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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 03/01/1997

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)
OASIS OUTSOURCING HOLDINGS, INC.

2054 VISTA PARKWAY
WEST PALM BEACH, FL 33411

2b Employer Identification Number (EIN) 65-0731524

2c Plan Sponsor's telephone number 888-627-4735

2d Business code (see instructions) 561110

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.	07/08/2025	SARAH MCLEOD SMITH
	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**	99675
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)**	98503
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	86064
b	Retired or separated participants receiving benefits	**6b**	330
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	86394
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 4H 4Q

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 47
- **(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.) ..... [X] 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.) ..... [X] 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 144597453

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
59-2411584	95088	07010310143761	97	10/01/2023	09/30/2024

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

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

(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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	682716
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	07010310186920	154	10/01/2023	09/30/2024

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

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

(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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	998558
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AMERICAN PUBLIC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
64-0349942	60801	15185	1977	10/01/2023	09/30/2024

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
88777	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
NATIONAL AGENCY SOLUTIONS LLC
7313 MERCHANT COURT
SARASOTA, FL 34240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
52349			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
US BENTEC WORKPLACE SOLUTIONS
99 WOOD AVENUE SOUTH
SUITE 501
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
20836			3

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

PAYCHEX INSURANCE AGENCY

PO BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15592			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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	524626
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
TEXAS HEALTH AND AETNA HEALTH

(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
81-4749336	16121	07010310186919	152	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	873681
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
SAFEGUARD HEALTH PLANS, INC., A FLORIDA CORPORATION

(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
65-0073323	52009	0161056	1633	10/01/2023	09/30/2024

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
5403	3875

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

HUB INTERNATIONAL NORTHEAST LTD
1393 VETERANS MEMORIAL HWY
SUITE 210N
WOODBURY, NY 11797-2925

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
5403			3

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

HUB INTERNATIONAL NORTHEAST LTD
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	3875	SUPPLEMENTAL COMPENSATION	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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	273882
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	60053	8999	24	10/01/2023	09/30/2024

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
3373	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

HUB INTERNATIONAL NORTHEAST
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3373			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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	167733
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186911	1556	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	8275380
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
MEDICA 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
41-1490988	12459	311993	2140	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	16274883
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
TUFTS ASSOCIATED HEALTH MAINTENANCE ORG. INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2674079	95688	100610065818	227	10/01/2023	09/30/2024

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
34624	8800

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

HUB INTERNATIONAL NORTHEAST LIMITED
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34624	8800	OTHER COMPENSATION PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	1374029
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
WELLMARK HEALTH PLAN OF IOWA

(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
42-1455449	95531	00032432	706	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	8133654
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	234908	1927	10/01/2023	09/30/2024

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
300162	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

HUB INTERNATIONAL OF CALIFORNIA
INSURANCE SERVICES
PO BOX 2158
RIVERSIDE, CA 92516-2158

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
300162			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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	16247194
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310868556	11061	10/01/2023	09/30/2024

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
31453	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

HUB INTERNATIONAL NORTHEAST LIMITED
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
31453			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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	3084710
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
SAFEGUARD HEALTH PLANS, INC., A CALIFORNIA CORPORATION

(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
95-2879515	96030	0161056	918	10/01/2023	09/30/2024

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
3098	2421

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

HUB INTERNATIONAL NORTHEAST LIMITED
1393 VETERANS MEMORIAL HWY
SUITE 210N
WOODBURY, NY 11797-2925

(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
3098			3

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

HUB INTERNATIONAL NORTHEAST LTD
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(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
	2421	SUPPLEMENTAL COMPENSATION	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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	154872
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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 IOWA

(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
42-0959302	55786	35004	8848	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

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

(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		
	(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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	5441357
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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	(g) To
13-5581829	65978	0243876	4982	10/01/2023	09/30/2024

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
93166	972

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

AON CONSULTING INC
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93166	972	NON-MONETARY COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	746179
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2411584	95088	07010310326535	531	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	4801052
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	606736	906	10/01/2023	09/30/2024

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
151632	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

HUB INTERNATIONAL OF CALIFORNIA
INSURANCE SERVICES
PO BOX 2158
RIVERSIDE, CA 92516-2158

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
151632			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	8160611
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
FEDERAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1063550	63223	HHN35000	334	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
4245	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

AJZ SYNERGIES
327 STRATHMORE DRIVE
BRYN MAWR, PA 19010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4245			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ FI MEC

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	121289
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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	(g) To
13-5581829	65978	0228188	43667	10/01/2023	09/30/2024

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
377467	87719

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

HUB INTERNATIONAL NORTHEAST LIMITED
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
377467	87719	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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)**	18821539		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	115920		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	18937459
b Benefit charges (1) Claims paid	**9b(1)**	15415248		
(2) Increase (decrease) in claim reserves	**9b(2)**	-31444		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	15383804
(4) Claims charged			**9b(4)**	15383804
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	377467		
(B) Administrative service or other fees	**9c(1)(B)**	0		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	1156411		
(E) Taxes	**9c(1)(E)**	366650		
(F) Charges for risks or other contingencies	**9c(1)(F)**	378749		
(G) Other retention charges	**9c(1)(G)**	616820		
(H) Total retention			**9c(1)(H)**	2896097
(2) Dividends or retroactive rate refunds. (These amounts were [X] paid in cash, or [ ] credited.)			**9c(2)**	657558
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	1125313
(3) Other reserves			**9d(3)**	946873
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**	0
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN OF GEORGIA

(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
58-1592076	96237	10527	99	10/01/2023	09/30/2024

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
22198	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

HUB INTERNATIONAL NORTHEAST LIMITED
1393 VETERANS MEMORIAL HIGHWAY
SUITE 210N
HAUPPAUGE, NY 11788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22198			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	1211317
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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	(g) To
13-5581829	65978	0243873	0	10/01/2023	09/30/2024

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
44015	26971

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

DIGITAL INS INC
200 GALLERIA PARKWAY SE
SUITE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44015	26971	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	0
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
NATIONAL GUARDIAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0493780	66583	HHN35100	443	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
17996	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

AJZ SYNERGIES
327 STRATHMORE DRIVE
BRYN MAWR, PA 19010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17996			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ LIMITED BENEFIT PLAN

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	268596
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
ACENTRA

(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
58-1924071	62419	4216	42535	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ EMPLOYEE ASSISTANCE PROGRAM

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	288220
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
BANNER HEALTH AND AETNA HEALTH

(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
81-5281115	16058	07010310186918	315	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	1691115
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186916	904	10/01/2023	09/30/2024

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
29018	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

COMPASS CONSULTING GROUP LLC
4348 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
15060			3

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

AON CORPORATION
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
13958			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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	6079725
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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	(g) To
13-5581829	65978	0161056	10363	10/01/2023	09/30/2024

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
127103	97053

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

DIGITAL INS INC
200 GALLERIA PARKWAY SE
SUITE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
92760	95593	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION MARKETING FEES	3

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

AON CONSULTING INC
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33490	438	NON-MONETARY COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

HUB INTERNATIONAL NORTHEAST LTD
1393 VETERANS MEMORIAL HWY STE 210N
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
853	1022	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION MARKETING FEES	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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	336556
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	07010310186910	1210	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	8868005
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(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
84-0591617	95669	47159	20	10/01/2023	09/30/2024

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
2394	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

HUB INTERNATIONAL NORTHEAST LIMITED
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2394			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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	115915
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186909	2366	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	16114689
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186908	8182	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	69340984
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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	(g) To
13-5581829	65978	0243874	0	10/01/2023	09/30/2024

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
19692	1144

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

AON CONSULTING INC
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19692	1144	NON-MONETARY COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	0
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
59-2411584	95088	07010310143038	8	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	72986
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	07010310186912	5432	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	32685491
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186914	1934	10/01/2023	09/30/2024

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
83321	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

COMPASS CONSULTING GROUP LLC
4348 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
43244			3

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

AON CORPORATION
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
40077			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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	17453173
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186917	144	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	639815
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
TUFTS 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
04-3319729	60117	100610065818	135	10/01/2023	09/30/2024

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
9526	4946

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

HUB INTERNATIONAL NORTHEAST LIMITED
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9526	4946	OTHER COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	983366
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
59-2411584	95088	07010310175504	57	10/01/2023	09/30/2024

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

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

(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		
	(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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	314928
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
59-2411584	95088	07010310486895	633	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	4728539
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	07010310186913	1042	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	7857494
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
ANTHEM BLUE CROSS AND BLUE SHIELD

(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
23-7391136	55093	720677	183	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
39711	869

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

HUB INTERNATIONAL NORTHEAST LTD
401 BROADHOLLOW ROAD
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
39711			3

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

HUB INTERNATIONAL INSURANCE SERVICE
PO BOX 2158
RIVERSIDE, CA 92516

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	869	FEES	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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [X] Dental
- **c** [X] 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** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	2430037
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
NATIONAL GUARDIAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0493780	66583	030696	60356	10/01/2023	09/30/2024

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
249428	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

US BEN TEC WORKPLACE SOLUTIONS LLC
99 WOOD AVENUE SOUTH
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
249428			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [X] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	4576718
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186915	3378	10/01/2023	09/30/2024

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
125595	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

COMPASS CONSULTING GROUP LLC
4348 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
65184			3

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

AON CORPORATION
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
60411			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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	26334666
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AMERICAN PUBLIC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
64-0349942	60801	15185	794	10/01/2023	09/30/2024

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
100290	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

NATIONAL AGENCY SOLUTIONS LLC
7313 MERCHANT COURT
SARASOTA, FL 34240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61332			3

