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

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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan
05/01/1996

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)
COMMUNITY OPTIONS INC.

16 FARBER ROAD
PRINCETON, NJ 08540

2b Employer Identification Number (EIN)
22-2964056

2c Plan Sponsor's telephone number
609-951-9900

2d Business code (see instructions)
624200

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.	06/26/2025	DEVON RICHARDSON
	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 [X] 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**	3559
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	**6a(1)**	3559
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3650
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3650
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 4G 4H 4L

9a Plan funding arrangement (check all that apply)

(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [ ] Trust
(4) [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [ ] Trust
(4) [X] 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

(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) [X] **A** (Insurance Information) – Number Attached 8
(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______________________

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 COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY OPTIONS INC.	**D** Employer Identification Number (EIN) 22-2964056

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
COLONIAL LIFE & ACCIDENT 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
57-0144607	62049	E4726634	619	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	**(b)** Total amount of fees paid
171273	17599

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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
49743			3

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

ANDREW SILBERT
2 DUNKIRK DRIVE
PARSIPPANY, NJ 07054

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
40065	9567	FEES	3

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

VARIOUS SEE ATTACHED FOR ADDITIONAL

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
33016	5097	FEES	3

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

MITCHELL KATCHEN

674 US HIGHWAY 202/206
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
26576			3

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

WENDY MADONNA

4758 MACGREGOR DRIVE
SCHWENKSVILLE, PA 19473

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
11635	223	FEES	3

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

IRA EDENBAUM

17978 CHERISHED LOOP
BRADENTON, FL 34211

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
5423			3

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

GARY DAVIS

1 ARCTURUS DRIVE
SEWELL, NJ 08080

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
4815	2712	FEES	3

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)**	
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) ▶ GROUP ACCIDENT, CANCER, MEDICAL BRIDGE

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**	646690
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 COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY OPTIONS INC.	**D** Employer Identification Number (EIN) 22-2964056

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

DELTA DENTAL OF NJ, 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	Policy or contract year **(g)** To
22-1896118	55085	09366	1360	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	**(b)** Total amount of fees paid
38383	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

PHILLIP E LIAN — 7 HODGE ROAD PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
38383			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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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)**	
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)**	770987		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	-817		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned ((**1**) + (**2**) - (**3**))			**9a(4)**	770170
b Benefit charges (1) Claims paid	**9b(1)**	607375		
(2) Increase (decrease) in claim reserves	**9b(2)**	2521		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	609896
(4) Claims charged			**9b(4)**	609896
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	38383		
(B) Administrative service or other fees	**9c(1)(B)**	126829		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	0		
(E) Taxes	**9c(1)(E)**	0		
(F) Charges for risks or other contingencies	**9c(1)(F)**	7702		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	172914
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	48084
(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**	
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 COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY OPTIONS INC.	**D** Employer Identification Number (EIN) 22-2964056

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

THE PAUL REVERE 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	Policy or contract year **(g)** To
04-1590994	67598	E4726634	75	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	**(b)** Total amount of fees paid
16102	2454

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

PHILIP LIAN

7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code
4616			3

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

ANDREW SILBERT

2 DUNKIRK DR
PARSIPPANY, NJ 07054

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code
3607	601	FEES	3

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

AIKEN ENTERPRISES
341 GILLIGAN ROAD
HUDSON, NJ 07054

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
3137	495	FEES	3

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

MITCHELL KATCHEN
674 US HWY 202 206
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
2716			3

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

VARIOUS ADDITIONAL SEE ATTACHED

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
832	828	FEES	3

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

PAMELA SUSAN LEVY
150 50TH AVE APT 3109
LONG ISLAND CITY, NY 11101

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
623	105	FEES	3

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

GARY D DAVIS
1 ARCTURUS DRIVE
SEWELL, NJ 08080

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
571	425	FEES	3

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)**	
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) ▶ GROUP ACCIDENT, CANCER, MEDICAL BRIDGE

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**	88716
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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
PRE-PAID LEGAL SERVICES, INC. DBA LEGALSHIELD

(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	Policy or contract year (g) To
73-1016728	00000	48655	471	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	(b) Total amount of fees paid
8953	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

