

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. FINANCE, INSURANCE & REAL ESTATE 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. FINANCE, INSURANCE & REAL ESTATE SUB-ASSOCIATION, LTD 330 E. MAIN STREET, SUITE 100 LEXINGTON, KY 40507
2b	Employer Identification Number (EIN) 83-0697907
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.	02/24/2025	CHRISTINA HECKATHORN
	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	40
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)	40
	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 160398936

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. FINANCE, INSURANCE & REAL ESTATE 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. FINANCE, INSURANCE & REAL ESTATE	D Employer Identification Number (EIN) 83-0697907	

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-FIR	189	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 61866	(b) Total amount of fees paid 5358
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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 ACCRETIVE WHOLESALE INS SERVICES 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	
10339	866	BONUS PAID	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CBISA REACQUISITION CORP 2101 FLORENCE AVENUE CINCINNATI, OH 45206
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
457	232	BONUS PAID	3

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

STONEBRIDGE INSURANCE

4325 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	
132			3

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

FOUNDATION RISK PARTNERS

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	
164			3

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

LISA MATTINGLY

600 W. MAIN STREET, STE 400
LOUISVILLE, KY 40202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16355			3

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

EMPLOYEE BENEFIT ASSOCIATES INC

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	
1109	260	BONUS PAID	3

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

BENJAMIN BYRNE & ASSOCIATES

9401 WILLIAMSBURG PLAZA, STE 100
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1770	437	BONUS PAID	3

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

BUSINESS BENEFITS

211 GRANDVIEW DRIVE, STE 307
FORT MITCHELL, KY 41017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
736	126	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. 5TH 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	
1108	240	BONUS PAID	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	
3594	1229	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	
1877	217	BONUS PAID	3

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

FSAB

136 BRECKENRIDGE LANE, STE 101
LOUISVILLE, KY 40207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
866			3

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

HORAN ASSOCIATES INC

8044 MONTGOMERY ROAD, STE 640
CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
914			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	
1322	190	BONUS PAID	3

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

HYLAND, BLOCK & HYLAND

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	
1817	184	BONUS PAID	3

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

INSURANCE WORKS

103 WIND HAVEN DRIVE, SUITE 200
NICHOLASVILLE, KY 40356

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
515			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	
3191	295	BONUS PAID	3

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

JASON YOUNG & ASSOCIATES

131 PROSPEROUS PLACE, STE 14A
LEXINGTON, KY 40509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1291			3

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

KIW INSURANCE

10610 WATTERSON CENTER CT, STE 102
LOUISVILLE, KY 40299

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
548			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	
5244	378	BONUS PAID	3

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

PIKE & PRESTON LLC

444 E. MAIN STREET, STE 204
LEXINGTON, KY 40522

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2394	143	BONUS PAID	3

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

PREFERRED BENEFITS

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	
1223	216	BONUS PAID	3

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

SEITZ AGENCY

25 W. HIGH STREET
LAWRENCEBURG, IN 47025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
590			3

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

WILLIAM NEIKIRK INC

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	
988			3

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

WLA INSURANCE

1246 S. THIRD STREET
LOUISVILLE, KY 40203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2657	282	BONUS PAID	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	
665	63	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	

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	1465146
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 Finance, Insurance & Real Estate Trade Sub-Association, LTD
Group Health Benefit Plan
PYE 12/31/2024; EIN 83-0697907; PN 501

Form 5500 Part I-Attachment

A - Multiple Employer Plan - List of participating employer information

(a) Name of Participating Employer	(b) EIN
Accredited Wealth Management	46-5300176
Ballast, Inc.	26-1835402
Calvert & Nunn Insurance	61-0733409
CK Ash & Associates, Inc.	61-0916230
Ditsler Insurance Agency	81-3173227
Employee Benefit Association	20-8305751
Equine Ventures dba Cork Communications	45-3734918
Equus Standardbred Station	62-1296577
Farmers Bank of Nicholasville	61-0188940
Federal Hill Capital Management	27-0836302
Heritage Investment Properties, LLC	61-1379173
Holland Financial Group	20-8368093
InsuranceWorks, INC	61-1142754
John Backman IV LLC	31-6520658
Keystone Financial Group	26-2509545
KY Select Properties	73-1713903
LAD Real Estate, Inc.	31-1489001
Laura J Sanders dba Sanders Real Estate	61-1304446
Neikirk Insurance	61-1196249
River Valley Insurance	35-1859400
Ross Sinclair dba RSA Advisors, LLC	85-0667276
Russell Capital Management	26-3940237
Spalding Insurance Group / Professional Problem Solvers	46-5352631
Sweeney Properties	27-0636511
Tan Lane Enterprises	45-5038827
Taylor County Bank	61-0359663
Turnkey AMS / Prism Title & Closing	20-3792963
Wade Agency	90-1256769
Winchester Cemetery Co	61-0385430

Total participating employers-CLI Finance = 29

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C If the plan is a collectively-bargained plan, check here	☐
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Part II Basic Plan Information --- enter all requested information	
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	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. FINANCE, INSURANCE & REAL ESTATE SUB-ASSOCIATION, LTD 330 E. MAIN STREET, SUITE 100 US LEXINGTON KY 40507	2b Employer Identification Number (EIN) 83-0697907 2c Plan Sponsor's telephone number (859) 254-4447 2d Business code (see instructions) 524290

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SIGN HERE	<i>Christina Heckathorn</i>	2/24/2025	CHRISTINA HECKATHORN
	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