Empower Insurance Company of America (EICA). At December 31, 2023, the Plan investments include pooled separate accounts that are directly managed by EICA. EICA, through its parent company, acquired Prudential Retirement Insurance and Annuity Company during 2022 and renamed the acquired entity. EICA and Prudential Retirement Insurance and Annuity Company are service providers for the Plan; therefore, transactions in these securities qualify as party-in-interest transactions.

The Administrative expenses that are paid to service providers of the Plan represent party-in-interest transactions.

## 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023 and 2022:

|                                                                      | 2023             | 2022           |
|----------------------------------------------------------------------|------------------|----------------|
| Total net assets available for benefits per the financial statements | \$ 1,113,691,321 | \$ 982,919,984 |
| Less: current year employer and employee receivables                 | (1,439,634)      | (3,288,432)    |
| Total net assets available for benefits per the Form 5500            | \$ 1,112,251,687 | \$ 979,631,552 |

The following is a reconciliation of the total decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2023:

|                                                                            | 2023           |
|----------------------------------------------------------------------------|----------------|
| Increase in net assets available for benefits per the financial statements | \$ 130,771,337 |
| Less: current year employer and employee receivables                       | (1,439,634)    |
| Add: prior year employer and employee receivables                          | 3,288,432      |
| Increase in net assets available for benefits per the Form 5500            | \$ 132,620,135 |

## **Supplemental Information**

# ROLLINS 401(k) SAVINGS PLAN

EIN: 51-0068479 Plan No: 002

## FORM 5500, SCHEDULE H, Part IV, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2023

| (a)                                    | (b)                                                         | (c)                                            | (e)                     |
|----------------------------------------|-------------------------------------------------------------|------------------------------------------------|-------------------------|
|                                        | Identity of Issue,<br>Borrower,<br>Lessor, or Similar Party | Description of<br>Investment                   | Current Value           |
| <b>Investments at Fair Value:</b>      |                                                             |                                                |                         |
| *                                      | Prudential                                                  | MetWest Core Plus Bond Fund                    | \$ 68,824,951           |
| *                                      | Prudential                                                  | SCV Victory Fund                               | 4,715,905               |
|                                        | Victory Funds                                               | Victory SYCA ESTB VAL R6                       | 45,315,423              |
|                                        | Vanguard Funds                                              | Vanguard Windsor II Adm Fund                   | 90,520,105              |
|                                        | Vanguard Funds                                              | Vanguard 500 Index Admiral                     | 29,706,960              |
|                                        | Vanguard Funds                                              | Vanguard Total Bond Index Admiral              | 3,650,288               |
|                                        | Vanguard Funds                                              | Vanguard Total STK Admiral                     | 3,791,078               |
|                                        | Vanguard Funds                                              | Vanguard Small Cap Index Admiral               | 4,276,180               |
|                                        | Vanguard Funds                                              | Vanguard Mid Cap Index Fund                    | 4,777,965               |
|                                        | Vanguard Funds                                              | Vanguard Explorer Admiral                      | 264,263                 |
|                                        | T. Rowe Price Funds                                         | T Rowe Price New Horizons Fund CI I            | 50,148,446              |
|                                        | American Funds                                              | Capital World G/I R6                           | 11,134,248              |
|                                        | American Funds                                              | American Balanced R6                           | 44,738,315              |
|                                        | Blackrock Funds                                             | BlackRock Mid-Cap Growth Equity Portfolio CL K | 7,792,335               |
|                                        | Franklin Funds                                              | Franklin Growth Adv CI                         | 92,024,179              |
| *                                      | Prudential                                                  | Capital Group EP Growth                        | 106,445,394             |
| *                                      | Prudential                                                  | LCG JP Morgan Inv Management                   | 25,542,433              |
| *                                      | Rollins, Inc.                                               | Common Stock                                   | 337,911,434             |
| <b>Total Investments at Fair Value</b> |                                                             |                                                | 931,579,902             |
| <b>Investment at Contract Value:</b>   |                                                             |                                                |                         |
| *                                      | Prudential                                                  | Prudential Stable Value Fund-Rollins, Inc.     | 161,382,508             |
| *                                      | <b>Participant Loans</b>                                    | Interest rates ranging from 3.22% to 10.50%    | 19,289,277              |
| <b>Assets held at end of year</b>      |                                                             |                                                | <b>\$ 1,112,251,687</b> |

\* Indicates a party-in-interest to the Plan.