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

US BENTEC WORKPLACE SOLUTIONS
99 WOOD AVENUE SOUTH
SUITE 501
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22272			3

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

PAYCHEX INSURANCE AGENCY

PO BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16686			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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	558160
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
SAFEGUARD HEALTH PLANS, INC., A TEXAS CORPORATION

(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
75-2046497	95051	0161056	209	10/01/2023	09/30/2024

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
815	556

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

HUB INTERNATIONAL NORTHEAST LTD
1393 VETERANS MEMORIAL HWY
SUITE 210N
WOODBURY, NY 11797-2925

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
815			3

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

HUB INTERNATIONAL NORTHEAST LTD
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797-2925

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	556	SUPPLEMENTAL COMPENSATION	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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	41151
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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

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

A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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	(g) To
13-5581829	65978	0243875	21867	10/01/2023	09/30/2024

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
258154	2579

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

AON CONSULTING INC
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
258154	2579	NON-MONETARY COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	2039821
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
59-2411584	95088	07010310143037	754	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	4341544
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 [X] 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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA

(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
42-0318333	88848	00032432	1657	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	19966359
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 [X] No

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

CONTROL.5500	Client Legal Name	Client Federal ID Number
OASIS	ELLIOTT ENTERPRISE	62-1728011
OASIS	RICHARD L NORRIS	27-4668131
OASIS	RIDETEK	58-2488219
OASIS	EVERGROW PROPERTIES LLC	81-4744652
OASIS	ETF GLOBAL, LLC	83-3311870
OASIS	RIO EQUITY LLC	45-5638819
OASIS	DISCOVERY IOWA EMPLOYER LLC	92-3039264
OASIS	INTEGRAL SENIOR LIVING, LLC	33-0879575
OASIS	RESOLUTION CAPITAL LP	20-0380918
OASIS	RNMB WEST 58, LLC	46-1394218
OASIS	ROCK SOLID INTERIORS LLC	20-3345767
OASIS	EDEN PARK HOSPITALITY, LLC	47-5224494
OASIS	ECOLOGICAL ENERGY	27-0933400
OASIS	RS HOSPITALITY OF MARION, LLC	26-1147116
OASIS	RS INN OF COLLINSVILLE LLC	26-1147270
OASIS	ENGINEERING RESOURCE GROUP	42-1448031
OASIS	GARYS REPAIR AND AUTO SERVICE	62-1281785
OASIS	GLSC 48 SPECIAL, LLC	45-5128870
OASIS	GLOBE RUNNER LLC	80-0250446
OASIS	GLOBAL TAX NETWORK US LLC	26-1631226
OASIS	REAL TIME RESOLUTIONS INC	75-2868594
OASIS	GLASSBRIDGE ENTERPRISES	41-1838504
OASIS	RECESS ARCADE BAR LLC	45-4026507
OASIS	FAMILY HEALTH FOOD STORE	73-1580679
OASIS	GATLINBURG PARKWAY LLC	46-2860884
OASIS	FARLO PROPERTIES LLC	20-3397554
OASIS	FREEDOM CO OP INC	20-3753570
OASIS	W27 HIGHLINE OWNER LLC	33-1189010
OASIS	FORBES HAMILTON MANAGEMENT COMPANY	59-2816193
OASIS	RESIDENTIAL ENERGY SERVICES NETWORK INC	71-0652923
OASIS	WALL MANAGEMENT, LLC	84-2412507
OASIS	DP PTC, LLC	35-2548632
OASIS	GENTLE HANDS	46-2104845
OASIS	DISCOVERY MICHIGAN EMPLOYER LLC	93-1531454
OASIS	RS JOPLIN 36 LLC	26-1147172
OASIS	DISCOVERY OKLAHOMA EMPLOYER LLC	82-2714028
OASIS	DISCOVERY OHIO EMPLOYER LLC	87-3246702
OASIS	DISCOVERY NORTH CAROLINA EMPLOYER LLC	85-3437133
OASIS	DISCOVERY NEW MEXICO EMPLOYER LLC	85-4217069
OASIS	DISCOVERY NEW JERSEY EMPLOYER LLC	87-3221316
OASIS	DISCOVERY SL MANAGEMENT, LLC	88-3861883
OASIS	DISCOVERY MISSISSIPPI EMPLOYER LLC	87-3200138
OASIS	DISCOVERY SOUTH CAROLINA EMPLOYER LLC	82-2370236

OASIS	DISCOVERY MARYLAND EMPLOYER LLC	81-2272375
OASIS	WEST COAST NURSERIES GROUP, INC.	47-2520584
OASIS	DISCOVERY MARKETING GROUP, LLC	27-3988995
OASIS	DISCOVERY KENTUCKY EMPLOYER LLC	93-4961092
OASIS	DISCOVERY KANSAS EMPLOYER LLC	82-4486501
OASIS	DISCOVERY IOWA EMPLOYERS LLC	92-3039264
OASIS	DISCOVERY MISSOURI EMPLOYER LLC	93-4088733
OASIS	WCRE MANAGEMENT LLC	47-3228232
OASIS	GRANITE WAREHOUSE INC	47-3149846
OASIS	DOUGLAS A DUVALL SPECIAL NEEDS TRUST	36-7429818
OASIS	DOUG HENARD INSURANCE AGENCY	46-0853130
OASIS	DOUG CROWDER INSURANCE AGENCY	62-1843878
OASIS	DOUBLE LIFE CORPORATION	73-1173511
OASIS	DISCOVERY XT EMPLOYER, LLC.	81-2312232
OASIS	DISCOVERY PENNSYLVANIA EMPLOYER, LLC	47-5629412
OASIS	DISCOVERY XT EMPLOYER, LLC	81-2312232
OASIS	DUMBO HOTEL, LLC	27-3909629
OASIS	DISCOVERY XT EMPLOYER LLC	81-2312232
OASIS	DISCOVERY WISCONSIN EMPLOYER LLC	92-3224466
OASIS	DISCOVERY VIRGINIA EMPLOYER, LLC	81-3445893
OASIS	DISCOVERY VIRGINIA EMPLOYER LLC	81-3445893
OASIS	RUBICON RA TARRYTOWN, LLC	81-3624819
OASIS	DISCOVERY TENNESSEE EMPLOYER II LLC	92-2793271
OASIS	WC SUBSIDIARY SERVICES LLC	90-0788333
OASIS	VALLEY POOLS, INC	41-1238866
OASIS	LAM GEN 25, LLC	46-3264188
OASIS	METAFUND CORPORATION	73-1575885
OASIS	MCGEHEARTY HOLDINGS LLC	47-1061452
OASIS	MCCURRY ENVIRONMENTAL CONSULTING LLC	26-1542485
OASIS	MAXWELL INDUSTRIES LLC	20-4340810
OASIS	MARLIN ROYALTY COMPANY LLC	75-2900373
OASIS	MICHAEL L COX INSURANCE AGENCY	33-1181018
OASIS	MAJESTIC HOLDINGS, LLC	23-2903557
OASIS	MISTY KITE FEZELL INSURANCE AGENCY	47-1285011
OASIS	M. WELLS LLC	87-3515608
OASIS	M AND R HOSPITALITY MANAGEMENT CORP.	75-3206201
OASIS	LIFESTYLES FOR THE DISABLED INC.	13-3740011
OASIS	LAM PLATT STREET HOTEL, LLC	46-3756588
OASIS	LAM PEARL STREET HOTEL, LLC	46-3796801
OASIS	GO HEAR, INC.	45-4619947
OASIS	MALI LLC	27-0256436
OASIS	NEW CREDIT AMERICA LLC	46-3350074
OASIS	OAK CLIFF ADVISORY GROUP, LLC	81-1552472
OASIS	NYHK WEST 40, LLC	46-3557755

OASIS	NY 29 WEST, LLC	01-0860520
OASIS	UAS SERVICES LLC	87-2378779
OASIS	NHG ASSOCIATES, LLC	82-5193666
OASIS	NHG ASSOCIATES LLC	82-5193666
OASIS	MICHAEL CLIFTON INSURANCE AGENCY	47-5470017
OASIS	NEW SPIN 360 LLC	27-4492665
OASIS	LAKEHOUSE SENIOR LIVING LLC	92-3355956
OASIS	NDBPW 44, LLC	47-2216914
OASIS	PAUL ESSARY INSURANCE AGENCY	81-4437815
OASIS	NAPLES HOTEL GROUP, LLC	27-1642242
OASIS	MRT 58 RESTAURANT, LLC	81-1776772
OASIS	PLANO TYPE & GRAPHICS	75-2154469
OASIS	MORADA SENIOR LIVING LLC	85-4364200
OASIS	NEXRM SOLUTIONS LLC	27-3671066
OASIS	VERSER CABINETS OF NWA, INC	71-0906869
OASIS	LAM GENERATION, LLC	20-2780851
OASIS	IOWA ASSOCIATION OF SCHOOL BOARDS	42-0703904
OASIS	PROMAZO, INC.	27-4553035
OASIS	THE LOTUS GLOBAL GROUP, INC.	68-0466805
OASIS	PROVINCIAL SENIOR LIVING LLC	93-4124969
OASIS	QDA SOLUTIONS	61-1848759
OASIS	ISL EMPLOYEES, INC.	13-4212788
OASIS	IMDN HOLDINGS, LLC	45-4648104
OASIS	JAMES E RACE MD PA	75-2408523
OASIS	HOSPITALITY VENTURES MANAGEMENT-WINSTON-SALEM I, LLC	81-2399369
OASIS	HERMAN CAPITAL CORPORATION	46-0497163
OASIS	HAYSLIP DESIGN ASSOCIATES INC	75-2010422
OASIS	HANA ROAD HOLDINGS LLC	93-4886662
OASIS	GREGORY VENDING	20-5613163
OASIS	RISINGSAM INN INDY LLC	26-1146939
OASIS	INFORMATIVE ACADEMIC MEDIA INC	01-0964805
OASIS	JOHN SCIANCALEPORE	46-4670726
OASIS	KYLE NOLEN INSURANCE AGENCY	47-4851470
OASIS	KRISTOPHER E NULL	85-3267445
OASIS	KEVIN BURCHFIELD INSURANCE AGENCY	46-2233043
OASIS	KEVIN BROYLES	26-3883702
OASIS	JW HOLLIS INC	62-1557411
OASIS	JOSE SANCHEZ INC	46-1551502
OASIS	ISL EMPLOYEES INC	13-4212788
OASIS	POTTERS CARE SERVICES LLC	45-5295823
OASIS	RANDY M KENNEDY DBA RANDY M KENNEDY ATTORNEY AT LAW	92-1654221
OASIS	PRINTING EXPRESSIONS LLC	46-5144300

