

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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
1a	Name of plan COMMERCE LEXINGTON, INC. PROFESSIONAL SERVICES SUB-ASSOCIATION, LTD GROUP HEALTH BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 03/01/2017
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) COMMERCE LEXINGTON, INC. PROFESSIONAL SERVICES SUB-ASSOCIATION, LTD 330 E. MAIN STREET, SUITE 100 LEXINGTON, KY 40507
2b	Employer Identification Number (EIN) 82-5369224
2c	Plan Sponsor's telephone number 859-254-4447
2d	Business code (see instructions) 524290

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.	02/21/2025	MICHAEL HALLIGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 518
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) 518 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 160384029

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan COMMERCE LEXINGTON, INC. PROFESSIONAL SERVICES SUB-ASSOCIATION, LTD GROUP HEALTH BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 COMMERCE LEXINGTON, INC. PROFESSIONAL SERVICES	D Employer Identification Number (EIN) 82-5369224	

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

(a) Name of insurance carrier
HUMANA HEALTH PLAN, INC.

(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
61-1013183	95885	CLI-SERV	1018	06/01/2023	05/31/2024

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 276522	(b) Total amount of fees paid 38485
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PIKE & PRESTON LLC
444 EAST MAIN STREET STE 204
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8783	1411	BONUS PAID	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACCRETIVE WHOLESALE INSURANCE
2001 LAKE POINT WAY
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8412	2202	BONUS PAID	3

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

ASSURED PARTNERS

5905 E. GALBRAITH ROAD
CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1888	423	BONUS PAID	3

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

MCGRIFF INSURANCE SERVICES

2600 EASTPOINT PKWY
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6474	1238	BONUS PAID	3

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

EMPLOYEE BENEFIT ASSOCIATES

1029 MONARCH STREET STE 130
LEXINGTON, KY 40513

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7328	578	BONUS PAID	3

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

BENEFITS GROUP OF LEXINGTON

444 W. MAIN STREET, STE 204
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
661	143	BONUS PAID	3

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

BENEFIT INSURANCE MARKETING INC

1151 RED MILE ROAD
LEXINGTON, KY 40504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12320	1724	BONUS PAID	3

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

BENEFITS UNLIMITED INC

3131 CUSTER DRIVE, STE 3
LEXINGTON, KY 40517

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2078			3

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

BENESOLVE

13200 OLD HENRY ROAD
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2502			3

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

CARDINAL INSURANCE & FIN SERVICES

P.O. BOX 783
LONDON, KY 40743

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2776			3

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

FOUNDATION RISK PARTNERS CORP

1540 CORNERSTONE BLVD, STE 230
DAYTONA BEACH, FL 32217

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15426	4103	BONUS PAID	3

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

KEYSTONE INSURANCE

13800 JACKSON ROAD
MISHAWAKA, IN 46544

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13162	2719	BONUS PAID	3

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

J SMITH LANIER

360 E. VINE STREET, STE 200
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3073	276	BONUS PAID	3

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

FORSYTHE & ASSOCIATES

P.O. BOX 55287
LEXINGTON, KY 40555

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1627			3

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

CENTRAL BANK INSURANCE AGENCY INC

2424 HARRODSBURG ROAD, STE 102
LEXINGTON, KY 40503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4270	274	BONUS PAID	3

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

STEVEN PARRISH

4170 TRADITION WAY
LEXINGTON, KY 40509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70			3

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

EM FORD

600 FREDERICA STREET
OWENSBORO, KY 42301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1765	232	BONUS PAID	3

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

ENERGY INSURANCE AGENCY

P.O. BOX 55268
LEXINGTON, KY 40555

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4646	677	BONUS PAID	3

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

GCH INSURANCE

35000 KAISER CT, STE 300
WILLOUGHBY, OH 44094

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4577	437	BONUS PAID	3

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

HOUCHENS INSURANCE GROUP

1750 SCOTTSVILLE ROAD, STE 4
BOWLING GREEN, KY 42104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26284	3517	BONUS PAID	3

