

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

- A This return/report is for: [] a multiemployer plan [X] 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) [] 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: GROUP TERM LIFE, A D & D, AND DEPENDENT LIFE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): KANSAS BANKERS SERVICES, INC. GROUP TERM DEPENDENT CARE LIFE PLAN
2b Employer Identification Number (EIN): 48-1233705
2c Plan Sponsor's telephone number: 785-232-3444
2d Business code (see instructions): 522110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Form 5500 (2023) v. 230707

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	6328
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)	6328
	6a(2)	7094
	6b	
	6c	
	6d	7094
	6e	
	6f	
	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:
4B 4L

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> 2 </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 _____

**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 **08/01/2023** and ending **07/31/2024**

A Name of plan GROUP TERM LIFE, A D & D, AND DEPENDENT LIFE PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 KANSAS BANKERS SERVICES, INC. GROUP TERM DEPENDENT CARE LIFE PLAN		D Employer Identification Number (EIN) 48-1233705	

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
ZURICH AMERICAN INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-4233459	16535	GTU-8364002	6065	08/01/2023	07/31/2024

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 10040	(b) Total amount of fees paid 0
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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
KBA INSURANCE INC **PO BOX 4407**
TOPEKA, KS 66604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10040			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
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(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.
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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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
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)	
	7e(2)	
	7e(3)	
	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) ▶ **BASIC AD & D**

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 <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	200795
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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 **08/01/2023** and ending **07/31/2024**

A Name of plan GROUP TERM LIFE, A D & D, AND DEPENDENT LIFE PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 KANSAS BANKERS SERVICES, INC. GROUP TERM DEPENDENT CARE LIFE PLAN		D Employer Identification Number (EIN) 48-1233705	

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

SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	215840	7094	08/01/2023	07/31/2024

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 157795	(b) Total amount of fees paid 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

KBA INSURANCE INC

**PO BOX 4407
TOPEKA, KS 66604**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
157795			

(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)** 0

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)** 0

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 <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	2281448
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. ▶

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

- 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 GROUP TERM LIFE, A D & D, AND DEPENDENT LIFE PLAN	1b Three-digit plan number (PN) ▶ 501 1c Effective date of plan 01/01/1994
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) KANSAS BANKERS SERVICES, INC. GROUP TERM DEPENDENT A D & D, AND DEPENDENT LIFE PLAN 610 SW CORPORATE VIEW TOPEKA KS 66604	2b Employer Identification Number (EIN) 48-1233705 2c Plan Sponsor's telephone number 7852323444 2d Business code (see instructions) 522110

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	<i>Elizabeth Roche</i>	02/25/2025	ELIZABETH ROCHE
	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

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

Form 5500 (2023)
v. 230728

KANSAS BANKERS ASSOCIATION
GROUP TERM LIFE, AD&D, AND DEPENDENT CARE LIFE PLAN
MULTI-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION
PLAN 501
EIN: 48-1233705