DAVID SPANGLER JR
31 MARIE DRIVE
QUARRYVILLE, PA 17566

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
8707			4

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

FRANCES HARWELL
51 NELSON AVE
WOODBURY, NJ 08096

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
83			4

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

MARVIN TURNER

403 COLINA LANE
COATESVILLE, PA 19320

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
57			4

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

MARK C SPESSARD

3004 PECKOVER CT
RALEIGH, NC 27615

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
56			4

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

CLAUDE GIBBS III

22432 DARK STAR WAY
LEXINGTON PARK, MD 20653

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
26			4

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

ALFREDA PEARSON

2545 NORTHCUTT RD
HARTSVILLE, SC 29550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
24			4

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

SUSAN EATON

4110 DERRICK STREET
KINGSTON, OK 73439

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
ALFREDA PEARSON	2545 NORTHCUTT RD HARTSVILLE, SC 29550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			4

(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)**	
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) ▶ LEGAL SERVICES PLAN MEMBERSHIPS

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	83039
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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	Policy or contract year **(g)** To
38-1082080	80802	955329	3650	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	**(b)** Total amount of fees paid
135369	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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code
108295			3

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

KATCHEN FINANCIAL GROUP
674 RTE 202 206 N
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code
27074			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	

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)**	
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) ▶ 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 ☐ 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**	1375960
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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	Policy or contract year **(g)** To
38-1082080	80802	955331	0	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	**(b)** Total amount of fees paid
71286	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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
57029			3

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

KATCHEN FINANCIAL GROUP
674 RTE 202 206 N
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
14257			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	

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)**	
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	723284
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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 AND HEALTH INSURANCE COMPANY (US)

(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	Policy or contract year (g) To
06-0893662	80926	955330	537	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	(b) Total amount of fees paid
4211	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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
3369			3

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

KATCHEN FINANCIAL GROUP
674 RTE 202 206 N
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
842			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	

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)	
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) ▶ PAID FAMILY LEAVE

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**	90834
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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
METROPOLITAN 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	Policy or contract year (g) To
13-5581829	65978	036688	1252	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	(b) Total amount of fees paid
13257	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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
13257			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 (c) Amount	(d) Purpose	(e) Organization code

(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)	
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	111449
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. ▶

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Community Options Inc
Attn: Devon Richardson
16 Farber Rd
Princeton, NJ 08540

000619 E4726634000000 014 000

February 13, 2025

Re: Information Schedule A (Form 5500)
BCN: E4726634

Dear Devon Richardson:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Community Options Inc
Billing Control Number: E4726634
Plan Year Date Range: 01/01/2024 - 12/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: $129,202.40
Amount for After Tax Paid Premium: $517,487.84
Total Paid Premium: $646,690.24