**ROLLINS 401(k)  
SAVINGS PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022**

Rollins 401(k) Savings Plan

Financial Statements

**December 31, 2023 and 2022**

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## **INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee, the Plan Administrator, and Participants of the Rollins 401(k) Savings Plan

### **Opinion**

We have audited the accompanying financial statements of the Rollins 401(k) Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Rollins 401(k) Savings Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Rollins 401(k) Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Rollins 401(k) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Rollins 401(k) Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Rollins 401(k) Savings Plan 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 of assets (held at year end) as of December 31, 2023 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 generally accepted auditing standards.

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.

*Windham Brannon, LLC*

June 27, 2024

Rollins 401(k) Savings Plan  
Statements of Net Assets Available for Benefits  
December 31, 2023 and 2022

|                                          | <u>2023</u>                    | <u>2022</u>                  |
|------------------------------------------|--------------------------------|------------------------------|
| <b>ASSETS</b>                            |                                |                              |
| INVESTMENTS:                             |                                |                              |
| Investments at fair value (Note 3)       | \$ 931,579,902                 | \$ 794,307,131               |
| Investment at contract value (Note 4)    | <u>161,382,508</u>             | <u>167,385,675</u>           |
| Total Investments                        | <u>1,092,962,410</u>           | 961,692,806                  |
| RECEIVABLES:                             |                                |                              |
| Employer contributions                   | 1,001,733                      | 1,743,927                    |
| Employee contributions                   | 437,901                        | 1,544,505                    |
| Notes receivable from participants       | <u>19,289,277</u>              | <u>17,938,746</u>            |
| Total Receivables                        | <u>20,728,911</u>              | 21,227,178                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 1,113,691,321</u></u> | <u><u>\$ 982,919,984</u></u> |

*The accompanying notes are an integral part of these financial statements.*

Rollins 401(k) Savings Plan  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2023

|                                                       |                                |
|-------------------------------------------------------|--------------------------------|
| <b>ADDITIONS</b>                                      |                                |
| Additions to net assets attributed to:                |                                |
| Investment Income:                                    |                                |
| Net appreciation in fair value of investments         | \$ 142,268,155                 |
| Net change in contract value of investment            | 4,395,865                      |
| Dividend and interest income                          | 9,792,120                      |
| Total investment income                               | <u>156,456,140</u>             |
| Interest income on notes receivable from participants | 1,320,423                      |
| Contributions:                                        |                                |
| Employer, net of forfeitures                          | 30,254,644                     |
| Participants                                          | 47,687,159                     |
| Rollovers                                             | 3,584,475                      |
|                                                       | <u>81,526,278</u>              |
| Total Additions                                       | <u>239,302,841</u>             |
| <b>DEDUCTIONS</b>                                     |                                |
| Deductions from net assets attributed to:             |                                |
| Benefits paid to participants                         | 107,426,264                    |
| Administrative expenses                               | 1,105,240                      |
| Total Deductions                                      | <u>108,531,504</u>             |
| Net Increase                                          | 130,771,337                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>             |                                |
| <b>BEGINNING OF YEAR</b>                              | <u>982,919,984</u>             |
| <b>END OF YEAR</b>                                    | <u><u>\$ 1,113,691,321</u></u> |

*The accompanying notes are an integral part of these financial statements.*

## Notes to Financial Statements

### 1. DESCRIPTION OF PLAN

The following brief description of the Rollins 401(k) Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### General

