

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 GLI MINING, CONSTRUCTION & MANUFACTURING 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) GLI MINING, CONSTRUCTION & MANUFACTURING SUB-ASSOCIATION, LTD 101 S. 5TH STREET, SUITE 2300 LOUISVILLE, KY 40202
2b	Employer Identification Number (EIN) 82-5361891
2c	Plan Sponsor's telephone number 502-625-0078
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.	02/26/2025	BRENDA LASKOWSKI
	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	5 937
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) 937 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 160144065

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 GLI MINING, CONSTRUCTION & MANUFACTURING 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 GLI MINING, CONSTRUCTION & MANUFACTURING SUB-ASSOCIATION, LTD	D Employer Identification Number (EIN) 82-5361891	

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	GLI-MCM	973	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	(b) Total amount of fees paid
296917	41475

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
GREEN & HALLIBURTON
521 BARRET AVENUE
LOUISVILLE, KY 40204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10075	750	BONUS PAID	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOUCHENS INSURANCE GROUP, INC
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	
23398	4681	BONUS PAID	3

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

SCHWARTZ & ASSOCIATES

2950 BRECKENRIDGE LANE, STE 8A
LOUISVILLE, KY 40220

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13531	997	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 SOUTH 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	
36308	6557	BONUS PAID	3

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

LOGAN, LAVELLE & HUNT

11420 BLUEGRASS PKWY
LOUISVILLE, KY 40299

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7539	702	BONUS PAID	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, STE 300
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14252	2697	BONUS PAID	3

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

ASSURED PARTNERS

120 N. FULTON AVE, STE A
EVANSVILLE, IN 47710

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5211	707	BONUS PAID	3

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

BENEFIT INSURANCE MKTING 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	
6955	853	BONUS PAID	3

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

HIGGINS INSURANCE INC

P.O. BOX 552
HOPKINSVILLE, KY 42241

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7646			3

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

BENEFITS 7, INC.

2603 N. FIRST AVE
EVANSVILLE, IN 47710

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5272			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	
11388	2491	BONUS PAID	3

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

PEEL & HOLLAND

P.O. BOX 427
BENTON, KY 42025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3400	344	BONUS PAID	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	
8487	997	BONUS PAID	3

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

JOSEPH WELLS

245 S. MAIN STREET
MADISONVILLE, KY 42431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4035			3

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

SHEPHERD INSURANCE DBA LLH INS

11420 BLUEGRASS PKWY
LOUISVILLE, KY 40299

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1832	424	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	
3931	696	BONUS PAID	3

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

SHEPHERD INSURANCE LLC

111 CONGRESSIONAL BLVD, STE 100
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8252	1111	BONUS PAID	3

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

THOMAS SOUTHWOOD

8999 BLACKSTONE DRIVE
NEWBURGH, IN 47630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18120			3

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

TRACY HARDIN

5140 CHARLESTOWN RD, STE 3A
NEW ALBANY, IN 47150

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2396	137	BONUS PAID	3

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

ZINSER BENEFIT SERVICES INC

330 N. EVERGREEN RD #6
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4514	284	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	
10145	2664	BONUS PAID	3

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

GALLAGHER BENEFIT SERVICES INC

2850 GOLF ROAD, 4TH FL
ROLLING MEADOWS, IL 60008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6934	596	BONUS PAID	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	
6022	1425	BONUS PAID	3

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

BIM GROUP

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	
6288	1411	BONUS PAID	3

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

HIGGINBOTHAM INSURANCE AGY INC

500 W. 13TH STREET
FORT WORTH, TX 76102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13214	3567	BONUS PAID	3

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

NELSON INSURANCE AGENCY

2000 ENVOY CIRCLE
LOUISVILLE, KY 40299

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9168	1365	BONUS PAID	3

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

THE BENEFITS FIRM

136 BRECKINRIDGE 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	
984			3

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

USI INSURANCE

435 N. WHITTINGHAM PKWY, STE 250
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6262	616	BONUS PAID	3

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

WEALTH MANAGEMENT GROUP

822 NORTHGATE BLVD #10
NEW ALBANY, IN 47150

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10026	1233	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	
5181	802	BONUS PAID	3

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

INSURAMAX

805 N. WHITTINGTON PKWY, #150
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9560	1032	BONUS PAID	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	
6355	692	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	
767	144	BONUS PAID	3

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

RIDDLE INSURANCE

245 S. MAIN STREET
MADISONVILLE, KY 42431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9469	1500	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	

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	7380714
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. ▶

**GLI Mining, Construction & Manufacturing Sub-Association, LTD Group Health Plan
PYE 12/31/2024; EIN 82-5361891; PN 501**

Form 5500 Part I-Attachment page 1 of 3

A - Multiple Employer Plan - List of participating employer information

(a) Name of Participating Employer	(b) EIN
ACKERMAN ENTERPRISES LLC / Raymond Ackerman	27-0172983
ADM Industries	32-0097987
Allied Aluminum Products	61-0529009
Alvey's Sign Co.	35-1651189
Arthur Gordon Electric	61-1176718
B & R Electrical Inc.	61-1277659
Baxel LLC	46-4011841
Bell Construction Inc	31-1508914
Bosler's Furniture / Dean Bosler's Furniture	61-0973223
Brooks Fence	32-0230334
Broughton Concrete	31-1824625
BWM Ventures	84-4004613
Cardinal Electric Services	61-1252839
CC Steepleton Company	61-0604506
Charlie Sondergeld Services	61-1420715
Classic Kitchens Of Campbellsville	61-1015158
Climate Conditioning	61-0660212
Commercial Floor Tech	61-1359420
Commonwealth Extracts	47-1906182
Commonwealth Sign Company	27-3391980
Complete Demolition Services	47-1798706
Corrigan Electric	61-1276189
Cottongim Enterprises	35-1536527
Derby Welding	61-0712613
Diversified Wood Products	36-4788399
Durham Heating & Cooling	61-1094639
E & M Appliance	61-1056337
Excel Tool and Die	35-2133791
F.A.S. Plastic Enterprises, Inc	35-1976600
Force Industries LLC	61-1551103
FRONTIER ENTERPRISE	61-1175067
Futch Heating and Air Conditioning Inc	61-0662286
Global Polymers	61-1253127
Graduate Contracting	46-3614384
Haydon Bridge Company Inc	61-0729748
Henrys Plumbing	61-0945230
Hopkinsville Milling Co.	61-0229120
House of Tile LLC	82-3567979

GLI Mining, Construction & Manufacturing Sub-Association, LTD Group Health Plan
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Huff Technologies	61-1279390
IB Real Estate & Construction	47-2003735
Isopure Corp	61-1328404
J & B Mechanical	61-1341000
J&S Builders	35-1703674
JCEM, Inc.	83-3259497
Kentuckiana Roofing	61-1106553
Kentuckiana Sheet Metal	61-1346617
Landscape Lighting	61-1210256
LHI Lighting Sales, INC	61-0931447
Louisville Golf Company	81-4687874
Marr Company Inc	35-1888131
Masonomics Inc	61-1010488
May Electric Company	61-0648680
MB Roland Distillery	26-3774354
McAfee Electric, Inc	83-3836425
Mellow Mushroom (Dry Ground Brewing Co)	46-3679279
Memoria Press	61-1385486
Metro1 Heating and Cooling	26-1953201
Mike's Woodworking	61-1312687
Monster Manufacturing, Inc. / Monster Rings & Cages	45-4094442
Nationwide Fence Company Inc	61-0664887
Northern Kentucky Cedar LLC	61-1289068
ORGANILOCK INC / LASKOW ENTERPRISES	26-1191947
Preferred Construction Services Inc	61-1227427
Prodigy Construction	20-2353833
Professional Plumbing	61-0982763
Quality Web Printing	61-1057886
Relco Electric	61-1029709
Sewell Industrial Electronics	61-0879117
Snider & Simpson Construction	61-1253116
Steinrock Roofing	61-1135538
Stemaly Excavating	35-1914144
Stonecroft Homes	32-0062325
Support Systems LLC	82-4347934
The April Corporation	61-1144289
Thieneman Group, LLC	26-3630931
Thompson Brothers Plumbing	37-1458920
TNT Security	61-1359365
Traud Electric LLC	62-1739319
U.S. Housing Component	14-1888960

**GLI Mining, Construction & Manufacturing Sub-Association, LTD Group Health Plan
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Unified Sign and Design, LLC	84-4042571
Urban Plumbing	82-5371603
USA Image	61-1269139
Vankleef Heating and Air Conditioning	35-2054905
W M Lumber & Wood Products	35-1187841
Whittenberg Construction	61-1201183
Woidich Electric Inc	61-1320592
Worley Lumber	20-8832890

TOTAL PARTICIPATING EMPLOYERS-MCM= 87

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 GLI MINING, CONSTRUCTION & MANUFACTURING 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) GLI MINING, CONSTRUCTION & MANUFACTURING SUB-ASSOCIATION, LTD 101 S. Fifth Street, Suite 2300 US LOUISVILLE KY 40202	2b Employer Identification Number (EIN) 82-5361891
	2c Plan Sponsor's telephone number (502) 625-0078
	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	<i>Brenda Laskowski</i>	2/26/25	BRENDA LASKOWSKI
	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