APPROXIMATE NUMBER OF PERSONS COVERED IN DECEMBER 2024: 619

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Kimberly J Morgan 228 Apache Dr Summerville SC 29483	$8.48	$97.35	$105.83	$1.73
Custom Insurance Specialists Inc 886 E 3200 N Kamas UT 84036	$6.36	$0.00	$6.36	$0.26
Ira Edenbaum 17978 Cherished Loop Bradenton FL 34211	$212.11	$5,210.65	$5,422.76	$0.00
Elizabeth Hernandez 245 W 72nd St Apt 6c New York NY 10023	$1.20	$4.55	$5.75	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Arthur Joseph Liggio 135 Avocet Ln West Deptford NJ 08086	$70.63	$1,793.08	$1,863.71	$0.94
Salathiel Maldonado 504 E Boyds Rd Carmel NY 10512	$0.00	$0.24	$0.24	$0.00
Charlene Alpay 606 W 116th St New York NY 10027	$34.47	$99.35	$133.82	$4.81
Jacqueline E Forbes-Clarke 27 Hudson Ave Mount Vernon NY 10553	$0.00	$0.72	$0.72	$0.00
Philip E Lian 7 Hodge Rd Princeton NJ 08540	$5,749.97	$43,992.54	$49,742.51	$0.00
Jeanette A Champion 223 Saint James Pl Northfield NJ 08225	$78.18	$146.70	$224.88	$9.96
Gary D Davis 1 Arcturus Dr Sewell NJ 08080	$791.95	$4,022.98	$4,814.93	$2,711.68
Carol Lee Holden 5312 Radiant Ln Amarillo TX 79109	$13.92	$93.78	$107.70	$14.64
Cynthia M Angel 1532 Tanglewood Dr Allen TX 75002	$86.89	$100.07	$186.96	$0.00
Barbara Ann Kennedy 122 E Water St Muncy PA 17756	$74.04	$87.24	$161.28	$0.00
Lorenzo V Cutaia 123 Azalea Ln Egg Harbor Township NJ 08234	$286.43	$2,798.01	$3,084.44	$1,538.86
Morgan Perri 23 Vom Eigen Dr Morristown NJ 07960	$0.00	$48.24	$48.24	$0.00
Juan Moreno 21 Vicari Way Little Egg Harbor Twp NJ 08087	$1.00	$6.28	$7.28	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
John Daniel Flynn 116 S Raleigh Ave Apt 8d Atlantic City NJ 08401	$23.67	$807.24	$830.91	$202.85
Greg W Woolley 15492 Cliffview Dr Montclair VA 22025	$0.00	$32.99	$32.99	$13.76
Michelle Dartee Po Box 274 Sparta NJ 07871	$4.64	$9.22	$13.86	$0.00
Brianna Cruz 3 Renzi Rd Raritan NJ 08869	$28.60	$111.39	$139.99	$0.00
Mitchell L Katchen 674 Us Highway 202 206 Bridgewater NJ 08807	$3,143.53	$23,432.71	$26,576.24	$0.00
Jacqueline Charmane 371 Sun Blvd Bear DE 19701	$2.68	$4.34	$7.02	$0.00
Lisa A Perri 775 Route 70 E Ste F100 Marlton NJ 08053	$1.84	$14.52	$16.36	$0.00
James H Crouthamel 1308 Cushmore Rd Southampton PA 18966	$0.00	$1.54	$1.54	$0.00
Douglas Robert Borland 658 Ashley Hill Rd Mansfield PA 16933	$186.13	$2,811.02	$2,997.15	$0.00
Pamela J Walker 7457 Prairie Rd Ne Albuquerque NM 87109	$498.23	$1,502.70	$2,000.93	$2.67
Alfred Sanford 6425 Drexel Rd Philadelphia PA 19151	$27.34	$139.67	$167.01	$0.75
David J Mcclellan 118 Royal Horse Way Reinholds PA 17569	$1.23	$7.32	$8.55	$18.85
John E Lanzetta 3272 Katie Way Mechanicsburg PA 17055	$186.94	$939.63	$1,126.57	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Sara Marie Bryer 1201 Claridge Elliott Rd Jeannette PA 15644	$0.48	$2.46	$2.94	$0.00
Brian R Madtes 1308 James Cook Windcrest TX 78239	$0.47	$0.34	$0.81	$0.00
Wendy Madonna 4758 Macgregor Dr Schwenksville PA 19473	$2,127.52	$9,507.92	$11,635.44	$223.27
Mullaney Enterprises Llc 5501 Twin Knolls Rd Ste 106 Columbia MD 21045	$0.46	$38.97	$39.43	$20.18
Stephen M Henss Llc 6 Chisel Creek Dr Landenberg PA 19350	$7.64	$8.18	$15.82	$1.74
Timothy J Slater 466 Carnegie Dr Pittsburgh PA 15243	$0.73	$2.64	$3.37	$0.00
Barbara Baxter Dejohn 1154 Tidewood Dr Bethel Park PA 15102	$9.88	$0.00	$9.88	$0.00
Ronald Oliano 9 London Ct Newtown PA 18940	$22.79	$7.20	$29.99	$0.00
Kay Ellen Pomroy 145 N Griffiths Ln Manchester PA 17345	$188.84	$967.15	$1,155.99	$0.52
Kimberly Ferguson 168 Ridgewood Dr Oakland MD 21550	$0.21	$0.90	$1.11	$0.00
Robert J Vongunten 10341 Woodsboro Rd Woodsboro MD 21798	$0.00	$8.98	$8.98	$0.00
Frank M Dartee 2 Quincy Dr Oak Ridge NJ 07438	$5.08	$0.00	$5.08	$0.00
Karen Linder-Staubs 2510 Proctor Ln Baltimore MD 21234	$5.96	$27.44	$33.40	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Tanya Wishard Po Box 307 Codorus PA 17311	$100.25	$86.35	$186.60	$16.23
Brown & Brown Metro Llc 56 Livingston Ave Roseland NJ 07068	$5.52	$0.00	$5.52	$0.00
Margaret M Graham 200 Crooked Creek Dr Oneida TN 37841	$0.00	$4.86	$4.86	$0.00
Emlyn Marsteller Iv 412 Sugarland Meadow Dr Herndon VA 20170	$0.00	$653.09	$653.09	$48.23
James J Phares 2037 Azalee Ln Summerville SC 29483	$85.18	$2,075.52	$2,160.70	$465.76
Calvin Nathaniel Eason 8 W Lexton Rd New Castle DE 19720	$341.07	$1,090.13	$1,431.20	$2.52
Katrina Sweet 1501 Nunamaker Dr Columbia SC 29210	$41.67	$318.07	$359.74	$0.00
Lori L Dickerson 109 Rochester Rd Easley SC 29640	$0.00	$3.58	$3.58	$0.00
Teresa M Campbell 106 Renaissance Cir Mauldin SC 29662	$3.74	$34.91	$38.65	$17.50
Pamela E Jones 55 Shoreline Dr Columbia SC 29229	$115.31	$301.96	$417.27	$0.00
William T Miller 2908 Otranto Rd Lot 48 North Charleston SC 29406	$6.22	$87.20	$93.42	$0.00
Kaleb Jordan Fields 2301 W White Ave Apt 828 Mckinney TX 75071	$4.08	$2.03	$6.11	$0.00
Carla Stiner Reel 12322 Mallard Bay Dr Knoxville TN 37922	$701.06	$3,448.96	$4,150.02	$589.32