BANK	TAX ID #
ASTRA BANK	48-0405814
ASTRA BUSINESS SOLUTIONS	20-2737143
ANDOVER STATE BANK	48-0122265
UNION STATE BANK	48-0456370
STOCKGROWERS STATE BANK	48-0439010
BALDWIN STATE BANK	48-0129620
MID AMERICA BANK	48-0435820
AMERICAN BANK	48-0119910
BAXTER STATE BANK	48-0133900
VALLEY STATE BANK	48-0459210
NEW CENTURY BANK	48-0345880
FIRST BANK OF BELOIT	48-0136796
GUARANTY STATE BANK	48-0246590
BENDENA STATE BANK	48-0137140
THE STATE BANK OF BERN	48-0435720
CITIZENS STATE BANK	48-0169350
FARMERS STATE BANK	48-0216400
PRAIRIE BANK OF KANSAS	48-0216090
STATE BANK OF BURRTON	48-0518993
STOCK EXCHANGE BANK	48-0438970
COTTONWOOD VALLEY BANK	48-0163260
FIRST HERITAGE BANK	48-0221210
BANK OF COMMERCE	48-0998823
COMMUNITY NATIONAL BANK & TRUST	48-1038713
HOME SAVINGS BANK	48-0165559
CITIZENS STATE BANK	48-0169030
PEOPLES STATE BANK	48-0369640
FIRST NATIONAL BANK	48-0168292
COMMUNITY STATE BANK	48-0731367
FARMERS & MERCHANTS BANK OF COLBY	48-1197397
PEOPLES BANK	48-0369650
THE ELK STATE BANK	48-0207620
THE CITIZENS NATIONAL BANK	48-0168925
CONWAY BANK	48-0180195
FARMERS AND DROVERS BANK	48-0214960
SWEDISH AMERICAN STATE BANK	48-0443660
NINNESCAH VALLEY BANK	48-0187483
TRI CENTURY BANK	48-0770544
BANK OF DENTON	48-0130270
FIRST NATIONAL BANK	48-0196365
FIDELITY STATE BANK	48-0219680
STATE BANK OF DOWNS	48-0435810
FARMERS STATE BANK	48-0216440
CITIZENS STATE BANK & TRUST	48-0169050
ESB FINANCIAL	48-0209570
LYON COUNTY STATE BANK	48-0316640
DICKINSON COUNTY BANK	48-0195900
FLINT HILLS BANK	48-1002102
KAW VALLEY STATE BANK	48-0292660
HOME BANK & TRUST CO	48-0266459
FARMERS STATE BANK	48-0216460
CITY STATE BANK	48-0170660

KANSAS BANKERS ASSOCIATION
GROUP TERM LIFE, AD&D, AND DEPENDENT CARE LIFE PLAN
MULTI-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION
PLAN 501
EIN: 48-1233705

BANK	TAX ID #
LANDMARK NATIONAL BANK	48-0319663
INTEGRITY BANK	48-0225700
FIRST NATIONAL BANK	48-0226555
FIRST NATIONAL BANK	48-0227595
FARMERS STATE BANK	48-0216470
BANKWEST OF KANSAS	48-0239760
FNB BANK	48-0220810
BANK OF THE PLAINS	48-0376280
FARMERS BANK & TRUST	48-0216340
BANK OF GREELEY	48-0130310
CITIZENS STATE BANK	48-0169100
THE HALSTEAD BANK	48-0249420
FIRST NATIONAL BANK	48-0252240
HAVILAND STATE BANK	48-0255670
BANK OF HAYS	48-0251270
GOLDEN BELT BANK	48-0238885
FIRST STATE BANK	48-0221480
CITIZENS STATE BANK	48-0169120
FIRST KANSAS BANK	48-0697156
FIRST STATE BANK	48-0221530
DENISON STATE BANK	48-0193755
GNBANK	48-0237220
BANK OF HOLYROOD	48-0130330
FIRST NATIONAL BANK	48-0220942
HOWARD STATE BANK	48-0270091
CITIZENS STATE BANK	48-0169130
THE FIRST NATIONAL BANK OF HUTCHINSON	48-0273305
FIRSTOAK BANK	48-0207525
JOHNSON STATE BANK	48-0283520
DREAM FIRST BANK	48-0444740
ARGENTINE FEDERAL SAVINGS	48-0123640
COMMUNITY FIRST BANK	48-0221590
KANZA BANK	48-0296945
KCB BANK	48-0292810
FUSION BANK	48-0221500
GREAT AMERICAN BANK	48-1218768
CITIZENS FEDERAL SAVINGS BANK	48-0168910
PROF BANK CONSULTANTS LLC	20-1897871
SMALL BUSINESS BANK	48-0978679
THE COMMUNITY BANK	48-1214912
FIRST NATIONAL BANK	48-0314805
LYNDON STATE BANK	48-0316470
LYONS FEDERAL BANK	48-0316730
CENTRAL NATIONAL BANK	48-1174053
KS STATEBANK	48-0760380
STATE EXCHANGE BANK	48-0436130
STOCKGROWERS STATE BANK	48-0439020
MARION NATIONAL BANK	48-0321073
MARQUETTE FARMERS ST BANK	48-0216590
CITIZENS STATE BANK	48-0169180
FIRST COMMERCE BANK	81-0560206
BENNINGTON STATE BANK	48-0137740
CENTERA BANK	48-0254786