The Plan, as amended and restated, is a defined contribution plan covering all eligible employees of Rollins, Inc. (the “Company” or “Administrator”), and its subsidiaries that are eligible to participate in the Plan. The exceptions are for those who are members of a collective bargaining unit, who are not eligible to participate in the Plan under the terms of the applicable collective bargaining agreement and employees of PCO Services, Inc. (the Company’s Canadian subsidiary) or employees of PCO Services, Inc. (the Company’s Canadian subsidiary). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Effective November 1, 2022, the Waltham Services, LLC Tax-Deferred Savings Plan and the Western Industries Retirement Savings Plan were merged with and into the Plan. The net assets of these Plans were transferred to the Plan in November 2022.

The Plan has designated the Plan investment fund invested primarily in Rollins, Inc. common stock as an employee stock ownership plan within the meaning of Section 4975(e)(7) of the Internal Revenue Code (the “Code”). The Administrative Committee may allow participants to elect to receive dividends on Rollins, Inc. common stock in cash as taxable compensation or to have such dividends paid to the Plan and reinvested in Rollins, Inc. common stock with taxes deferred. Participants may exercise voting, tendering and similar rights with respect to shares of Rollins, Inc. common stock held in their accounts under the Plan agreement.

#### Eligibility

Employees are eligible to make employee contributions to the Plan on the first day of the calendar quarter that coincides with or next follows the date on which they complete three months of service. Employees of Western Industries-North, LLC and its subsidiaries who are employed in positions other than sales, supervisor or manager (“Western Employees”), and employees who are covered by a collective bargaining agreement between Waltham Pest Services, LLC and United Steel Workers Local 366 (“Waltham Union Employees”) will become eligible to receive employer matching and profit sharing contributions on the first day of the calendar quarter that coincides with or next follows the date on which they complete one year of service in which they complete 1,000 hours of service. Participants other than Western Employees and Waltham Union Employees are eligible to receive matching contributions at the same time they are eligible to make employee contributions to the Plan.

The Company may establish different eligibility requirements and enrollment procedures with respect to employees who are employed as a result of a corporate transaction.

#### Contributions

Eligible employees are automatically enrolled in the Plan, and pre-tax contributions are withheld at 3% of eligible compensation unless the employee elects differently. Eligible employees are also given the opportunity to elect Roth contributions. Participants may contribute from 1% to 75% of their compensation to the Plan via payroll deductions, except for highly compensated employees who may contribute from 1% to 8.5% of their compensation. Contributions by participants are not to exceed the annual maximum limitations of the Code, which for 2023 was \$22,500. Participants age 50 or older may also make additional “catch-up” contributions limited to \$7,500 in 2023. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

For participants other than Western Employees and Waltham Union Employees, the Company matches contributions dollar for dollar on the first 3% and 50 cents for every dollar on the next 3% a participant contributes of eligible compensation. The Company matching contribution is made every payroll period, and following each Plan year, the Company will make a “true-up” matching contribution calculated under the same formula as the payroll period match but determined on an annual basis and reduced by the payroll period matching contributions received by the participant during the year. To be eligible for a true-up matching contribution, a participant must be employed on the last day of the year or be receiving severance and not designated on the payroll system as having been terminated as of the last day of the Plan year.

For Western Employees, the Company matches 50 cents for every dollar on the first 3% of a participant’s contributions to the Plan for each payroll period, other than contributions designated as catch-up contributions. The Company may, but is not required to, make a “true-up” matching contribution following each Plan year, calculated under the same formula as the payroll period match but determined on an annual basis and reduced by the payroll period matching contributions received by the participant during the year.

The Company may make discretionary profit sharing contributions to Western Employees at the end of each Plan year. The contributions are allocated to all eligible Western Employees based on the ratio of the participant’s compensation to the total compensation of all eligible participants. To be eligible for a discretionary profit sharing contributions, a Western Employee must have completed 1,000 hours of service during the plan year and be employed on the last day of the Plan year.

For the Waltham Union Employees, the Company makes matching contributions equal to 100% of the first \$650 a participant contributes to the Plan, other than contributions designated as catch-up contributions. Following each Plan year, the Company will make a profit sharing contribution to Waltham Union Participants equal to 1% of the participant’s compensation for the year. To receive a profit sharing contribution, a Waltham Union Employee must be employed on the last day of the Plan year.

For the year ended December 31, 2023, the Company contributed approximately \$30.3 million in matching and profit sharing contributions, net of forfeitures.

No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

### **Participant Accounts**

Each participant’s account is credited with the participant’s contributions, rollovers, the Company’s contributions and earnings on the investments in their account and is charged with certain administrative expenses, participant withdrawals and losses on the investments in their account. Participants direct the investment of their contributions and the Company’s contribution into various investment options offered by the Plan. The Plan currently offers a synthetic Guaranteed Investment Contract (GIC), thirteen mutual funds, four pooled separate accounts, and the Company’s common stock as investment options for participants. Participants may change their investment options on a daily basis. The default investment fund is selected by the Plan administrator. The Plan administrator has elected GoalMaker (an asset allocation model based on the participant’s expected retirement date which includes various fund options offered by the Plan) as the default investment option. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Approximately 27% of participants are no longer employees of the Company.

### **Notes Receivable from Participants**

The Plan provides for loans to participants up to the lesser of 50% of the individual participant’s vested account balance of employee contributions plus actual earnings thereon or \$50,000. Principal and interest are paid ratably through payroll deductions. A participant’s loan payments of principal and interest are allocated to their account and invested according to their current investment elections. Loan terms range from 1 to 25 years. Participant loans are secured by the balance in the participant’s account and bear interest at a rate equal to prime plus 2%. Interest rates are updated quarterly. The update takes place on the last business day of the calendar quarter effective for loans made on or after the first business day of the subsequent quarter. Interest rates on outstanding loans as of December 31, 2023 ranged from 3.22% to 10.50%. Participants may only have one loan outstanding at a time.

## Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Participants who previously participated in predecessor plans may be subject to different vesting schedules. Active participants, other than Waltham Union Employees, currently vest in Company matching contributions plus actual earnings thereon based on the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than one             | 0 %                             |
| One, but less than two    | 20 %                            |
| Two, but less than three  | 40 %                            |
| Three, but less than four | 60 %                            |
| Four, but less than five  | 80 %                            |
| Five or more              | 100 %                           |

If a participant terminated employment before January 1, 2016, they vested in Company matching contributions plus actual earnings based on the prior six year graded schedule.

Waltham Union Employees vest in matching contributions plus actual earnings thereon based on the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than two             | 0 %                             |
| Two, but less than three  | 25 %                            |
| Three, but less than four | 50 %                            |
| Four, but less than five  | 75 %                            |
| Five or more              | 100 %                           |

Profit sharing contributions made to Western Employees and actual earnings thereon vest in accordance with the following schedule:

|                           | <b><u>Vested Percentage</u></b> |
|---------------------------|---------------------------------|
| Years of service:         |                                 |
| Less than two             | 0 %                             |
| Two, but less than three  | 20 %                            |
| Three, but less than four | 40 %                            |
| Four, but less than five  | 60 %                            |
| Five, but less than six   | 80 %                            |
| Six or more               | 100 %                           |

Profit sharing contributions made to Waltham Union Employees and actual earnings thereon vest in accordance with the following schedule:

|                           | <u>Vested Percentage</u> |
|---------------------------|--------------------------|
| Years of service:         |                          |
| Less than two             | 0 %                      |
| Two, but less than three  | 25 %                     |
| Three, but less than four | 50 %                     |
| Four, but less than five  | 75 %                     |
| Five or more              | 100 %                    |

### **Forfeitures**

Forfeited non-vested accounts are used to reduce employer contributions. Total forfeitures used to reduce employer contributions were \$2,608,622 in 2023. Forfeited non-vested accounts were \$62,022 and \$59,440 at December 31, 2023 and 2022, respectively.