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
William Ernest Dobson 15099 Verdot Ct San Diego CA 92127	$0.00	$0.72	$0.72	$0.00
Salazar Insurance Group Llc 611 E Loop 499 Harlingen TX 78550	$0.37	$0.00	$0.37	$0.45
Horizon Benefits Llc 1150 N Loop 1604 W San Antonio TX 78258	$0.00	$0.04	$0.04	$0.00
Cambridge Financial & Insurance Gro 88 Villa Rd Greenville SC 29615	$0.00	$1.44	$1.44	$0.00
Benefits At Work Llc 132 Sanibel Cir Columbia SC 29223	$6.18	$38.41	$44.59	$4.64
G Zubia Enterprises Inc 2417 Montana Ave El Paso TX 79903	$1.96	$9.76	$11.72	$0.00
Brylin Employee Benefits Llc 37 Pondview Dr Allentown NJ 08501	$0.00	$19.90	$19.90	$0.00
Mark Christopher Motz 85 Epernay Ave Pataskala OH 43062	$0.00	$1.20	$1.20	$0.00
Jeffrey Luxenberg 307 Longtree Ln Logansport IN 46947	$0.00	$45.73	$45.73	$0.41
Elizabeth Louise Fender 335 S Emerson Ave Indianapolis IN 46219	$0.00	$461.99	$461.99	$35.13
Kpw Inc 312 Rainbow Cir El Paso TX 79912	$4.18	$54.18	$58.36	$183.85
Paul Stanley Jr 5264 International Blvd North Charleston SC 29418	$5.53	$119.50	$125.03	$89.26
Seaman Enterprises Inc 221 N Kansas St El Paso TX 79901	$2.55	$6.59	$9.14	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Inspired Inc 50 Lagoshen Dr Moscow TN 38057	$0.26	$0.74	$1.00	$0.00
Timothy Cobb 11086 Nw County Road 1370 Barry TX 75102	$13.08	$61.55	$74.63	$151.59
Leigh L Armstrong 1330 Walnut Way Bowling Green KY 42104	$13.33	$0.00	$13.33	$0.00
Mary Daugherty Po Box 119 Rocky Top TN 37769	$95.48	$116.28	$211.76	$10.61
Victoria L Flynn 7009 Fairview Rd Corryton TN 37721	$119.24	$1,367.94	$1,487.18	$210.29
J Austin Baker 495 Tennessee St Apt 701 Memphis TN 38103	$0.26	$0.74	$1.00	$0.00
Melissa Dawn Bullard 2520 Mount Vernon Rd Chapel Hill TN 37034	$3.12	$1.76	$4.88	$0.00
Max Martin Lindsay 724 Wildflower Ln Chattanooga TN 37419	$0.00	$2.28	$2.28	$0.00
Sheila A Shell 413 Moss Trl Goodlettsville TN 37072	$0.00	$7.90	$7.90	$0.00
Frederick Aaron Chambers 500 Skyline Dr Apt 94 Mcminnville TN 37110	$0.94	$0.55	$1.49	$0.00
Daniel James Perkins 9655 Brunswick Dr Brentwood TN 37027	$11.52	$70.07	$81.59	$0.00
Philip Leonard Tucker 13516 Albania Way Austin TX 78729	$10.40	$0.00	$10.40	$0.00
John David Bodker 11415 Sprightly Ln Ste 118 San Antonio TX 78254	$0.00	$0.48	$0.48	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Glady R Rowan 202 W Louisiana St Ste 109 Mckinney TX 75069	$4.91	$6.08	$10.99	$3.38
Dion Chavez Po Box 533070 Harlingen TX 78553	$0.37	$0.00	$0.37	$0.16
Andres Lopez 11713 Sierra Morena Dr El Paso TX 79936	$33.24	$109.96	$143.20	$0.00
Capital Financial Strategies Inc 7008 Salem Avenue Suite 106 Lubbock TX 79424	$2.14	$8.74	$10.88	$2.13
Kelly Melissa Rushing 725 River Bluff Dr Lytle TX 78052	$0.00	$0.48	$0.48	$0.00
Lori Lynn Pierce 5909 Cinnamon Oaks Dr Corpus Christi TX 78414	$12.08	$552.80	$564.88	$9.35
Nohelia Posada Mccrann 4639 Corona Dr Ste 37 Corpus Christi TX 78411	$1.73	$4.86	$6.59	$0.00
Steven Wood 25635 Weigela San Antonio TX 78261	$2.10	$30.00	$32.10	$32.18
Billy Mark Roberson 19210 Boca Del Mar San Antonio TX 78258	$0.00	$0.04	$0.04	$0.00
Treasure Nicole Gaines 30384 Cloud View Dr Bulverde TX 78163	$97.97	$149.08	$247.05	$0.00
Francis M Aleman Po Box 234 Winters TX 79567	$4.54	$0.00	$4.54	$0.00
Rene Adrian Rodriguez 1814 E Bell Rd Apt 2009 Phoenix AZ 85022	$24.17	$155.48	$179.65	$17.22