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

INSURANCE WORKS INC

103 WIND HAVEN DRIVE, STE 200
NICHOLASVILLE, KY 40356

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5210			3

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

ASSURED PARTNERS

435 N. WHITTINGTON PKWY, 300
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34008	6650	BONUS PAID	3

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

EMPLOYER BENEFIT SERVICES

1540 CORNERSTONE BLVD, STE 230
DAYTONA BEACH, FL 32117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1480	241	BONUS PAID	3

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

FREEMAN INSURANCE SERVICES LLC

9607 MOORFIELD CIRCLE
LOUISVILLE, KY 40241

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
410			3

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

WILLIAM NEIKIRK

301 HIGHWAY 3091
SOMERSET, KY 42503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3502			3

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

PREFERRED BENEFITS LLC

3702 BROWNSBORO ROAD
LOUISVILLE, KY 40207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
774	220	BONUS PAID	3

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

DIGITAL INSURANCE INC

200 GALLERIA PKWY, STE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1541	300	BONUS PAID	3

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

HYLAND, BLOCK & HYLAND INC

9750 ORMSBY STATION ROAD
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1429	242	BONUS PAID	3

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

MCGRIFF INSURANCE

38 ROUSS AVENUE, STE 100
WINCHESTER, VA 22601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9685	1784	BONUS PAID	3

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

MARK ONISHI

3024 ROUNDWAY DOWN LANE
LEXINGTON, KY 40509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5504			3

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

CHARLES PHILLIPPI

P.O. BOX 22126
LEXINGTON, KY 40522

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3690	384	BONUS PAID	3

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

TOOHEY INSURANCE

P.O. BOX 1265
SOMERSET, KY 42502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1323			3

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

ZINSER BENEFIT SERVICE

330 N. EVERGREEN ROAD #6
LOUISVILLE, KY 40243

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1247	143	BONUS PAID	3

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

C. KENTON PHILLIPPI

P.O. BOX 22126
LEXINGTON, KY 40522

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9478	1151	BONUS PAID	3

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

MARSH MCLENNAN AGENCY

360 E. VINE ST, 200
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41759	3278	BONUS PAID	3

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

CIS INSURANCE & INVESTMENTS

550 S. FIFTH STREET, UNIT 303
LOUISVILLE, KY 40202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6662	1181	BONUS PAID	3

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

STONEBRIDGE INSURANCE

4325 N. LANDSDOWNE 4B
OWENSBORO, KY 42303

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12887			3

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

CORNERSTONE-CBISA

2101 FLORENCE AVENUE
CINCINNATI, OH 45206

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7811	2957	BONUS PAID	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	

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. Specify nature of costs ▶	6d	

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

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

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

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	6892911
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**Commerce Lexington, Inc Professional Services Sub-Association, LTD Group Health Benefit Plan
PYE 12/31/2024; EIN 82-5369224; PN 501**