### **Payment of Benefits**

Upon retirement, death, total and permanent disability, or termination for any reason, the participant or their beneficiary may receive the total value of their vested account in either a lump sum distribution, a rollover of assets into another qualified plan, or in systematic distributions.

A participant may also elect to withdraw all or a portion of his or her account at any time through hardship provisions as defined by the Code and subject to approval by the Company.

The Plan provides that if an employee terminates employment and their vested account balance in the Plan is more than \$1,000 but not more than \$5,000, and they do not elect either to receive or roll over a single lump-sum payment, their account will be rolled over into an Individual Retirement Account ("IRA").

Participants who are active employees may withdraw all or a part of their accounts, including the Company matching contributions, upon reaching age 59 1/2 or upon becoming disabled.

### **Administrative Expenses**

All loan fees, investment transaction fees, and recordkeeping fees are paid by participants through a per-participant charge. Advisory, audit and other fees not covered by the per-participant charge are paid with revenue-sharing amounts, with any excess amounts returned to the Plan allocated to the participant accounts in accordance with ERISA. The Company paid all other administrative expenses of the Plan during 2023. The Company does not expect reimbursement from the Plan.

### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Investments held by a defined contribution plan are required to be reported at fair value, except for the fully benefit-responsive investment contract. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to the fully benefit-responsive investment contract because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

### **Investment Valuation and Income Recognition**

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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 Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

### **Notes Receivable from Participants**

Notes receivable from participants are carried at their unpaid principal balance. Interest income is recognized when received, primarily per pay period. Participant notes receivable that are 90 days past due are considered delinquent and recorded as distributions based on the terms of the Plan agreement. As such, no allowance for credit losses has been recorded as of December 31, 2023 or 2022.

### **Payment of Benefits**

Benefit payments are recorded when paid.

### **Subsequent Events**

The Plan has evaluated subsequent events through June 27, 2024, the date the financial statements were available to be issued.

### 3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1 Quoted prices in active markets that the Plan has ability to access for identical assets or liabilities
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; 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 or liabilities
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

The following describes the valuation methodologies used for assets measured at fair value:

Mutual funds and common stock – These investments consist of various publicly-traded mutual funds and the Company’s common stock and are categorized as Level 1. The fair values are based on quoted market prices for the identical securities.

Pooled separate accounts – These investments are traded and valued daily using their net asset value (NAV) at levels 1 and 2. The NAV is based on the fair value of the underlying securities in the accounts.

Fair value information for investments that are measured on a recurring basis was as follows at December 31, 2023 and 2022:

| Fair Value Measurements at December 31, 2023 |                       |                      |             |                       |
|----------------------------------------------|-----------------------|----------------------|-------------|-----------------------|
|                                              | Level 1               | Level 2              | Level 3     | Total                 |
| Mutual Funds                                 | \$ 388,139,785        | \$ —                 | \$ —        | \$ 388,139,785        |
| Pooled Separate Accounts                     | 136,703,732           | 68,824,951           | —           | 205,528,683           |
| Rollins Inc. Common Stock                    | 337,911,434           | —                    | —           | 337,911,434           |
| Total Investments, at fair value             | <u>\$ 862,754,951</u> | <u>\$ 68,824,951</u> | <u>\$ —</u> | <u>\$ 931,579,902</u> |

| Fair Value Measurements at December 31, 2022 |                       |             |             |                       |
|----------------------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                              | Level 1               | Level 2     | Level 3     | Total                 |
| Mutual Funds                                 | \$ 494,859,478        | \$ —        | \$ —        | \$ 494,859,478        |
| Rollins Inc. Common Stock                    | 299,447,653           | —           | —           | 299,447,653           |
| Total Investments, at fair value             | <u>\$ 794,307,131</u> | <u>\$ —</u> | <u>\$ —</u> | <u>\$ 794,307,131</u> |