Kimberly Bridgette Vecchio-Walker 11011 Arabian Palm San Antonio TX 78254	$0.00	$10.30	$10.30	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Paula Gail Neal 604 Fm 41 Lubbock TX 79423	$5.39	$0.00	$5.39	$0.00
Belinda Marie Garcia 2901 S Apache St Amarillo TX 79103	$7.75	$7.55	$15.30	$0.00
Christopher Alan Darwin 4512 Leeds Dr Mckinney TX 75070	$4.91	$6.08	$10.99	$2.55
Dorina Trevino 3212 Bellas Hadas Apt D Edinburg TX 78542	$5.82	$0.00	$5.82	$0.50
Thomas Snyder 10539 Dedeke Dr New Braunfels TX 78132	$1.53	$6.36	$7.89	$0.00
Darin Potts 100 Detering St Apt 2128 Houston TX 77007	$0.97	$11.18	$12.15	$13.06
C & K Benefits Llc 106 Renaissance Cir Mauldin SC 29662	$3.74	$34.91	$38.65	$9.73
Joel Keith Stradinger 2514 N 69th St Omaha NE 68104	$116.26	$446.24	$562.50	$45.96
Bishop Insurance Llc 113 Homestead Drive Boiling Springs SC 29316	$71.46	$646.70	$718.16	$0.00
Mark J Weishaar 12 Anthony Dr Malvern PA 19355	$0.00	$4.31	$4.31	$0.00
Advanced Benefit System Inc 145 River Landing Dr Unit 203 Daniel Island SC 29492	$18.71	$192.72	$211.43	$205.41
Ron Rosenstein 3711 N Stanton St El Paso TX 79902	$102.76	$664.73	$767.49	$192.74
Marjorie Torman 4191 N 3750 E Eden UT 84310	$60.23	$0.00	$60.23	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Jennifer Christine Eskina Po Box 92828 Austin TX 78709	$30.72	$339.93	$370.65	$0.00
William Richard Kyzer 8211 Gordon Ln Hermitage TN 37076	$4.00	$0.00	$4.00	$0.00
Wendy Dawn Pack 16109 Watt Way Ramona CA 92065	$4.44	$14.16	$18.60	$0.00
Michael J Minney Po Box 365 Poway CA 92074	$0.00	$0.72	$0.72	$0.00
Andrew M Silbert 2 Dunkirk Dr Parsippany NJ 07054	$5,221.11	$34,843.42	$40,064.53	$9,566.62
Alfred James Clifford 862 Cleveland Ave Unit A Chico CA 95928	$0.00	$0.70	$0.70	$0.00
Kerwin Vaughn Brown 7329 N 11th St Phoenix AZ 85020	$2.06	$14.52	$16.58	$5.04
Evelyn Garcia 421 E 82nd St Bsmt A New York NY 10028	$0.22	$0.96	$1.18	$0.00
Ernesto Mckenzie Jr 9210 Toms Trl Laurel MD 20723	$5.96	$79.86	$85.82	$0.00
Robert P Barbati 1078 N Shadow Dr Mt Pleasant SC 29464	$4.44	$105.01	$109.45	$0.00
Shannon Pierce 1051 Trappers Cv Cordova TN 38018	$7.90	$22.78	$30.68	$0.00
Maria Veronica Jarque 4744 N Paulina St Apt 1e Chicago IL 60640	$46.97	$134.14	$181.11	$33.82
Omar Mendoza 26326 Rockwall Pkwy New Braunfels TX 78132	$4.84	$1.46	$6.30	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Manuel Fuentes 63 Mariposa Pkwy W Boerne TX 78006	$4.84	$1.46	$6.30	$0.00
Thorsen Group Inc 129 Arbor Ridge Dr Warrington PA 18976	$0.00	$0.26	$0.26	$0.00
The Clark Group Of Sc 898 Roper Rd Laurens SC 29360	$6.70	$25.98	$32.68	$0.00
Be Insurance Partners Llc 2900 Speegleville Rd Woodway TX 76712	$1.92	$19.52	$21.44	$21.87
Corcoran & Hoyt Llc 3905 Tampa Road Oldsmar FL 34677	$0.26	$3.72	$3.98	$0.00
O'Neill Voluntary Benefit Services 109 Ballfield Court Hockessin DE 19707	$1.06	$0.93	$1.99	$0.00
Roth Voluntary Benefit Services Inc 9 Dearborn Ln Bear DE 19701	$0.76	$0.93	$1.69	$0.00
Boncher Benefits Inc 288 Cold Spring Dr Jim Thorpe PA 18229	$0.44	$480.88	$481.32	$0.00
Lvi Benefits Services Llc 2985 Surrey Ridge Rd Clarksville TN 37043	$1.22	$4.06	$5.28	$0.00
Jm Tamer & Co 6500 Papermill Dr Ste 201 Knoxville TN 37919	$16.54	$145.49	$162.03	$34.73
Moore Advising Group Llc 5210 Cottonwood Creek Ln League City TX 77573	$7.95	$122.54	$130.49	$5.05
Paramount Enrollment Solutions Inc 1754 55th Street Brooklyn NY 11204	$18.00	$0.00	$18.00	$0.00
Leitz Insurance Agency Llc 10 Tradition Cir Egg Harbor Twp NJ 08234	$3.96	$13.22	$17.18	$4.40

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Hovie Agency Llc 11261 Wright Circle Omaha NE 68144	$14.30	$46.81	$61.11	$42.10
Harmony Benefits Llc 17 Midbridge Dr Medford NJ 08055	$43.28	$202.55	$245.83	$0.00
Merki Benefits Administration Llc 652 Wind River Ave El Paso TX 79932	$53.25	$147.92	$201.17	$470.95
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	$5.22	$1.44	$6.66	$0.00
Ingle Benefits Llc 1840 Lariat Trail Celina TX 75009	$5.02	$6.94	$11.96	$0.00
Parks Benefits & Enrollment Llc 504 Litchfield Ln Lexington SC 29072	$1.23	$5.88	$7.11	$2.36
Maxhannah Llc 686 E 234th St Apt A3 Bronx NY 10466	$0.00	$5.78	$5.78	$0.00
National Enrollment Partners Llc C/O Natl Enrollment Partners Cranston RI 02920	$1.74	$0.48	$2.22	$0.00
Benefoundry Inc 3013 Large Hop Ln Antioch TN 37013	$63.80	$281.42	$345.22	$283.97
Rocket Benefits Inc 13516 Albania Way Austin TX 78729	$14.12	$0.00	$14.12	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Grand Totals	$21,764.07	$149,509.13	$171,273.20	$17,598.54