OASIS	JFK NASSAU, LLC	83-4019450
OASIS	JFK HI HOLDING, LLC	04-3836030
OASIS	JFK BD HOLDING, LLC	04-3836025
OASIS	JESSIES VARIETY SHOP	04-3667468
OASIS	JAMES MCKAY PLUMBING	45-2545101
OASIS	PORT STREET SERVICES, LLC	83-1729867
OASIS	BROOKLYN DOWNTOWN HOTEL, LLC	26-2255070
OASIS	AFB MANAGEMENT, PLLC	93-1505997
OASIS	BOOTLEGGERS HOMEMADE WINE LLC	80-0695545
OASIS	SIGMA BLOOD SYSTEMS, LLC	27-0253983
OASIS	BRIGHT PROVIDER SERVICES LLC	88-0872314
OASIS	BRISAM ANDERSON LLC	26-1146991
OASIS	BRISAM INN JOPLIN LLC	26-1147222
OASIS	BRISAM JFK, LLC	27-0118873
OASIS	BRISAM VERNON LLC	26-1147052
OASIS	SUN CO LLC	62-1707007
OASIS	CALMEK LLC	20-8918535
OASIS	BRISTOL HOTEL, LLC	27-1596161
OASIS	ALLISON-WILLIAMS COMPANY	41-0631452
OASIS	SUNNY VISTA LIVING CENTER	84-0438016
OASIS	SEATON SENIOR LIVING LLC	92-3080448
OASIS	SEAPORT HEIGHTS, LLC	71-1026571
OASIS	9TH STREET QB HOTEL LLC	83-3399221
OASIS	BUCKINGHAM SENIOR LIVING COMMUNITY	30-0097872
OASIS	WILLOWBROOK MANAGEMENT, INC.	35-2482988
OASIS	SCRUBADOO CULEBRA OPCO, LLC	82-1658186
OASIS	SCRUBADOO CULEBRA LLC	82-1676419
OASIS	615 REAL PROPERTY	62-1781996
OASIS	BRISTOL HOTEL 2, LLC	27-1596161
OASIS	SOHO 54, LLC	20-2780745
OASIS	STAMFORD APOTHECARY	83-1872999
OASIS	ATITHI HOSPITALITY, LLC	14-1805477
OASIS	WORLD CLASS CAPITAL NEW YORK LLC	61-1706647
OASIS	ATHENIAN METALWORKS LLC	92-1639179
OASIS	STEPHANIE D EPPERSON DBA EPPERSON & ASSOCIATES	92-1550732
OASIS	STEVE PETERS INSURANCE AGENCY	20-1471674
OASIS	SPECIALTY TRANSPORT SERVICES LLC	82-2385342
OASIS	STORAGE MASTER'S O'FALLON, LLC	43-1788567
OASIS	ANN STREET HOTEL, LLC	27-3129894
OASIS	AHI GROUP, LLC	30-0647209
OASIS	SOHO VILLAGE HOTEL, LLC	20-0844173
OASIS	ALL STATE PEST CONTROL	73-1630578
OASIS	SOCIAL MEDIA TORCH LLC	85-0558015
OASIS	SNRP WEST 37 LLC	46-4372313

OASIS	BERKS CARE CORP	23-2728593
OASIS	AMERICAN TRUST SENIOR CARE, LLC	26-4399821
OASIS	ALTERNATIVE SENIOR CARE, INC	20-3863796
OASIS	WMTW INC	75-2851988
OASIS	SKYLINE HOSPITALITY GROUP LLC	86-2452638
OASIS	SJD SERVICES, LLC	27-1263816
OASIS	BHD MANAGEMENT, LLC	32-0161357
OASIS	SELECT COMMUNICATIONS, INC.	41-1965171
OASIS	DISCOVERY INDIANA EMPLOYER, LLC	47-5618736
OASIS	DEE AND HATTIE SPECIALTY CLEANERS INC	75-2090800
OASIS	DISCOVERY AT HOME, LLC	27-3717914
OASIS	DISCOVERY INDIANA EMPLOYER, LLC	47-5618736
OASIS	COREYS VIBE INC	20-4707888
OASIS	DISCOVERY AT HOME LLC	27-3717914
OASIS	SC JOPLIN 32 LLC	26-1147316
OASIS	TEK SOURCE USA INC	57-1218432
OASIS	SC DELANCEY, LLC	26-2766832
OASIS	DISCOVERY AT HOME IN TEXAS INC	76-0798338
OASIS	COMMON GROUND CULINARY, INC.	47-5277869
OASIS	THE FLY INN LLC	93-3042430
OASIS	DISCOVERY COLORADO EMPLOYER LLC	92-2819317
OASIS	233 WEST 125TH STREET DANFORTH LLC	46-2149898
OASIS	150 20TH MANAGEMENT, LLC	83-4001882
OASIS	DISCOVERY AT HOME GULF COAST, LLC	46-3588877
OASIS	CARE CENTRAL, LLC	83-3841632
OASIS	DISCOVERY ARKANSAS EMPLOYER LLC	87-3190779
OASIS	DISCOVERY ALABAMA EMPLOYER LLC	47-5556733
OASIS	THE HOLCOMB GROUP	02-0697585
OASIS	DISCOVERY IOWA EMPLOYER LLC	92-3039264
OASIS	TERRABELLA SENIOR LIVING LLC	86-1289387
OASIS	SCENIC INDUSTRIES LLC	20-2944140
OASIS	DISCOVERY INDIANA EMPLOYER LLC	47-5618736
OASIS	SCLB 46TH STREET LLC	83-3857204
OASIS	TOP FIVE INC	20-2801482
OASIS	DISCOVERY ILLINOIS EMPLOYER LLC	93-4107430
OASIS	SCIPM EAST 24 LLC	47-2315355
OASIS	DISCOVERY GEORGIA EMPLOYER LLC	47-1855319
OASIS	CHELSEA GRAND, LLC	13-4130509
OASIS	WILDAMERE CAPITAL MANAGEMENT, LLC	32-0421309
OASIS	WEXFORD COMMERCIAL CONSTRUCTION, LLC	82-1670381
OASIS	DISCOVERY FLORIDA EMPLOYER LLC	81-2198145
OASIS	1000 WASHINGTON STREET HOTEL LLC	86-2958878
OASIS	DISCOVERY DESIGN CONCEPT, LLC	83-2011474
OASIS	CIRRIES TECHNOLOGIES, INC.	20-4988958

OASIS	1010 WASHINGTON STREET HOTEL LLC	86-3043469
OASIS	41 CROSS STREET HOSPITALITY LLC	81-0880026
OASIS	DISCOVERY DELAWARE EMPLOYER, LLC	81-2288325
OASIS	DISCOVERY DEVELOPMENT GROUP, LLC	46-1930903
OASIS	HODGES BLVD. DEVELOPMENT GROUP, INC.	59-3125566
OASIS	BEACON AUTO REPAIR LLC SERIES 13	99-4214442
OASIS	MAEBELLA, LLC	88-3888068
OASIS	FROGGERS ALTAMONTE LLC	47-3002102
OASIS	POP OF SPRINGFIELD, INC.	88-3598209
OASIS	POP OF MALL OF GEORGIA, INC.	93-4735507
OASIS	MORTON VILLAGE CONDOMINIUM ASSOCIATION, INC	59-1923361
OASIS	ORTHO JMD LLC	85-3298618
OASIS	DISCOVERY FLORIDA EMPLOYER, LLC	81-2198145
OASIS	STRATCO (US) INCORPORATED	81-5467867
OASIS	FREEDOM WASH LAUNDRY, INC	33-1610673
OASIS	WJS PRINTING PARTNERS	46-2036441
OASIS	POP OF CULVER CITY, INC.	87-4076055
OASIS	POP OF CUMBERLAND, INC.	88-0648928
OASIS	POP OF LENOX, INC.	88-0690947
OASIS	POP OF THE AVENUES, INC.	88-1978213
OASIS	FINNISH SPECIALTIES LLC.	80-0026028
OASIS	POP OF VALLEY FAIR, INC.	87-3995566
OASIS	KCG OF SAWGRASS MILLS, INC	05-0567214
OASIS	POP OF STONEBRIAR, INC.	88-0629469
OASIS	POP OF ROOSEVELT FIELD, INC.	92-1714307
OASIS	POP OF KENWOOD, INC.	92-2118045
OASIS	FOLSOM SELF STORAGE INVESTORS, LLC	46-0731230
OASIS	MORNING STAR CHURCH	43-1853454
OASIS	LARAMIE STORAGE INVESTORS, LLC	92-1550313
OASIS	IRMG BURGER OF WOODFIELD, INC	84-3471274
OASIS	ELEVEN LENDING, LLP	87-1407106
OASIS	JECC, LLC	83-4589930
OASIS	SARAI SPACE GROUP LLC	84-3073672
OASIS	BEACON AUTO REPAIR LLC-S SERIES 11	99-3973728
OASIS	PM OKEECHOBEE LLC	45-4940029
OASIS	A-1 SECURE SELF STORAGE INVESTORS, LLC	82-2027806
OASIS	RIO VISTA STORAGE LLC	87-4080490
OASIS	MODESTO STORAGE SPE, LLC	83-2659692
OASIS	ALMOND BLOSSOM ESTATES SPE, LLC	88-3264023
OASIS	LAKE PARK COURT INVESTMENTS LLC	20-8072332
OASIS	HERBERT SANGRAVL CO OFFICE	62-1165871
OASIS	RE HOSPITALITY SERVICES, LLC	83-3704069
OASIS	SRS.AI, INC.	85-1053229
OASIS	NM CELEBRATION POINTE, LLC	84-5072991

OASIS	RAVEN PIZZA, LLC	11-3819807
OASIS	HOUSEHOLDER GROUP WASHINGTON, LLC	99-2274033
OASIS	ARTEMIS WAX ANDORRA LLC	88-1612915
OASIS	MECCA CONSTRUCTION, L.L.C.	86-2472950
OASIS	GARDEN WALK CONDOMINIUM ASSOCIATION, INC	20-3048492
OASIS	RAINDANCE COMPANIES	26-1813868
OASIS	BEACON AUTO REPAIR LLC SERIES 10 MEINEKE	99-2973794
OASIS	ACTIVAIRE STUDIO, LLC	46-4788559
OASIS	AMBRUS ASSET MANAGEMENT, LLC	83-0793287
OASIS	QUAIL CREEK STORAGE, LLC	86-2822922
OASIS	RUNAWAY BAY CONDOMINIUM ASSOCIATION, INC	59-1799124
OASIS	COVE POINTE CONDOMINIUM ASSOCIATION, INC	59-2636180
OASIS	REDHAWK F & B MANAGEMENT, LLC	47-4847229
OASIS	MARK W BARGLOF	47-2946473
OASIS	MAR COVE CONDOMINIUM ASSOCIATION, INC	59-2441587
OASIS	BLUE RIBBON CONSTRUCTION, LLC	20-5087850
OASIS	LINDALE MOBILE HOME PARK SPE, LLC	88-3298184
OASIS	WORKSPACE EVOLUTION 2, LLC	82-2258291
OASIS	RELIABLE APPLIANCE REPAIR DOCTOR INC.	83-3596848
OASIS	DESOTO SQUARE VILLAS OWNERS' ASSOCIATION, INC	59-1950092
OASIS	1 RATE LENDING	86-1378413
OASIS	IRMG BURGER OF DOLPHIN, INC	82-1776331
OASIS	POP OF ARLINGTON, INC.	86-3751141
OASIS	POP OF PARK MEADOWS, INC.	87-1608991
OASIS	GREEN LEAGUE 2 LIMITED LIABILITY COMPANY	61-1760391
OASIS	R AND K TOOL SALES, INC	62-1267826
OASIS	279 MASSMUTUAL TEXAS GULF COAST	00-0000000
OASIS	JMC DESIGN AND DEVELOPMENT, INC.	59-2854830
OASIS	J. SCOTT GROUP LLC	88-0690138
OASIS	FUTURE DESIGN COMMUNICATIONS INC.	58-1925111
OASIS	FORBES LAND CORPORATION	76-0446281
OASIS	GREENWICH PET FOOD, INC.	06-1386238
OASIS	MOE'S SOUTHWEST GRILL LARGO, LLC	57-1182012
OASIS	KAHIKO CONSULTING, LLC	86-1428981
OASIS	JDW MANAGEMENT, L.L.C.	81-0933968
OASIS	LPH VENTURES, LLC	81-2188193
OASIS	LOAN OFFICER ASSIST, LLC	86-3749412
OASIS	SOUTH FLORIDA AUTISM CENTER, INC.	47-3854048
OASIS	J.V. SYSTEMS SERVICES OF TAMPA, INC.	59-3647677
OASIS	M.G. INDUSTRIAL ENGINES, INC.	59-3366454
OASIS	JAI AMBE HOSPITALITY, LLC	47-2148921
OASIS	AUTHENTIC PIZZA 8454, LLC	87-1101806
OASIS	DISCOVERY NORTH CAROLINA EMPLOYER LLC	85-3437133
OASIS	POP OF ARUNDEL, INC	81-5015804

OASIS	A. ALESSIO CONTE DDS, PA	59-3451365
OASIS	OVERHEAD DOOR COMPANY OF POLK COUNTY	59-2119407
OASIS	ALLYANT CORP	81-4469980
OASIS	FUNDAMENTALS EARLY LEARNING II, LLC	99-3340660
OASIS	MESA TERRACE MHP LLC	87-1319909
OASIS	MISTY MEADOWS MITEY RIDERS, INC.	56-2045099
OASIS	QUANTUM DESIGN AND SAFETY LLC	47-1490440
OASIS	POINT SUR CONSULTING LLC	84-3752291
OASIS	ROSE AND ROSE ENTERPRISES, INC.	20-0970058
OASIS	VENUWORKS OF RACINE	68-0590579
OASIS	ALPHA OPTICAL PLYMOUTH MEETING LLC	87-3974984
OASIS	TPPW, PC	87-2787702
OASIS	CITY ONE DESIGN GALLERY, LLC.	46-3574709
OASIS	GREAT-WEST MANAGEMENT CORPORATION	73-1269201
OASIS	IXLE, LLC.	30-1350162
OASIS	NM 6679 LLC	47-4503564
OASIS	KIRAN HOTELS, INC.	46-4860251
OASIS	LUCKY PEAK GROUP, LLC	88-2155720
OASIS	SANBIO, INC.	46-4036484
OASIS	BRU'S ROOM SPORTS GRILL OF DEERFIELD BEACH, LLC	20-1150148
OASIS	GOLF MAINTENANCE SOLUTIONS, LLC	32-0077272
OASIS	544 FISHKILL HOSPITALITY LLC	81-2509376
OASIS	POP OF AUGUSTA, INC.	88-3088474
OASIS	VENUWORKS OF GRAND ISLAND, LLC	33-1504330
OASIS	CUS DENVER LLC	20-1672345
OASIS	MIHAELA T ROSETTI MD PLLC	82-4266152
OASIS	DEER RIDGE FARMS, LLC	37-1911620
OASIS	ESTANCIA DONUTS, LLC	47-4467110
OASIS	ASHRIA ENTERPRISES LLC	46-1843084
OASIS	BLACK FOREST HOLDINGS, LLC	88-2860441
OASIS	FLORAL EXPOSITIONS, INC.	59-3154362
OASIS	ORTHO ZNN LLC	82-4412420
OASIS	HOOPER, ZINN AND MCNAMEE, PLLC	62-1787326
OASIS	MADISON WHITE ENTERPRISES LLC	45-3602353
OASIS	276 CENTENNIAL STATE FINANCIAL	00-0000000
OASIS	4.SCREEN INC.	36-5068695
OASIS	HOMETOWN OLD COUNTRY PHARMACY, INC.	32-0136169
OASIS	SUMMIT FINANCIAL PLANNING, LLC	86-1524585
OASIS	SAK DULLES HOTEL, LLC	84-1962362
OASIS	FC MONTIERRA, LLC	81-5461853
OASIS	TWIN FALLS STORAGE INVESTORS, LLC	87-2791767
OASIS	ORTHO NMF LLC	99-4849681
OASIS	ADVANCED CUTTING SYSTEMS, INC.	35-1878494
OASIS	IRMG BURGER OF ARUNDEL	82-0656920

OASIS	GOODYS SERVICES, LLC	46-3773362
OASIS	HOPKIN'S COURT ASSOCIATES, LP	13-4121310
OASIS	PRIMM PLACE PARTNERS, LP	43-1723053
OASIS	LAKE VILLAGE ESTATES MHP LLC	93-3101667
OASIS	DANIEL R GAGNON SR	84-4155054
OASIS	COMMERCIAL FINANCE GROUP WEST LLC	36-4752877
OASIS	PHOENIX SERVICES, LLC	20-8715610
OASIS	WESTSHORE DONUTS, INC.	88-1748152
OASIS	SILVER CREEK ESTATES MHP LLC	87-3098742
OASIS	ARTEMIS WAX HAMDEN LLC	88-2274000
OASIS	ARTEMIS WAX WYNNEWOOD LLC	88-1614892
OASIS	BUYERS CHOICE LENDING, LLC	84-2258065
OASIS	283 MASSMUTUAL PERIMETER	00-0000000
OASIS	BITNER GROUP, INC	59-3791870
OASIS	STORYBOOK SCHOOL CONWAY, LLC.	99-3258629
OASIS	OCEAN COUNTY EQUIPMENT INC	16-1637999
OASIS	INNOVATIONS EDUCATIONAL SERVICES INC	27-2517148
OASIS	ANTINORI AGENCY INC	85-3805073
OASIS	TEN GRINCHES, LLC	88-3938983
OASIS	CREEK BEND APARTMENTS, LP	26-0577174
OASIS	PHASE 3 CONSTRUCTION, LLC	82-1469662
OASIS	BEACON AUTO REPAIR LLC-S	86-1765290
OASIS	ORTHO RRN LLC	87-3220157
OASIS	DISCOVERY VIRGINIA EMPLOYER LLC	81-3445893
OASIS	SHERRY FRONTENAC RESORT, INC.	65-0470554
OASIS	SB HYDE LLC	83-1057127
OASIS	NEWVENTURE OF GREATER ATLANTA, LLC	84-5012791
OASIS	CF OF HOLT, LLC	47-5105854
OASIS	VIRTUS WEALTH SOLUTIONS LLC	84-4524508
OASIS	SALES EDGE SOLUTIONS LLC	85-2387951
OASIS	BEACON AUTO REPAIR LLC - S	87-3877177
OASIS	001 MASSMUTUAL ALBANY	00-0000000
OASIS	CACTUS CANTINA OF PENSACOLA	46-5355321
OASIS	SALONI HOSPITALITY LLC	88-2029733
OASIS	HV HEALTHCARE, LLC	93-2414618
OASIS	ROYAL WELLINGTON PHARMACY, INC.	27-3192030
OASIS	PALM SQUARE HOMES, LLC	82-1330599
OASIS	NM 3961 LLC	85-3960135
OASIS	ARTEMIS WAX MIDDLETOWN LLC	92-0291313
OASIS	MITCHELL FINANCIAL GROUP	26-0490521
OASIS	GEORGIA IMPLANTS AND DENTURES LLC	93-2436916
OASIS	EAPOO, INC.	04-3647943
OASIS	LEWISTON MHPS LLC	99-1969393
OASIS	SHADE TREE AUTO URBANDALE, LLC	88-2841657

OASIS	NEELA SHAH MD, PLLC	27-2486219
OASIS	SLEEP MATTERS LLC	87-2445167
OASIS	A CHILD'S HOPE FOUNDATION, INC.	04-3683765
OASIS	LMV ENTERPRISES, LLC	86-1078091
OASIS	TECHNIQUE MOTORCARS LLC	87-4018789
OASIS	HEALTH AWARENESS, INC.	65-0554049
OASIS	FOOTHILLS PHYSICAL THERAPY, LLC	26-0038014
OASIS	BISCAYNE ATLANTIC GROUP, LLC	27-0934565
OASIS	CASTLE ROCK ENDODONTICS, PLLC	27-1223287
OASIS	RELIFEMD METAIRIE LLC	99-3953467
OASIS	WESTVIEW APARTMENTS, LP	26-0104524
OASIS	SUDZY'S COIN LAUNDRY & DRYCLEANING, LLC	59-3671072
OASIS	ACTION SPINE AND JOINT LLC	82-3053941
OASIS	SGM 40TH, INC	81-4534719
OASIS	KRISHNA HOSPITALITY, LLC	03-0563911
OASIS	PLATT COLLEGE LOS ANGELES LLC	26-2806243
OASIS	MABLOC, LLC	82-2324660
OASIS	266 MASSMUTUAL SOUTHERN GULF STATES	00-0000000
OASIS	SARODIA SUNCITY LLC	81-0761765
OASIS	WLB BUSINESSES LLC	83-4555779
OASIS	TDY MEDICAL STAFFING INC.	26-2267845
OASIS	BEACON AUTO REPAIR LLC-S4	86-3133133
OASIS	EOPT BOARDMAN LLC	82-3964793
OASIS	THREE FORKS PRODUCTIONS SERVICES LLC	46-0818065
OASIS	KWIK KAR OF TENNESSEE LLC	27-0129348
OASIS	NAUTIMART, INC.	83-1641663
OASIS	VENTURA VILLAGE PARTNERS. LP	26-0513361
OASIS	NAUTI-TECH SYSTEMS INC.	27-1441590
OASIS	BREDFELDT, ODUKOYA & HAN, LLP	20-3045156
OASIS	MODEL PHARMACY LLC	46-1793666
OASIS	GLOBAL EMS, INC.	36-4758590
OASIS	RJ WEALTH ADVISORS, INC.	88-2860509
OASIS	INTERNATIONAL GOLF CLUB, INC.	46-2653975
OASIS	BRU'S ROOM OF COCONUT CREEK, LLC	59-3788673
OASIS	BRU'S ROOM SPORTS GRILL OF CORAL SPRINGS, INC	26-3804197
OASIS	EHTO CONSULTING GROUP INC	20-0302482
OASIS	JOIN MY MD TX PA	99-4269178
OASIS	CABINET SYSTEMS AND SURFACES LLC.	81-3849520
OASIS	FAIRVIEW MHP LLC	92-0330973
OASIS	AEONN LLC	47-1662863
OASIS	BARR HEALTHCARE, INC.	81-4842043
OASIS	SIMILASAN CORPORATION	33-0222888
OASIS	WAYNE FRIER HOME CENTER OF BYRON, LLC	61-1421018
OASIS	MYECON INC	20-3573574

OASIS	FRANCISCA CHICKEN LLC	82-1140761
OASIS	AVINA DENTAL CORPORATION	84-3962747
OASIS	CARLA REAVES INSURANCE AGENCY	81-0871724
OASIS	ECASHFLOW SERVICES, LLC	27-2770885
OASIS	SILVER STATE MHP LLC	84-3439812
OASIS	BEACH HAVEN L.L.C.	20-1467225
OASIS	SMILE FARMS, INC.	46-5360466
OASIS	ELSINORE HILLS RV PARK, LLC	83-4707041
OASIS	TARA ESTATES MHC LLC	92-1470460
OASIS	THE JOB PLACE, INC	59-2158076
OASIS	EXCELLENT ENTERTAINMENT ENTERPRISES	26-0378293
OASIS	WALCOTT MHP	88-4001054
OASIS	KDGS STERLING FITNESS, LLC	82-0601805
OASIS	BES AND AFFILIATES, INC.	82-2953836
OASIS	GOLDEN DOWNTOWNER, LLC	93-2449273
OASIS	ELEVATE LOUISVILLE INC	92-1861855
OASIS	MINERVA, INC.	59-1488034
OASIS	AIRPORT VIEW DENTAL, INC	82-4213966
OASIS	BEECHWOOD HOTEL GROUP, LLC	47-1093660
OASIS	MEACHAM PARK PARTNERS, LP	43-1896351
OASIS	FI 2020 LLC	84-5098648
OASIS	RAMADUT HOSPITALITY LLC	82-1989019
OASIS	PERFORMANCE MARKETING GROUP	42-1500364
OASIS	ARTEMIS WAX NEW CITY LLC	87-2143150
OASIS	DIABETIC PRACTICE SOLUTIONS, LLC	33-1257637
OASIS	INTERNATIONAL WAREHOUSE GROUP OF NEVADA LLC	83-4225920
OASIS	NORTH DALLAS ENT GROUP, P.A.	45-0497881
OASIS	ENERSYS CORPORATION	76-0469326
OASIS	CHOICE PET SOUTHBURY LLC	86-1210581
OASIS	HORIZON WELL LOGGING, INC.	77-0473100
OASIS	MONA LISA CARES HOME HEALTH, LLC	86-2223025
OASIS	JOHN E. WALSH BLVD, LLC	26-3109322
OASIS	THE FRANVILLE CORPORATION	62-1518065
OASIS	MONROE PET SUPPLY	06-1419822
OASIS	WOODSTOCK WEALTH MANAGEMENT, INC.	81-4143722
OASIS	WHITNEY COTTAGES, LLC	85-3172272
OASIS	275 MASSMUTUAL (SPLIT 101,104)	00-0000000
OASIS	AP PTC, LLC	36-4824672
OASIS	UNIVERSITY MEAT COMPANY, LLC	82-1944446
OASIS	OHIO IMPLANTS AND DENTURES LLC	92-3613683
OASIS	RHP - GROTON HOSPITALITY LLC	93-4266580
OASIS	LEMAC, LLC	20-3745293
OASIS	PARKVIEW POINTE DONUTS, INC.	20-5102688
OASIS	OLSEN, LLC	37-1547989

OASIS	ROADMASTER BROKERAGE, LLC	82-4063840
OASIS	SOUTH FLORIDA FINANCIAL SERVICES LLC	92-1503197
OASIS	143 MASSMUTUAL NEW JERSEY/NEW YORK	00-0000000
OASIS	E STREET HOSPITALITY LLC	99-4175225
OASIS	MOYER HOTELS, LLC	75-3003303
OASIS	US FITNESS REPAIRS, LLC	99-0818133
OASIS	BROADWAY-SAYBROOK, L.L.C.	06-1376349
OASIS	23WW LLC	45-3710524
OASIS	GRAND OAKS MHC LLC	85-4370606
OASIS	COTTONWOOD DRYWALL INC.	84-1387444
OASIS	COWAN'S CAFE INC	92-3479677
OASIS	HORIZON COMPANIES LLC	86-0895129
OASIS	PROCOM PAINTING, LLC	16-1719321
OASIS	WAYNE FRIER HOME CENTER OF TALLAHASSEE, LLC	13-4203298
OASIS	JONATHAN T. RICKETTS, INC.	65-0306950
OASIS	MENNA DEVELOPMENT & MANAGEMENT, INC.	59-2438551
OASIS	LAW OFFICES OF STEPHANIE LAKE, P.C.	86-0843474
OASIS	WORKSPACE EVOLUTION LLC	45-0645472
OASIS	MIDTOWN MANOR MHP, LLC	88-3365077
OASIS	LONE TREE VILLAGE INVESTORS LLC	86-3309008
OASIS	BALLYFIN INVESTMENTS LLC	84-1993013
OASIS	IRMG BURGER OF GREAT MALL, INC	30-0972572
OASIS	FULEX LLC	20-1770958
OASIS	KHCS SAN DIEGO, INC.	88-2534098
OASIS	SCHRAMM LANDSCAPING AND SPRINKLER LLC	84-1419602
OASIS	RYSAL ENTERPRISES LLC	26-2842657
OASIS	CAMBRIDGE FITNESS SE, LLC	82-1155257
OASIS	HERBERT SANGRAVL CO	62-1165871
OASIS	PRECISION STUDY MANAGEMENT, LLC	47-1787369
OASIS	CONSTRUCTION AND PROJECT MGT	86-0982007
OASIS	REDDING 278 LP	93-4204173
OASIS	NEW VISION MECHANICAL LLC	68-0657704
OASIS	RIO GRANDE INVESTORS, LLC, A NEW MEXICO LIMITED LIABILITY COMPANY	85-0444836
OASIS	RISE CAFE LLC	93-1495175
OASIS	JG HOME HEALTH CARE SERVICES LLC	47-2358404
OASIS	TRIDENT ANALYTICAL SOLUTIONS, INC.	26-2170832
OASIS	WHITE ACROPOLIS, INC.	83-1896175
OASIS	MEGAWATTAGE LLC	06-1788554
OASIS	ROBAIT, INC.	47-2225094
OASIS	STADIUM VILLAGE ROYAL LLC	20-5466558
OASIS	UPTOWN AMBRUS INVESTMENTS, LLC	83-2822628
OASIS	N-M HOLDINGS, LLC	47-3956632
OASIS	ARMENIA DONUTS, INC.	46-2249920

OASIS	TAMPA HOSPITALITY GROUP LLC	93-1592551
OASIS	CACTUS CANTINA OF FAIRHOPE, LLC	83-2820011
OASIS	FAITHWOOD CONSTRUCTION LLC	45-2509650
OASIS	SG AUBURNDALE, INC	45-5177544
OASIS	ELI'S HEATING & AIR, INC	58-2399049
OASIS	WHITNEY POINTE 400, LLC	82-1810210
OASIS	JANE HEALTHCARE SERVICES, INC.	84-3511474
OASIS	SG 50TH STREET NORTH, INC	26-1635567
OASIS	M HOUSE ELECTRIC, INC.	47-2920474
OASIS	FIRSTSTAFF, INC.	65-0265350
OASIS	PIONEER MEMORIAL PHYSICAL THERAPY LLC	93-1312729
OASIS	GIZMO CONSULTING GROUP LLC	45-4027565
OASIS	TJ PEARLAND, LLC.	81-2126531
OASIS	HAL SUMSION PLUMBING	84-1433122
OASIS	RELIFE LANSING LLC	99-3993555
OASIS	M&M PHARMACEUTICALS, LLC	83-3968747
OASIS	MBA TRADING GROUP, INC.	27-1538748
OASIS	ABS TECHNICAL, INC.	65-0853833
OASIS	ARROWOOD HIX, LLC	56-2114843
OASIS	3 D TIRE COMPANY	59-2852943
OASIS	OHARE-MIDWAY LIMOUSINE SERVICE, INC. NO.3	36-4542275
OASIS	JACS APPLETON ONE, INC.	27-1981556
OASIS	FLAME GROUP LLC	92-2316116
OASIS	ASSETIO WEALTH MANAGEMENT, INC.	83-3336523
OASIS	POP OF SOUTHPOINT, INC.	86-1841524
OASIS	GRASSHOPPER LANDSCAPING AND MAINTENANCE LLC	26-0027640
OASIS	TONY KELSO PLUMBING	84-0680085
OASIS	BEST WESTERN TOLLESON	56-3944753
OASIS	AUTO PAINTING HOLDING, INC.	26-2838665
OASIS	RAJA HOSPITALITY LLC	82-1730211
OASIS	BOLD LEGAL DEFENSE INSURANCE, INC.	45-4251824
OASIS	INSURE UTAH	20-5320799
OASIS	THE GUZEL SV 3, LLC	82-5307711
OASIS	GONZ COLLISION CENTER INC	59-2204412
OASIS	SUPERTEST OIL COMPANY	59-2602169
OASIS	FINDING SERENITY 2, LLC	81-1687154
OASIS	POP OF WOLFCHASE GALLERIA, INC	93-1983959
OASIS	CUS SAN ANTONIO	20-0806135
OASIS	VALUECARE CLEANING LLC	88-4351491
OASIS	BLUESTEEL ARCHITECTURE DESIGN BUILD LLC	45-4402712
OASIS	CDP, LLC	90-0654521
OASIS	MILLENNIUM AUTOMOTIVE EQUIPMENT	59-3544508
OASIS	RS BOSTON TITLE AND ABSTRACT, LLC	82-4964130
OASIS	HOLIDAY WATER SPORTS OF FT MYERS, INC.	65-0202376

OASIS	ROANOKE VALLEY RESALE LLC	85-2522587
OASIS	PENN SOLUTIONS, LLC.	45-2321578
OASIS	GREEN ACRES MH LLC	83-3467522
OASIS	NEVADA MHP LLC	84-3169059
OASIS	WAYNE FRIER HOME CENTER OF LIVE OAK, LLC	56-2391270
OASIS	VILLAGE AT BAKER CREEK LLC	91-2180728
OASIS	CAKE RULES EVERYTHING AROUND ME, LLC	81-2730469
OASIS	PREVARIAN MANAGEMENT LLC	93-3971427
OASIS	WHEELCHAIR SPECIALTIES, INC	59-3084987
OASIS	THIBAULT'S ELECTRICAL SERVICE	59-3541167
OASIS	ROGER FIELDS INSURANCE AGENCY	45-2950273
OASIS	CAMBRIDGE FITNESS OF OKEMOS, LLC	46-3542480
OASIS	APARTMENT ASSOCIATION OF NEW MEXICO	85-0267988
OASIS	GANGCHU LLC	84-3799049
OASIS	HD SERVICE DIVISION, INC	46-1782359
OASIS	ST MARY'S COMMON APARTMENTS, LP	16-1608960
OASIS	HOUSEHOLDER GROUP DALLAS LLC	93-3488745
OASIS	HIGHLANDER MASONRY & CONSTRUCTION, LLC	83-0402173
OASIS	ALPHA OPTICAL CITY LINE LLC	85-3820611
OASIS	BUZZ 567 OF WELLESLEY LLC	30-0713134
OASIS	NM 6829 LLC	81-4066852
OASIS	BIG SMILE DENTISTRY II, INC.	81-3536737
OASIS	SHADE TREE AUTO, LLC	75-3205717
OASIS	THE WALL COMPANIES	41-1332521
OASIS	PARIJAT VALLEJO LP	92-1390850
OASIS	GREA LLC	27-0677938
OASIS	YOUTH DEVELOPMENT THROUGH SPORT, INC	65-0183712
OASIS	ANTINORI INSURANCE INC.	87-3895663
OASIS	IOWA CITY KOLONA MHPS, LLC	88-3141158
OASIS	SUN BULB COMPANY, INC.	59-1677460
OASIS	NEELY CONSULTING INC.	83-2829715
OASIS	HERCULES FITNESS, LLC	84-3103505
OASIS	NORTHEAST FLORIDA EQUESTRIAN SOCIETY	01-0636438
OASIS	MAINGATE EAST DEVELOPMENT, INC.	20-4668903
OASIS	NEW PROVIDENCE PET SUPPLY, INC.	46-5091195
OASIS	ARIZONA DRYWALL COMPANY, INC	86-0327566
OASIS	PETRO AND ASSOCIATES, PLLC	27-1903001
OASIS	CHICKEN BONE EFFECTS, INC.	46-3162176
OASIS	BLACKBERRY, LLC	81-3728005
OASIS	CUS MF POWERHOUSE LLC	85-2799582
OASIS	JASON L WALKER	25-3590982
OASIS	PIRES FINANCIAL SERVICES LLC	87-4703285
OASIS	SUPER DUPER SPOT, LLC	84-3824885
OASIS	SPOHN RANCH, INC.	95-4670208

OASIS	CP SCARSDALE II, INC.	47-2172512
OASIS	DEEP HOSPITALITY LLC	85-4213360
OASIS	DS POWERS, INC.	61-1062071
OASIS	CAMBRIDGE FITNESS OF LANSING LLC	27-3971498
OASIS	264 PENNWOOD FINANCIAL GROUP	00-0000000
OASIS	RELIFEMD LEXINGTON LLC	99-3934471
OASIS	VANTAGE BENEFITS, LLC	84-3962645
OASIS	BERENDZEN MENTAL HEALTH SERVICES, L.L.C.	86-2459853
OASIS	KESARI HOSPITALITY LLC	47-4727072
OASIS	OASIS HOT SPRINGS MOBILE HOME PARK, LLC	82-2012106
OASIS	PALM ELEMENT MIAMI, LTD.	35-2733450
OASIS	ABOVE THE SEA RESTAURANT, INC.	87-3091940
OASIS	CUS OKLAHOMA CITY LLC	26-3315390
OASIS	RL - 119 MILL PLAIN HOSPITALITY, LLC	87-2533662
OASIS	J.M. LODGING, LLC	56-2343355
OASIS	BISTECCA & POMODORO, LLC	83-1328713
OASIS	THE NEW YORK STATE DISPUTE RESOLUTION ASSOCIATION, INC.	16-1266087
OASIS	GEOFFREY STEGER	84-4946129
OASIS	HOME ICE DEVELOPMENT, LLC	47-1277352
OASIS	ZSPA, LLC.	47-1096341
OASIS	BAJWA 68 ENTERPRISES	83-2230766
OASIS	BILNIS, INC.	59-3202968
OASIS	TIMBERLINE ESTATES MHPS	88-3278103
OASIS	COMMUNITY FOUNDATION OF RANDOLPH COUNTY	35-1803148
OASIS	CAMBRIDGE FITNESS OF PV, LLC	84-2391211
OASIS	LEASURE AUTOMOTIVE, LLC	88-2266999
OASIS	RAMONA OAKS RV PARK LLC	85-3875053
OASIS	SIMPLICITY FINANCIAL MARKETING HOLDINGS, INC.	26-1553695
OASIS	A4 HOSPITALITY INC.	81-3686237
OASIS	RADIO NYC F AND B LLC	87-2708110
OASIS	WARING COURT PEDIATRIC AND ADULT MEDICAL GROUP	95-3810759
OASIS	THREE FORKS RESOURCES, LLC	68-0595072
OASIS	ECONO AUTO PAINTING OF WEST TENNESSEE, I	81-4937416
OASIS	NORTH COLLIER COLLISION INC.	59-3584319
OASIS	SOFTWISE, INC.	87-0548177
OASIS	THIS UPTOWN GIRL LLC	91-3510395
OASIS	MENDOCINO REDWOODS RV RESORT, LP	83-2417008
OASIS	IMPERIAL WHOLESALE, INC.	88-0516891
OASIS	ARTEMIS WAX WESTWOOD LLC	86-3819058
OASIS	ASTER TECH INC.	87-4153258
OASIS	THE GUZEL SV 1 LLC	82-5262390
OASIS	INDEPENDENCE AVENUE DENTAL, LLC	26-3944018
OASIS	TREY YOUNGBLOOD INSURANCE AGENCY	27-0546940

OASIS	WALLY'S AMERICAN PUB & GRILLE	02-0566631
OASIS	GCH RENTALS LLC	92-1577684
OASIS	COLEARN ACADEMY ARIZONA	92-1743788
OASIS	WATER DAMAGE SPECIALISTS INC	87-0799985
OASIS	JAV INSURANCE AGENCY, INC.	65-0684737
OASIS	EASTERN OREGON PHYSICAL THERAPY	91-1800708
OASIS	COUNTRYSIDE NORTH APARTMENTS, LP	62-1716251
OASIS	ROADRUNNER WELDING, INC.	84-1312147
OASIS	TJ SCR, LLC.	81-1730149
OASIS	DELTA HEALTHCARE II, LLC	46-0606177
OASIS	MIRAGE ESTATES HEMET, LLC	46-3378238
OASIS	MGM RIDLEY HOTEL, LP	46-5530580
OASIS	CAMELBACK PHYSICIANS GROUP LLC	88-1174139
OASIS	CHOICE PET WEST HARTFORD LLC	88-2168721
OASIS	AMER - BEASLEY & COWLEY	50-1844149
OASIS	NICHOLAS CUSTOM HOMES, INC	84-1116427
OASIS	M.A. GLASS & MIRROR, LLC	35-2506935
OASIS	5G STUDIO MIAMI, LLC	47-5001500
OASIS	RMTS ZILLAH LLC	46-2923318
OASIS	UTAH NURSERY & LANDSCAPE ASSOCIATION	87-0441666
OASIS	WHITNEY HIGHLAND KNOLLS, LLC	84-3164887
OASIS	HARBOR TOWERS CONDOMINIUM	59-3525270
OASIS	TREASURE CAY SERVICES, INC.	59-1954518
OASIS	STARKEY RANCH MEAT COMPANY LLC	86-3341307
OASIS	SAINT EDWARD RETREAT CENTER	84-3366266
OASIS	LUTZ ACAI, LLC	88-2543512
OASIS	CHOICE PET GUILFORD LLC	93-1898299
OASIS	DISASTER MANAGEMENT RECOVERY GROUP LLC	85-1324531
OASIS	SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.	59-3691867
OASIS	STORAGE MASTER'S ST. CHARLES, LLC	43-1692005
OASIS	WHITNEY GEORGETOWN, LLC	45-1759695
OASIS	J AND J GAS SERVICE, INC.	59-2617703
OASIS	DS3 RX LLC	93-4108616
OASIS	702 DIGITAL MEDIA LLC	82-3745673
OASIS	SPECTRA COMPOSITES OF FLORIDA LLC	88-2873854
OASIS	MAD RIVER RV PARK LLC	87-2239202
OASIS	OMEGA SECURITY OF SOUTH FLORIDA, INC.	65-0567913
OASIS	BOSS MANAGEMENT GROUP, LLC	81-4223551
OASIS	ARTEMIS WAX FAIRFIELD LLC	93-4053184
OASIS	CELEBRATION PH HOLDINGS, LTD	98-1360003
OASIS	252 MASSMUTUAL GREATER PHOENIX	00-0000000
OASIS	AMER - SALOMON, J.	09-5384052
OASIS	SYRACUSE FAMILY HOSPITALITY PARTNERS LLC	99-0440003

OASIS	SSRM POLK PAYROLL, LLC	82-2514027
OASIS	ORTHO FAS LLC	92-1397917
OASIS	SAN LORENZO BIKINIS, LLC	56-2672553
OASIS	SB RV PARK LLC	92-1479874
OASIS	IL CENTRO PIAZZA MANAGEMENT	26-1712495
OASIS	SILVER STATE RV PARK, LLC	83-1635532
OASIS	SAMMIEB LLC	90-0513684
OASIS	HERITAGE BLVD, LLC	27-4164594
OASIS	CONCORDE SUITES INC	58-2463985
OASIS	ARTEMIS WAX ROSE VALLEY LLC	88-0862743
OASIS	MILEAN,INC	45-1176328
OASIS	RIVERSIDE MHRV LLC	88-4320381
OASIS	SHREE HARI OM 24, LLC	86-3771638
OASIS	WILLIAM R. ENGLAND	33-0281867
OASIS	GREENTREE VILLAGE MHP LLC	86-2094745
OASIS	KMCOOL LLC	87-4839672
OASIS	COHERENT STAFFING SOLUTIONS, LLC	47-1506845
OASIS	STORAGE MASTER'S CHESTERFIELD II, LLC	46-1398773
OASIS	COSMAC INC.	87-1194988
OASIS	ROSEWOOD HOUSE II, INC.	59-3583382
OASIS	HORIZON EDGE HOSPITALITY, LLC	85-3917689
OASIS	RELIABLE REPAIR SERVICES LLC	85-4379756
OASIS	NAUTI-TECH, INC.	65-0913775
OASIS	OS STEEL CANYON LLC	80-0875720
OASIS	RLF PAINTING LLC	27-3791882
OASIS	REBORN ANTIQUES DISTRIBUTION, INC.	95-4592343
OASIS	DR. PATEL & ASSOCIATES PA	82-5012444
OASIS	AJESH HOSPITALITY LLC	81-3909131
OASIS	SOCAL JAMBA, LLC	46-3792266
OASIS	SANDALWOOD AT REDINGTON, LLC	83-2468982
OASIS	FLORIDA COUNCIL OF INDEPENDENT SCHOOLS	59-0816894
OASIS	CHOICE PET PATTERSON, LLC	87-4440783
OASIS	SPWHFL, INC	46-1482029
OASIS	BLAIR'S, INC.	62-1324689
OASIS	CARDIOVASCULAR IMAGING SERVICES OF TEXAS LLC	99-4134044
OASIS	REM-KIKS HEALTH CARE INC	46-1646672
OASIS	ETF AUTO 9 LLC	93-4849435
OASIS	ECONO AUTO PAINTING OF FLORIDA, INC.	59-1642198
OASIS	PREMIER EARLY LEARNING ACADEMY, LLC	93-3854083
OASIS	CELLDISTRIBUTIONS CORP.	90-0420352
OASIS	XPRESS HOLDINGS, INC.	45-4630209
OASIS	LAFORCE	92-2654414
OASIS	GREENE STREET ENTERPRISES INC	46-4227786
OASIS	SP ENTERPRISES 2001	86-2030130

OASIS	EKONOMY FOODS, INC.	65-1199788
OASIS	PACESETTER CONSTRUCTION, INC.	58-0165544
OASIS	CEJ DONUTS, LLC	87-1238934
OASIS	GRIMSLEY ENTERPRISES, INC.	58-1131082
OASIS	PREMIER FURNITURE SERVICES, LLC.	59-3680439
OASIS	BLIND AND SHUTTER GALLERY, INC	03-0433903
OASIS	TEW MANAGEMENT, INC.	46-0951831
OASIS	NAPLES ART ASSOCIATION INC.	59-1022882
OASIS	CUS NASHVILLE LLC	20-1551235
OASIS	EARTHSCAPES DESIGN BUILD LLC	45-3658991
OASIS	AFT MANAGEMENT CORP	65-1160997
OASIS	AGUINAGA GREEN INC	26-0577581
OASIS	DAVID HENDERSON LAW OFFICES PC	04-3620966
OASIS	SHADE TREE AUTO ANKENY LLC	93-2557760
OASIS	SHIFT COMPUTER SERVICES, LLC	51-0536997
OASIS	OVERDORF SYSTEMS CONSULTANTS, INC.	27-0177416
OASIS	CUS AUSTIN LLC	76-0739943
OASIS	FASTURTLE INTERACTIVE, LLC	86-1009350
OASIS	OLD ORCHARD MOBILE HOME PARK SPE, LLC	99-2986097
OASIS	THE PANTHER AIRBOAT CORPORATION	59-1873059
OASIS	LORI ROBERTS	26-6854318
OASIS	TEI	74-2335899
OASIS	R.E.E. CONSULTING, LLC	20-3613349
OASIS	NM 3374 LLC	85-3949362
OASIS	THE ISLANDER GROUP	74-2942733
OASIS	WHITNEY HUNT PARK II, LLC	84-3422076
OASIS	ALL SEASONS INVESTMENT ADVISORS, INC.	26-0328980
OASIS	PERFECT SMILE DENTISTRY II, INC.	20-1257540
OASIS	PIG PIG, LLC	47-3118905
OASIS	STACEY D. ALSTON, DDS, PA	82-4400107
OASIS	ORTHO MEW LLC	99-1573484
OASIS	DGN GAMES LLC	46-5032911
OASIS	ORTHO DRM LLC	84-4830283
OASIS	TYE RV PARK LLC	87-2964045
OASIS	METLIFE - AUTO AND HOME	13-2725441
OASIS	K & J WELLPOINTING, INC.	20-4436584
OASIS	ORTHO AMG	83-3230972
OASIS	JPMA INC	84-1004970
OASIS	RHCSC GAINESVILLE AL HOLDINGS LLC	82-4624178
OASIS	CHOICE PET OLD SAYBROOK LLC	86-1727574
OASIS	NM 4365 LLC	82-3049008
OASIS	RIVERHEAD LANDING APARTMENTS, LP	13-3897774
OASIS	KUAFU PROPERTIES LLC	46-4089399
OASIS	EDFORTECH CORP	84-4586076