#### **4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan holds a portfolio of investment contracts that comprises a synthetic Guaranteed Investment Contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The synthetic GIC is a wrap contract paired with underlying investments which are owned by the Plan. The underlying investments consist of high-quality, intermediate fixed income securities. The trust's crediting interest rate on the synthetic GIC is determined using an explicit formula specified in the interest schedule within the synthetic GIC contract. The rate is reset every six months.

There are no reserves against the contract value for credit risk.

The Plan or Custodian may terminate the Contract by providing notice of at least 15 days or 60 days if initiated by the Custodian without cause. All participant-initiated and employer-initiated events that do not exceeding 10% of the beginning of year value (as defined by the contract) will be paid at contract value assuming there has been no termination event as defined below.

- 1) A Plan representative announces its intention to terminate or cancel the Plan;
- 2) The Internal Revenue Service determines that the Plan does not meet the requirements of a qualified program under Section 401(a) of the Tax Code;
- 3) A Plan representative announces its intention to merge or consolidate the Plan with another tax qualified or tax favored plan;
- 4) Except as otherwise provided in the Contract, Contractholder removes any Assets from the Investment Account or deposits cash or securities into the Investment Account without Prudential's consent, or the Investment Account is charged with any lien or liability unrelated to the Contract or the Assets other than a lien, claim or encumbrance in favor of a service provider for accrued and unpaid fees for services rendered to the Fund;
- 5) Contractholder or plan sponsor appoints a new Manager or Trustee, after a Conversion, or a new Manager is appointed to the Collective Trust Fund, in each case without the prior written approval of Prudential;
- 6) There is a material breach of the Benefit Withdrawal Schedule defined in the Contract;
- 7) Contractholder or Plan or any of their respective agents specifically advises participants not to contribute to the Fund or to withdraw part or all of their contributions from the Fund;
- 8) A withdrawal from the Investment Account for which the Equity Wash Procedures are not followed; or
- 9) Any other provision of the Contract is materially breached.

The termination events limiting the Plan's ability to transact at contract value are not probable of occurring.

#### **5. INCOME TAX STATUS**

The Plan received a determination letter from the Internal Revenue Service dated February 17, 2016, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended and restated since receiving the determination letter; however, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and has no income subject to unrelated business income tax. Therefore, the Plan Administrator believes that the Plan, as amended and restated, is qualified and the related trust is tax exempt. The Plan's income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

## 6. TRANSACTIONS WITH PARTIES-IN-INTEREST

At December 31, 2023 the Plan held approximately 7.7 million shares of Rollins, Inc. common stock; whereas at December 31, 2022 the Plan held approximately 8.2 million shares of Rollins, Inc. common stock. The fair value of the Plan's investment in Rollins, Inc. common stock at December 31, 2023 and 2022 was approximately \$337.9 million and \$299.4 million, respectively. During 2023, the Plan received approximately \$4.3 million in dividends on Rollins, Inc. common stock, which was used to purchase additional shares of that stock.

At December 31, 2023 and 2022, the Plan investments include a synthetic GIC that is directly managed by Empower Insurance Company of America (EICA). At December 31, 2023, the Plan investments include pooled separate accounts that are directly managed by EICA. EICA, through its parent company, acquired Prudential Retirement Insurance and Annuity Company during 2022 and renamed the acquired entity. EICA and Prudential Retirement Insurance and Annuity Company are service providers for the Plan; therefore, transactions in these securities qualify as party-in-interest transactions.

The Administrative expenses that are paid to service providers of the Plan represent party-in-interest transactions.

## 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023 and 2022:

|                                                                      | 2023             | 2022           |
|----------------------------------------------------------------------|------------------|----------------|
| Total net assets available for benefits per the financial statements | \$ 1,113,691,321 | \$ 982,919,984 |
| Less: current year employer and employee receivables                 | (1,439,634)      | (3,288,432)    |
| Total net assets available for benefits per the Form 5500            | \$ 1,112,251,687 | \$ 979,631,552 |

The following is a reconciliation of the total decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2023:

|                                                                            | 2023           |
|----------------------------------------------------------------------------|----------------|
| Increase in net assets available for benefits per the financial statements | \$ 130,771,337 |
| Less: current year employer and employee receivables                       | (1,439,634)    |
| Add: prior year employer and employee receivables                          | 3,288,432      |
| Increase in net assets available for benefits per the Form 5500            | \$ 132,620,135 |

## **Supplemental Information**

# ROLLINS 401(k) SAVINGS PLAN

EIN: 51-0068479 Plan No: 002

## FORM 5500, SCHEDULE H, Part IV, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2023

| (a)                                    | (b)                                                         | (c)                                            | (e)                     |
|----------------------------------------|-------------------------------------------------------------|------------------------------------------------|-------------------------|
|                                        | Identity of Issue,<br>Borrower,<br>Lessor, or Similar Party | Description of<br>Investment                   | Current Value           |
| <b>Investments at Fair Value:</b>      |                                                             |                                                |                         |
| *                                      | Prudential                                                  | MetWest Core Plus Bond Fund                    | \$ 68,824,951           |
| *                                      | Prudential                                                  | SCV Victory Fund                               | 4,715,905               |
|                                        | Victory Funds                                               | Victory SYCA ESTB VAL R6                       | 45,315,423              |
|                                        | Vanguard Funds                                              | Vanguard Windsor II Adm Fund                   | 90,520,105              |
|                                        | Vanguard Funds                                              | Vanguard 500 Index Admiral                     | 29,706,960              |
|                                        | Vanguard Funds                                              | Vanguard Total Bond Index Admiral              | 3,650,288               |
|                                        | Vanguard Funds                                              | Vanguard Total STK Admiral                     | 3,791,078               |
|                                        | Vanguard Funds                                              | Vanguard Small Cap Index Admiral               | 4,276,180               |
|                                        | Vanguard Funds                                              | Vanguard Mid Cap Index Fund                    | 4,777,965               |
|                                        | Vanguard Funds                                              | Vanguard Explorer Admiral                      | 264,263                 |
|                                        | T. Rowe Price Funds                                         | T Rowe Price New Horizons Fund CI I            | 50,148,446              |
|                                        | American Funds                                              | Capital World G/I R6                           | 11,134,248              |
|                                        | American Funds                                              | American Balanced R6                           | 44,738,315              |
|                                        | Blackrock Funds                                             | BlackRock Mid-Cap Growth Equity Portfolio CL K | 7,792,335               |
|                                        | Franklin Funds                                              | Franklin Growth Adv CI                         | 92,024,179              |
| *                                      | Prudential                                                  | Capital Group EP Growth                        | 106,445,394             |
| *                                      | Prudential                                                  | LCG JP Morgan Inv Management                   | 25,542,433              |
| *                                      | Rollins, Inc.                                               | Common Stock                                   | 337,911,434             |
| <b>Total Investments at Fair Value</b> |                                                             |                                                | 931,579,902             |
| <b>Investment at Contract Value:</b>   |                                                             |                                                |                         |
| *                                      | Prudential                                                  | Prudential Stable Value Fund-Rollins, Inc.     | 161,382,508             |
| *                                      | <b>Participant Loans</b>                                    | Interest rates ranging from 3.22% to 10.50%    | 19,289,277              |
| <b>Assets held at end of year</b>      |                                                             |                                                | <b>\$ 1,112,251,687</b> |

\* Indicates a party-in-interest to the Plan.