

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>KANSAS VETERINARY MEDICAL ASSOCIATION EMPLOYEE HEALTH PROTECTION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>KANSAS VETERINARY MEDICAL ASSOCIATION</u></p> <p><u>MEGAN KILMORE</u> <u>715 WASHINGTON ST</u> <u>LYNDON, KS 66451</u></p>	<p>1c Effective date of plan <u>01/01/2019</u></p> <p>2b Employer Identification Number (EIN) <u>48-6116600</u></p> <p>2c Plan Sponsor's telephone number <u>785-231-0312</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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.	07/29/2024	MEGAN KILGORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2024	MEGAN KILGORE
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	138
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	138
	6a(2)	120
	6b	
	6c	
	6d	120
	6e	
	6f	120
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 150105569

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan KANSAS VETERINARY MEDICAL ASSOCIATION EMPLOYEE HEALTH PROTECTION PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 KANSAS VETERINARY MEDICAL ASSOCIATION		D Employer Identification Number (EIN) 48-6116600	

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
BLUE CROSS BLUE SHIELD OF KANSAS

(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
48-0952857	70729	175768364	120	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 30910	(b) Total amount of fees paid
--	--------------------------------------

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
KAW VALLEY INSURANCE, INC. 409 MAIN ST
PO BOX 758
ROSSVILLE, KS 66533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30910			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	772764	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....	9a(4)		772764
b	Benefit charges (1) Claims paid.....	9b(1)	599766	
	(2) Increase (decrease) in claim reserves	9b(2)	-26591	
	(3) Incurred claims (add (1) and (2)).....	9b(3)		573175
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)	30536	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)	15433	
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		45969
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves.....	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

2023 Participating Employers

Clinic Name	Address	Percent of Total
All Creatures Animal Hospital	7260 W 151st St Overland Park, KS 66223	1%
Animal Care Center of Topeka	2061 SE California Ave Topeka, KS 66607	1%
Animal Medical Center	4012 S. Santa Fe Ave Chanute, KS 66720	2%
Baldwin Junction Vet	1274 N 650 Road Lawrence, KS 66046	1%
Beloit Veterinary Clinic, LLC	900 West 8th St. Beloit, KS 67420	1%
Bethel Animal Hospital	7100 Leavenworth Rd Leavenworth, KS 66109	1%
Bonner Springs Animal Care Center	104 Forest Ave Bonner Springs, KS 66012	3%
Burlingame Road Animal Hospital	3715 SW Burlingame Rd Topeka, KS 66609	1%
DeSoto Veterinary Clinic	33900 Lexington Ave DeSoto, KS 66018	1%
Dorsey Animal Clinic	2909 W. 12th Ave Emporia, KS 66801	1%
East Douglas Vet Clinic PA	8118 East Douglas Ave, Ste 109 Wichita, KS 67206	2%
El Dorado Animal Hospital		1%
Emporia Pet Imaging Consult	717 Sheridan Court Emporia, KS 66801	1%
Gage Animal Hospital		1%
Heartland Veterinary Services, Inc.	2800 N. 247th St. W Andale, KS 67001	2%
Highland Park Animal Clinic	2061 SE California Ave Topeka, KS 66607	1%
Huseman Regulatory Services, LLC	Tonganoxie, KS 66086	1%
Hutton Veterinary Clinic	2828 East 31st St South Wichita, KS 67216	1%
Ilna Musil DVM	5915 Broadmoor St Mission, KS 66202	1%
Kingman Veterinary Clinic	633 Marquette St Kingman, KS 67068	1%
Konza Veterinary Clinic	8080 E. Highway 24 Manhattan, KS 66502	2%
Madison County Veterinary Clinic	802 W. 8th Street Madison, NE 68748	1%
Mariposa Vet Wellness Center	13900 Santa Fe Trail Drive Lenexa, KS 66215	12%
Monticello Animal Hospital	22026 West 66th Street Shawnee, KS 66226	2%
Nall Hills Animal Hospital	9544 Nall Avenue Overland Park, KS 66207	5%
Nek Veterinary Services	South 1st Street Manhattan, KS 66434	3%
Northland Animal Hospital	8351 NW Barrybrooke Dr Kansas City, MO 64151	2%
Oskaloosa Animal Clinic	10605 McCall Drive Oskaloosa, KS 66066	2%
Overton Veterinary Services, LLC	75348 Rd 440 Lexington, NE 68850	2%
Oxford Animal Hospital	13433 Switzer Rd Overland Park, KS 66213	1%
Petworks Vet Hospital	9232 Metcalf Avenue Overland Park, KS 66212	6%
Rainbow Pet Hospital, LLC	4468 Rainbow Boulevard Kansas City, KS 66103	1%
Rainbow Valley Veterinary Clinic	1630 E. James St. Derby, KS 67037	1%
Reinhardt Veterinary Services	8515 West 99th Terrace Kansas City, MO 64157	1%
Rohleder Veterinary Service	1954 Vinyard Road Hays, KS 67601	2%
Russell Veterinary Service, LLC	904 S. Fossil St. Russell, KS 67655	1%
Smith Veterinary Clinic	1625 Tonganoxie Road Tonganoxie, KS 66086	3%
South Central Veterinary Hospital	1441 East 3rd Superior, NE 68978	2%
Southwest Plaza Animal Clinic	6025 Alden St. Shawnee, KS 66216	1%
St. Marys Veterinary Services PA	803 East Jesuit Lane St. Marys, KS 65536	1%
Stilwell Animal Hospital	7720 West 199th St Stilwell, KS 66085	1%
Strain Equine Services, LLC	17041 North 158th St. Basehor, KS 66007	1%
Swansons Dog Park	6241 Woodland Dr. Shawnee, KS 66218	1%
Thayer & Thayer DVM	4000 SW 12th St. Topeka, KS 66604	1%
Town & Country Veterinary Hospital	817 S. Washington St. Junction City, KS 66441	1%
Trail Lane	22549 C Road Soldier, KS 66540	1%
Veterinary Relief Services	1905 Elm St. Eudora, KS 66025	1%
Wade Taylor Consulting LLC	510 S. Freeman Ave. Oakley, KS 67748	1%
Wags And Whiskers Veterinary Services, PLLC	113 W. Main Elmwood, IL 61529	1%
Weckel Pet Care	929 Elmhurst Blvd. Salina, KS 67401	1%
West Cherry Animal Hospital	707 W. Cherry St. Chanute, KS 66720	1%
West Ridge Animal Health Center	2147 SW Westport Dr. Topeka, KS 66614	1%
Westside Veterinary Hospital	17014 286th St Atchison, KS 66002	1%
Winchester Pet Care Center	15070 West 116th St Olathe, KS 66062	2%
Wycliff Animal Clinic	10339 Mastin St. Overland Park, KS 66212	1%
Veterinary Individuals	1220 SW Executive Drive Topeka, KS 66615	1%
Veterinary Retirees	1220 SW Executive Drive Topeka, KS 66615	7%

100%