Form 5500 Part I-Attachment pg 1 or 2

A - Multiple Employer Plan - List of participating employer information

(a) Name of Participating Employer	(b) EIN
2nd Chance	45-4936986
A Caring Touch Pediatrics	33-1122641
ACE Consulting	30-1059011
Alexander and Associates Outpatient Therapy	27-3518242
Allergy Asthma and Sinus	38-3776263
American Hanoverian Society	94-2801456
Andriots Paint, Flooring, Blinds	61-1489653
Apex Mobility Products	75-3075282
AU Associates, Inc.	61-1186540
Auto Martt	27-0249449
Auto Sports Collision Center	03-0559429
Baldwin Engineering	61-1170301
BD Global	46-0606933
Bluegrass Embedded Design, LLC dba Faradine Systems	46-5218471
Bluegrass Integrated Communications	61-0912645
Calvary Baptist Church	61-0464952
Child Care Council of Kentucky	31-1102545
Commonwealth Pediatrics	61-1130140
Complete Dental	82-4757571
Conference of Radiation	71-0477513
Consolidated Baptist Church	61-0956126
D&T Therapy Rental	35-2210273
Delcotto Law Group	31-0198330
Dr Darrell Bartley	31-1494877
DRD Associates	47-3951949
Element Design	45-5609322
Environmental Design	61-1292510
Exhibit Management	61-0719565
Facility Commissioning Group	61-1320201
Family Care Associates PSC	31-1539055
Fouser Environmental Services	61-1160042
Frankfort Chiropractic	34-2046478
Frankfort Eye Center	26-2533871
Gateway Children's Services	61-1033836
God's Pantry	31-0979404
Good Shepherd Day School	61-0562022
Guarantee Pest Control	61-0647896
Hicks & Funfsinn PLLC	82-3778317
HQI, Inc.	47-1683503
iEntry, Inc.	61-1347786
J Todd Scobee DMD	20-2198616
JCC Accounting Solutions	81-3665360
KJH, Inc.	42-1628439
Larco Commerical Truck Repair	61-1304039
Lexington Athletic Club	61-1115859
Lexington Children's Theatre	61-0929277
Lexington Fair Housing Council	31-1500743

Form 5500 Part I-Attachment pg 2 of 2**A - Multiple Employer Plan - List of participating employer information**

(a) Name of Participating Employer	(b) EIN
Lexington Heart Specialists, P.S.C.	42-1631354
Lexington Philharmonic	61-6033529
Limestone Family YMCA	61-1080836
Living Arts & Science Center	61-0675663
LJKS LLC DBA DENOVA	83-1719134
Lynch Chiropractic Center	61-1153211
Marr, Miller & Myers, PSC	61-1129847
Mcallen Solutions	61-1353722
McCloud Law LLC	46-2644504
Meridian Wealth Management	27-0846572
Morehead Primary Care	27-4156095
Mt. Sterling Pediatrics	26-3977758
NEKY RHIO (Northeast KY Regional Health Information Organization)	26-3803356
Northco, Inc. dba STI Manufacturing	61-1308750
Payroll Partners	61-1394776
Pelycon Technologies	81-2740065
PJ's Primary Care	61-1301917
Plastic Surgeons Of Lexington	61-1287961
Poole and Thomas Pediatrics	61-1680126
Ray Foley Hensley & Co dba RFH, PLLC	20-1518594
Redpoint Medical PSC	80-0396519
Reinhardt & Associates	35-2160655
Roaring Brook	84-4338804
Safe Harbor of Northeast KY	61-1155742
Scintipharma, Inc.	61-1218843
Southern Coalition For Housing	54-1947550
TEC Biosciences, Inc	82-2549240
That should be a thing, LLC dba Ecoreliant	80-0351241
The Fleet Doc, LLC	46-4551420
Timothy Long MD	37-1420890
United Surgical Associates	61-1105765
Venture Laboratories	61-1360967
Victory Christian Fellowship	61-1184417
Video Editing Services	61-1151606
Waldman Plastic Surgery	61-1062280
Warrendale Sales	61-1359568
Wear Ware	46-4945005
Wilkey & Wilson	61-1053348

Total participating employers-CLI-Services = 85

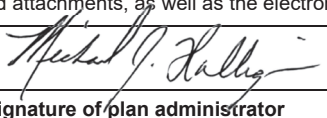
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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	
1a Name of plan COMMERCE LEXINGTON, INC. PROFESSIONAL SERVICES SUB-ASSOCIATION, LTD GROUP HEALTH BENEFIT PLAN	1b Three-digit plan number (PN) ► 501
	1c Effective date of plan 03/01/2017
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) COMMERCE LEXINGTON, INC. PROFESSIONAL SERVICES SUB-ASSOCIATION, LTD 330 E. MAIN STREET, SUITE 100 US LEXINGTON KY 40507	2b Employer Identification Number (EIN) 82-5369224 2c Plan Sponsor's telephone number (859) 254-4447 2d Business code (see instructions) 524290

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		February 21, 2025	MICHAEL HALLIGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE