

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

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 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 (checked), 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, special extension, the DFVC program, 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: TEXAS OPERATORS ASSOCIATION WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2021
2a Plan sponsor's name (employer, if for a single-employer plan): TEXAS OPERATORS ASSOCIATION, INC.
2b Employer Identification Number (EIN): 85-1623063
2c Plan Sponsor's telephone number: 737-236-5149
2d Business code (see instructions): 722300

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 entries for plan administrator (MICHAEL WALKUP, 06/20/2025) and sections for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	7530
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)	7529
	6a(2)	7495
	6b	6
	6c	0
	6d	7501
	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:
4A 4B 4D 4E 4F 4H 4Q

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>4</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 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 151304991

**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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TEXAS OPERATORS ASSOCIATION WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS OPERATORS ASSOCIATION, INC.		D Employer Identification Number (EIN) 85-1623063	

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

HARTFORD LIFE AND ACCIDENT

(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
06-0838648	70815	681864G	8493	01/01/2024	12/31/2024

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 164268	(b) Total amount of fees paid 22381
--	--

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

ALLIANT INSURANCE SVCS. INC
3600 N CAPITAL OF TEXAS HWY
200B
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
164268	0	N/A	3

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

ALLIANT INSURANCE SERVICES INC
800 GESSNER RD
3RD FLOOR
HOUSTON, TX 77024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	22381	BONUS	3

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

Schedule A (Form 5500) 2024
v. 240311

(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	0
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	0
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	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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) ▶ **CRITICAL ILLNESS, HOSPITAL, ACCIDENT, VOLUNTARY/DEPENDENT LIFE**

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)	0
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)	0
(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)	0
(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		2310022
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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TEXAS OPERATORS ASSOCIATION WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS OPERATORS ASSOCIATION, INC.		D Employer Identification Number (EIN) 85-1623063	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF TEXAS

(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
36-1236610	70670	324679	4056	01/01/2024	12/31/2024

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 517471	(b) Total amount of fees paid 30251
--	--

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
ALLIANT INSURANCE SERVICES
3600 NORTH CAPITAL OF TEXAS HWY
SUITE B200
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
517471	30251	SPECIAL PROGRAMS	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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	0
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	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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)	0
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)	0
	(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)	0
	(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		28403322
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan TEXAS OPERATORS ASSOCIATION WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS OPERATORS ASSOCIATION, INC.</p>	<p>D Employer Identification Number (EIN) 85-1623063</p>	

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
DEARBORN LIFE 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
36-2598882	71129	VX324679	2108	01/01/2024	12/31/2024

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.

<p>(a) Total amount of commissions paid 18874</p>	<p>(b) Total amount of fees paid 2333</p>
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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
ALLIANT INSURANCE SERVICES INC. 800 GESSNER RD SUITE 300 HOUSTON, TX 77024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18874	2333	N/A	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.

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	0	
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	0	
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	0	

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)	0
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)	0
	(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)	0
	(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		377478
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. ▶

(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	0	
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	0	
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	0	

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) ▶ 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)	0
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)	0
(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)	0
(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	89278
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. ▶

Texas Operators Association Welfare Benefit Plan
 EIN: 85-1623063; Plan No. 501
 Multiple-Employer Plan Participating Employer Information
 Plan year ended December 31, 2024

Legal Entity Name	FEIN
Red Spur Hospitality, Inc.	93-3056447
CWCC Restaurant Group Inc	874277923
October Eighth, Inc	84-3427883
JAbril Restaurant Group, Inc.	99-0432138
HG Restaurant Group, Inc.	99-1281204
Gindi Mangement LLC.	86-3572829
CCI Restaurant Group, Inc	93-1346317
Kokolitas	99-2910658
Rollings Restaurant Group Inc	99-2736261
The O'Neal Restaurant Group	99-3570763
J Starling Hospitality, Inc	92-3479113
Pruitt Solutions	93-4897556
LegendaryImpacts	99-1409857
JLR Restaurant Group, Inc.	99-4099197
Acosta Ventures	47-1909383
Agnew Restaurant Services	47-1971003
Issachar of San Antonio, LLC	84-1768749
Albrecht Restaurants LLC	81-4181894
D.A Restaurant Group, Inc.	88-2648286
RLA Hospitality, Inc	83- 1097094
A7 RESTAURANT GROUP, INC	82-2475524
NEJ Restaurant Group, Inc	82-5237350
Red Alpha Holdings, Inc.	47-1858734
W.M. Anthony, Inc.	81-2650221
MT Arnett Restaurant Group Inc	84-2105747
Beebs Restaurant Group, Inc.	47-1919787
KRA Restaurants LLC	93-2237669
Peachlake LLC	86-2112283
Aviles Restaurant Group	47-5229565
Baca Restaurant Group, Inc.	83-0626319
Baca ERA, Inc.	80-2730683
V Bales LLC	47-5089219
C&M Baltazar Restaurants, LLC	82-1628859
LEAN ON 8, INC	47-1918826
BMN Restaurants, Inc	93-1407145
Four Ravens Inc.	82-4339822
AftexProv, Inc	84-2224515
JLQ Group, LLC	81-3005352
HB2 Restaurant Group	47-1914587
GCP3C Investments LLC	82-1848449
Rock Paige Inc.	88-2782731

Texas Operators Association Welfare Benefit Plan
EIN: 85-1623063; Plan No. 501
Multiple-Employer Plan Participating Employer Information
Plan year ended December 31, 2024

BMN Restaurants, Inc	93-1407145
Bridges to Serve, LLC.	81-3468439
Bringman Bunch Inc.	92-0486486
Yellow Rose Hospitality	88-2622753
WNBrown Enterprises, Inc.	47-1858639
B-6 Services Inc	47-1912849
Buentello, Inc	81-2402228
Adpareo, Inc	47-1923797
TwoBulls, Inc.	83-3158216
Texodus Inc.	82-3841109
Burnside Restaurants, Inc.	93-1690279
Caddenhead Group Inc.	47-1913283
Handcrafted Restaurant Group, Inc.	81-2923078
Eureka Chicken	47-1911548
Canales Restaurant Corporation	82-1691652
West End Futures LLC	83-1055745
Crave Ventures Inc	82-3840956
FLCMWC INC	84-2058606
FSSAMF, LLC	47-1951463
CWC Culinary Enterprises, Inc.	81-1107668
Hulahc Inc	47-1919697
Sedeana Inc.	84-4723606
Houston Everett Group	47-1924254
Roger Clark Enterprises, Inc.	47-1955212
DotyClarke Hospitality LLC	83-3355542
Red Birdie, Inc.	92-3352575
QueFancy Hospitality Inc.	92-1583232
Clinton Cowden dba Chick-fil-A Grapevine Mills	48-1270807
LCJ Hospitality INC	84-4765351
Cress Industries, LLC	92-1544538
Crisler Legacy ATX	47-1882433
Astuto Jamon Inc	82-1896833
More than Chicken	88-1684919
DDD Restaurant Group	88-2425921
Flying Saucer Chicken Inc	83-1971263
TOVIA GARZA INC.	81-3056245
EM De Leon	81-2930771
DeCola Enterprises, Inc	85-1693355
DeCola Restaurants, Inc	47-1852974
ZD Cajun Turkey	47-1908255
JJWCC	47-1861230
Servant Light Eatery	47-1937991

Texas Operators Association Welfare Benefit Plan
EIN: 85-1623063; Plan No. 501
Multiple-Employer Plan Participating Employer Information
Plan year ended December 31, 2024

Lake Jackson DRG, INC	47-1848643
Jason Evan Driscoll dba Chick-fil-A, Inc	83-0338776
The Durbin Group, LLC	47-1906202
Celer Pullum Inc.	93-1934031
RTTMC Enterprises	47-2081855
SDADA Inc.	47-1915828
Early Restaurant Services LLC	81-4257708
EyeKey Hospitality	81-2957509
Maybe Today, Inc.	81-2930064
NWE Hospitality, Inc	92-0689691
Red E Restaurant Group	47-1870774
Emter and Son's, Inc.	84-4105227
Encinia Restaurant Corporation	47-1913940
Feytoria Investments LLC	82-4577194
JH Chicken	83-3157799
R&R Hospitality Ventures Inc.	92-1497521
MLF Hospitality, LLC	84-2019631
E Flo Restaurant Group LLC	47-1939637
TexArChicken	84-2317486
Crown Heights Food Services	81-2566848
Keller P22 Inc.	87-1918765
Lasting Heritage, Inc.	88-0874236
MAKE Chicken Inc.	85-0935664
CAG Restaurant Group, Inc.	82-2034827
Ashford Unlimited Inc.	47-4305242
Hatch Trick, Inc.	47-1871111
Emerald Restaurant Group	47-1913521
Iliac	83-0544169
Step by Step, Inc.	37-1828978
Cinnic Chicas	82-5352906
Palmhurst Leadership LLC	81-4823770
Goolsby Fine Dining	47-1911646
Five Grant INC	81-3008108
4610 Restaurant Groups, Inc	84-2323077
Accio Chicken	47-1912421
PSG Restaurants, Inc.	84-2022334
Family We Choose	86-1232272
Reese-Leen Inc	47-1852864
Hancock Restaurant Group LLC	82-1974834
Different Degree of Care	86-3285858
H Hatchings INC	47-1920023
RHGC&B, Inc.	47-1791794

Texas Operators Association Welfare Benefit Plan
EIN: 85-1623063; Plan No. 501
Multiple-Employer Plan Participating Employer Information
Plan year ended December 31, 2024

W.E. Hassler Enterprise, Inc	47-1869234
Adventure Awaits Inc.	81-2965156
FCPHassler Ventures, Inc.	82-1855104
Rabbit Twister Chicken, Inc	81-0726930
R D Henckel Inc	47-1925339
B.T. Henckel, Inc	47-1925384
BHenckel, Inc	82-1346135
Hernandez Restaurants, Inc.	87-2954283
Pollo Kid Restaurants Incorporated	82-2025737
MEH Restaurants, LLC	83-2889315
Team Hernandez, Inc.	92-0593215
Pfalz Inc	85-0760479
PMH Restaurant Group, Inc.	87-1267351
PTL Restaurants	83-4137999
FR500c Inc	47-1913790
R & H Management, Inc	47-4596780
R12:13	92-3481912
Huggs Chicken, Inc	47-4222684
H3 Hospitality, LLC	81-2914331
AlexEmery Restaurant Group	92-3398394
Nubblett Enterprises Inc.	83-1071229
3J&Donna, Inc.	47-1954949
Spirit LAAT, Inc	47-1852911
Magnified Plaid, Inc.	82-1674982
Johnson Leadership Consulting, Inc	81-5316930
DEEM Restaurant Group INC	47-1890596
967169, INC	82-1967880
DJ's Work-wise Solutions, Inc.	83-3756607
The Herd, Inc	85-0507104
Operator Harold S. Joy	74-2567884
Gary Kasprzak	45-2948008
Bow Tie Kellys, Inc	82-2026753
S. H. Kennedy Group, LLC dba Chick-fil-A Copperas Cove FSU #3247	47-2035692
210 Hospitality, Inc.	82-1474155
Thirteen-Two Hospitality, Inc	81-3301618
Asher Collins Inc.	82-2006402
JCZ RESTAURANT GROUP, INC	47-1864552
HDR ON A BUN INC.	84-2033411
KFRG INC	47-1913857
DMK Restaurant Group	88-3042242
Kosir Enterprises, Inc	85-1693210
BTK Restaurant Group	47-1915001

Texas Operators Association Welfare Benefit Plan
EIN: 85-1623063; Plan No. 501
Multiple-Employer Plan Participating Employer Information
Plan year ended December 31, 2024

MK Restaurant Group Inc.	47-186-4624
GK Restaurant Group Inc.	47-1854549
MPK Group, Inc	88-4061739
BML Brands, Inc.	82-2026504
261, LLC	82-1637143
Lamb & Company Inc.	82-0892762
Falls Hospitality, Inc	81-2514905
KandR Restaurant Group, Inc	83-0914958
Rise Together, Inc.	92-0825264
Michael K. Lee Incorporated	47-1915730
H & B 1977	81-2473550
Jabberwocky Dynamics, Inc.	84-2085984
BAWE, Inc.	32-065811187
CGN Shores, Inc.	47-4222494
Luke's Umbrella LLC	82-2444647
Grupo de Restaurantes Longoria-Cruz Inc	88-4132381
Diana Losoya	62-1627227
MartinRae, Inc.	47-1852672
MM Goldstream Group	47-1866890
Magdaleno Restaurant Group LLC.	81-3718102
Trustworthy Business Initiatives, Inc	82-1797723
John Maroney DBA Chick-fil-A Coit & Spring Creek	75-2709554
The Marroquin Group Inc	37-1766280
FMBL Restaurant Services	86-3654579
AJMartinez, LLC	47-5283385
CKM Restaurant Group, Inc	47-1853605
MM Restaurant Group, Inc	47-1806086
Two Texas Chicken Kitchens Inc.	47-1853792
WSM Group Inc.	82-1797844
Mead & Company, Inc.	82-2035176
2RM Enterprises	81-2650501
Team Mendoza Inc.	47-1849000
Michaels Family Holdings, Inc.	84-2105986
Shepherd Hospitality Group, Inc	84-1789948
Its All Good Milco LLC	81-3174868
Opportunities to Serve, Inc	83-3933953
Operator Catherine Miner	75-2940073
CM Restaurant Group, Inc.	47-1923591
Thinline Group LLC	47-1876393
Moseley Restaurant Corpotation	83-0572016
KTM Korp	93-1903251
Mulkey Hospitality, Inc.	84-2218201

Texas Operators Association Welfare Benefit Plan
EIN: 85-1623063; Plan No. 501
Multiple-Employer Plan Participating Employer Information
Plan year ended December 31, 2024