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
AVP of Sales Compensation

The Paul Revere Life Insurance Company
P O Box 1365
Columbia, S 29202-32

Community Options Inc
Attn: Devon Richardson
16 Farber Rd
Princeton, NJ 08540

000626 E4726634000000 004 000

February 13, 2025

Re: Information Schedule A (Form 5500)
BCN: E4726634

Dear Devon Richardson:

The Paul Revere Life Insurance Company is pleased to certify the enclosed Schedule A information on your Paul Revere insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Paul Revere takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Paul Revere's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: The Paul Revere Life Insurance Company
P O Box 1365
Columbia, S 29202-32

Carrier EIN: 04-1590994
Carrier NAIC Code: 67598

Account Name: Community Options Inc
Billing Control Number: E4726634
Plan Year Date Range: 01/01/2024 - 12/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: $18,164.63
Amount for After Tax Paid Premium: $70,550.98
Total Paid Premium: $88,715.61

APPROXIMATE NUMBER OF PERSONS COVERED IN DECEMBER 2024: 75

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Lorraine Rhodes 4a Kensington Ct Clifton Park NY 12065	$1.97	$1.05	$3.02	$0.00
Danielle Roche 62 Shag Bark Ln Pennellville NY 13132	$7.09	$43.56	$50.65	$0.00
Salathiel Maldonado 504 E Boyds Rd Carmel NY 10512	$0.00	$0.96	$0.96	$0.00
Kevin Edwards 8332 Moyer Carriage Cicero NY 13039	$17.41	$139.13	$156.54	$533.83

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Meagan M Martin 8034b Marlin Dr Clay NY 13041	$9.78	$93.09	$102.87	$131.62
Jacqueline E Forbes-Clarke 27 Hudson Ave Mount Vernon NY 10553	$1.38	$0.48	$1.86	$0.00
Pamela Susan Levy 150 50th Ave Long Island City NY 11101	$212.36	$410.49	$622.85	$104.77
Philip E Lian 7 Hodge Rd Princeton NJ 08540	$776.56	$3,839.48	$4,616.04	$0.00
Brian Mclauchlan 8214 Cicero Mills Rd Cicero NY 13039	$1.24	$1.81	$3.05	$0.00
Gary D Davis 1 Arcturus Dr Sewell NJ 08080	$135.61	$435.84	$571.45	$424.79
Lorenzo V Cutaia 123 Azalea Ln Egg Harbor Township NJ 08234	$14.64	$135.04	$149.68	$141.37
Mitchell L Katchen 674 Us Highway 202 206 Bridgewater NJ 08807	$485.88	$2,230.61	$2,716.49	$0.00
Jacqueline Charmane 371 Sun Blvd Bear DE 19701	$2.68	$10.34	$13.02	$0.00
Jeffrey Luxenberg 307 Longtree Ln Logansport IN 46947	$0.00	$20.68	$20.68	$0.00
Elizabeth Louise Fender 335 S Emerson Ave Indianapolis IN 46219	$0.00	$213.62	$213.62	$2.67
Aiken Enterprises Llc 341 Gilligan Rd Hudson NY 12534	$375.03	$2,761.92	$3,136.95	$495.03
Ronald Martin Bildstein 135 Cadillac St Syracuse NY 13208	$11.26	$26.63	$37.89	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Sheila Ann Wilson 36 Sharyl Dr Central Square NY 13036	$3.86	$3.64	$7.50	$0.00
Andrew M Silbert 2 Dunkirk Dr Parsippany NJ 07054	$656.37	$2,950.49	$3,606.86	$601.33
Mco Partners Llc 315 West 39th St Ste 303 New York NY 10018	$24.37	$39.63	$64.00	$18.29
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	$0.18	$0.50	$0.68	$0.00
Zebest Inc 2055 Reston Cir Royal Palm Beach FL 33411	$1.24	$1.56	$2.80	$0.00
Michael L O'Donnell And Associates 133 Hazelhurst Ave North Syracuse NY 13212	$1.24	$0.86	$2.10	$0.00
National Enrollment Partners Llc C/O Natl Enrollment Partners Cranston RI 02920	$0.06	$0.18	$0.24	$0.00
Grand Totals	$2,740.21	$13,361.59	$16,101.80	$2,453.70

Certification Statement

The Paul Revere Life Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
AVP of Sales Compensation