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BANK	TAX ID #
CARSON BANK	48-0345810
FIRST STATE BANK	48-0350335
THE FARMERS STATE BANK	48-0216780
THE BANK	48-1008896
UNION STATE BANK	48-0456390
MAINSTAR TRUST	05-0527466
KANSAS STATE BANK	48-0290610
FIRST SECURITY BANK	48-0221050
KANSAS STATE BANK	48-0290620
KANSAS VENTURE CAPITAL	48-0852197
FIRST OPTION BANK	48-0359685
COMMERCIAL BANK	48-0365170
LABETTE BANK	48-0301840
FARMERS STATE BANK	48-0216690
FIRST NATIONAL BANK	48-0374465
BANK OF PRAIRIE VILLAGE	48-0254080
THE PEOPLES BANK	48-0369245
PRESCOTT STATE BANK	48-0379570
BANK OF PROTECTION	48-0901316
KANSASLAND BANK	48-0120990
FIRST STATE BANK	48-0221560
RILEY STATE BANK	48-0489884
ROXBURY BANK	48-0398105
SJN BANK OF KANSAS	48-0402277
EXCHANGE STATE BANK	48-0212180
FIRST NATIONAL BANK	48-0408825
SECURITY STATE BANK	48-0669594
COMMUNITY NATIONAL BANK	48-0976372
SOLOMON STATE BANK	48-0427000
FIRST NATIONAL BANK	48-0430106
FORD COUNTY STATE BANK	48-0223990
STATE BANK OF SPRING HILL	48-0436070
ALDEN STATE BANK	48-0117360
FIRST BANK	48-0508207
SOLUTIONS NORTH BANK	48-0439085
VALLEY STATE BANK	48-0459220
TAMPA STATE BANK	48-0445180
FIRST STATE BANK	48-0451049
ALLIANCE BANK	48-1202871
COMMUNITY BANK	48-1159799
FIDELITY STATE BANK & TRUST CO	48-0219655
HERITAGE BANK	48-1305893
KANSAS BANKERS SERVICES, INC.	48-1233705
KAW VALLEY BANK	48-0292680
OFG FINANCIAL SERVICES	48-0759751
GRANT COUNTY BANK	48-0241960
UNION STATE BANK	48-0456410
FARMERS NATIONAL BANK OF KANSAS	48-0216800
WALTON ST BANK	48-0464710
BANK OF THE FLINT HILLS	48-0464795
KAW VALLEY STATE BANK	48-0292690
FARMERS STATE BANK	48-0216710
FIRST NATIONAL BANK OF KANSAS	48-0467060

KANSAS BANKERS ASSOCIATION
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MULTI-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION
PLAN 501
EIN: 48-1233705

<u>BANK</u>	<u>TAX ID #</u>
CBW	48-0168770
BANK OF COMMERCE	48-0347860
IMPACT BANK	48-0468914
SECURITY STATE BANK	48-0410030
FARMERS STATE BANK	48-0216720
THE FARMERS STATE BANK OF ALICEVILLE	48-0216350
BANKERS BANK OF KANSAS	48-1005423
GARDEN PLAIN STATE BANK	48-0726234
JUNIPER PAYMENTS, LLC DBA LendingTools.com	82-0967186
LEGACY BANK	48-0435770
STRYV BANK	48-0815007
TRUST COMPANY OF KANSAS	48-1083639
VINTAGE BANK KANSAS	48-0435960
WILSON STATE BANK	48-0481585