Sea Change Resources LLC	82-1987131
BKEP Group Inc	82-0626333
Life Stewardship	47-1917601
M4 Restaurant & Hospitality Group, Inc.	47-2016422
The Murray Partners Inc.	47-1920297
Carl Nelson Enterprises LLC	47-1930931
SONOAK Restaurant Services INC	81-5392876
4N Restaurant Group	83-1106577
7 Nguyens, LLC	81-2434785
High Wind Hospitality, inc	82-1978987
DOCO Corp	47-1879992
Lubbock Hospitality, Inc.	82-1519449
Edorve Hospitality LLC	81-2848647
Harmony Restaurant Group, Inc.	92-3762040
Stellar Restaurants Inc.	47-1917489
CC Pamphile LLC	84-4629353
Community Lighthouse Restaurants, Inc	47-1853032
Dreamchasers, llc	83-1037590
ADTLP INC	84-2284072
Pearson Global Inc	84-2201243
Operator Mike Perez	20-8732807
DTP Enterprises Inc	82-0744495
The Other Side, Inc	30-0876322
Pleasants Genuine Service, Inc.	81-3084679
Refuge Restaurant Group, Inc.	88-1763867
TEP Restaurant Group Inc.	47-1878613
No Burgerz Inc.	83-3148527
High Plains Hospitality, LLC	47-1864061
Ragsdale Family Enterprises Inc	84-2827828
Roadrunner Hospitality	84-4693864
ADC4EVER,INC	82-1886675
Building Courage, Inc	92-0609125
Valka Rice Inc.	42-4614215
A Clear Purpose, Inc.	81-2807662
PCR Entreprises, LLC.	32-1902750
Roye 2415, Inc.	81-2234332
Hospitable Chicken llc	82-2631152
JDRUSSELL Enterprises Inc	47-1976144
Rutwine Restaurant Group Inc	85-1679262
Greg's Chicken Shack Inc	84-5146031
Dogwinks, Inc	47-1934966
RJS Hospitality Services, inc.	82-1898304

Texas Operators Association Welfare Benefit Plan
EIN: 85-1623063; Plan No. 501
Multiple-Employer Plan Participating Employer Information
Plan year ended December 31, 2024

NBCEC, Inc	82-3700504
Leroy Enterprises	81-2713256
Self Service Hospitality Holdings LLC	82-3048006
Shaffer Restaurant Group	82-4937202
Sheridan Restaurant Group, Inc.	82-3138358
Sienko Inc	84-3606275
LIGHT SHINE BRIGHT, INC	88-3043844
RS2 Hospitality Group, Inc.	81-5246123
AHTM, Inc	82-5351782
Chick-fil-A at Heights Corner	452-78-4938
PS LONESTAR RESTAURANTS, INC.	47-1852788
C323 Operations, LLC	81-5465076
L-Three, Inc.	88-2097452
J19 Restaurant Group, Inc	81-5268465
51705 Strong, Inc	82-5126584
Operator Marty Speer	76-0340158
2MCBL, Inc	47-1940500
J3CS, Inc	47-4489648
Nest Egg Enterprises, Inc.	47-1914898
KJM3 LLC	88-3792557
Mmm! Chicken, Inc.	82-384-0755
Lucky Day Enterprises LLC Inc.	82-3238027
Sullivan Restaurant Group, Inc.	84-4747149
Sykora family enterprises LLC	47-1893739
Thigpen Restaurant Group, Inc	87-2160721
Thomas Restaurant Enterprises	84-2131384
Mike Tipton Restaurant Group, Inc.	87-1878347
JAHPC Inc	82-3840863
MATSCHIRHART, INC.	47-1914191
Operator Teodoro Benecia Jr.	46-3711969
MarybethCares, INC	85-1133169
2ndMileWalk Hospitality, Inc	88-2101870
SAAQW. Inc.	81-2568151
Dying About Real Bovine Special, LLC	47-1881635
Ohana Nuggets Inc.	88-1028260
ActAsOne, Inc.	81-2650375
WEBBER RESTAURANT CORPORATION	83-0823171
DBB380 LLC	47-1908236
J White Restaurant Enterprises, Inc	47-1955085
Kerrville Chicken	81-2685535
GSGC Inc	47-1925291
Manna Tree, Inc	47-1918961

Texas Operators Association Welfare Benefit Plan
EIN: 85-1623063; Plan No. 501
Multiple-Employer Plan Participating Employer Information
Plan year ended December 31, 2024

Texas A-Dubb	47-1915961
Legacy919 Enterprises LLC	92-0644940
Serve Culture, Inc.	82-0595953
Chirs Wright Enterprises	81-2420843
Wylie Restaurants, INC	47-1914461
Younguns, Inc	81-279257863
DZ Restaurant Group, Inc.	47-1916177
Zayas Restaurant Group, Inc.	82-2027026