OASIS	BMOC BIZ BROWNSBURG LLC DBA MIDAS BROWNSBURG	83-4078424
OASIS	AUGUST NIGHT, LLC	82-1039501
OASIS	SITE BLOOMS, LLC	93-2911973
OASIS	YNOT GREENBRIER, LLC	27-3664415
OASIS	NM 5551 LLC	47-3943304
OASIS	IRONWOOD HOMES OF PERRY, LLC	04-3702735
OASIS	LAGUNA LAKESIDE PARK LLC	20-4183167
OASIS	STRATEGIS FINANCIAL GROUP, INC	87-0470612
OASIS	YNOT VENDING, LLC	46-2522988
OASIS	UNIVERSITY PARK TOWER HOA LLC	84-1537623
OASIS	GENERATION W INC	46-4832199
OASIS	SEVA TECHNOLOGY LLC	93-2331465
OASIS	NM 6428 LLC	82-3128004
OASIS	SAME DAY COMPUTER INCORPORATED	88-3986190
OASIS	FIRST FLORIDA PREP, INC.	59-3574911
OASIS	ENTERPRIZE MARINE, LLC	99-1730737
OASIS	TECOLOTE INVESTORS, LLC	33-0764004
OASIS	ARTEMIS WAX BAYSIDE LLC	88-2147123
OASIS	HADICO PSL INVESTMENTS, LLC	83-4292768
OASIS	PREMIER SAVINGS, LLC	46-5236093
OASIS	DAN PROPHETER	12-4603542
OASIS	BIG PUBLICATIONS, LLC	26-2374961
OASIS	AMICORP U.S. DIRECTOR SERVICES LLC	56-2634743
OASIS	SEA HAG MARINA, INC	59-3535704
OASIS	CVR OPERATIONS, LLC	47-3568170
OASIS	WOLF PEST CONTROL, INC	27-4566865
OASIS	WOOFABLES, L.L.C.	27-3606928
OASIS	ON-SITE HEARING SERVICES, INC.	41-1689731
OASIS	GINGER FRESH MARKET, LLC	85-0945628
OASIS	BISCAYNE COVE CONDOMINIUM ASSOCIATION, INC.	59-2116942
OASIS	RELIFEMD BREA LLC	99-3970311
OASIS	SULLIVAN FAMILY OF COMPANIES, LLC	93-4877496
OASIS	CATERING BY JO-EL'S, LLC	27-0009836
OASIS	A&R MANAGEMENT, LLC	27-3574789
OASIS	HANNA OAKS OPERATING, LLC	81-2802121
OASIS	H AND H BUILDERS LLC	84-1442000
OASIS	THE ELEGANT OFFICE, INC	59-3621543
OASIS	ARR MANAGEMENT, LLC	45-4126592
OASIS	DALTON & OWENS ELECTRIC SERVICES INC	59-1795816
OASIS	WALTHAM RACQUET CLUB, LLC	04-2559487
OASIS	ANIL PLUS CORPORATION	36-4188742
OASIS	KSI, INC	20-0218579
OASIS	KENNETH J ROSENTHAL MD PC	11-2756797
OASIS	MGF HEALTHCARE PARTNERS INC	45-2990003

OASIS	CASTRO PETERSEN, INC.	33-0936528
OASIS	ADAM ARAGON	99-1546584
OASIS	ECONO AUTO PAINTING OF NORTH CAROLINA, I	62-1324678
OASIS	PINE DOG GROUP INCORPORATED	83-1058704
OASIS	JAXOLD CORPORATION	59-3360836
OASIS	PM BECKER, LLC	46-5231317
OASIS	TINY BITES INC.	82-2318573
OASIS	ELFBRA ONE INVESTMENT, LLC	32-0518052
OASIS	SUNSTATE MARKETING	59-2670974
OASIS	RDB MANAGEMENT, INC.	59-3627496
OASIS	LUXUS DIGITAL LLC	82-5327228
OASIS	PAULEEN BAJWA AND MCKELLAR ENTERPRISES	92-3130823
OASIS	YOUNG AND ASSOCIATES INC.	62-1613887
OASIS	ARIN ENTERPRISES LLC	46-1783324
OASIS	SOSCOWOODY LLC	87-2149215
OASIS	MANSION APARTMENTS PHASE II, LP	43-1832972
OASIS	THE SERA LABS, INC.	83-2971401
OASIS	INTERACTIVE WEALTH ADVISORS, INC	46-1278622
OASIS	GOLF MAINTENANCE SOLUTIONS 2E, LLC	47-1325034
OASIS	PLANET PLAY GSP, LLC	92-2402421
OASIS	LAMCOR GROUP, INC.	26-3621022
OASIS	ARTEMIS WAX MONTVALE LLC	86-3847465
OASIS	PJ'S CAR WASH	84-1001266
OASIS	ANCHOR BEL AIRE LLC	92-2415827
OASIS	PRIVAMEDIS, LLC	82-2596125
OASIS	RED COACH, INC.	27-1334408
OASIS	Z MASSAGE INC	51-0659871
OASIS	LADIN CONSULTING GROUP, INC	03-0434244
OASIS	R.E.L.S. LLC	84-3401707
OASIS	IMPEX INCORPORATED	26-2253912
OASIS	C&S ASSOCIATION MANAGEMENT, INC.	27-1059611
OASIS	DELTA HEALTHCARE, LLC	46-1243061
OASIS	EL NIDO MHP, LLC	93-4774451
OASIS	AGAPE SPRINGS, MHC, LLC	30-0713829
OASIS	SMW ME SPA LLC	45-4747656
OASIS	THE POINTE HOSPITALITY GROUP LLC	86-1639696
OASIS	LUCERNE COUNTRY CLUB MHC, LLC	61-1742295
OASIS	JURO'S MEDICAL, INC.	81-0536454
OASIS	ROADMASTER TRUCKING INC.	90-0200660
OASIS	EMPIRE PASS DOWNTOWNER LLC	82-1757384
OASIS	ADINATH HOSPITALITY LLC	82-4635358
OASIS	SELECT ROOFING CONTRACTORS, LLC	46-3862851
OASIS	WEST WILSON FAMILY PRACTICE-DR	62-1812640
OASIS	VIPEX CONSOLIDATORS, INC	65-0932879

OASIS	BERENS AND MILLER, P.A.	26-0771304
OASIS	GAMA LOGISTICS	87-4084737
OASIS	THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.	59-1801747
OASIS	ALLEN KING WONG, D. D. S., A PROFESSIONAL DENTAL CORPORATION	95-2669520
OASIS	K3 CO.	42-1055298
OASIS	MFRF ENTERPRISES INC	81-3645621
OASIS	NEXTSTEP SMILES, LLC	87-2049584
OASIS	EYE ASSOCIATES OF SOUTHWEST FLORIDA, M.D., P.A.	65-0886142
OASIS	KAREN S. CLEMENS, CPA, P.C.	56-2629104
OASIS	ALAFAYA INVESTMENTS LLC	20-3261225
OASIS	WHITNEY COURT PLAZA, LLC	87-1573327
OASIS	COUNTRY LAKE MHC GP, LLC	82-2181190
OASIS	TRIPLE C ELECTRIC	46-1456546
OASIS	INTERNATIONAL HOTEL MANAGEMENT GROUP, LLC	20-2870771
OASIS	LACKLAND MHC, LLC	85-1289454
OASIS	ALTA VISTA BOARDING AND GROOMING	26-4539829
OASIS	RIDGEVIEW RV RESORT LLC	87-2999251
OASIS	3J FUEL CARRIERS	48-0758915
OASIS	LIVE WIRE NETWORKS, INC.1552	74-1298264
OASIS	COURAGE REINS	87-0618601
OASIS	NORTH HAVEN PET SUPPLY INC.	59-3822539
OASIS	YNOT PIZZA VI, LLC	47-2614270
OASIS	ECONO AUTO PAINTING OF NASHVILLE, INC.	62-1525119
OASIS	VELOCITY AUTOMOTIVE HOLDINGS EASLEY, SC, LLC	99-2254369
OASIS	DF HEALTHCARE PARTNERS, LLC	46-3484748
OASIS	AIR VENTURE ASSETS, INC.	46-4808520
OASIS	MEADOWS MHP LLC	99-3302377
OASIS	CAMBRIDGE FITNESS NR, LLC	82-1977939
OASIS	CHOICE PET DARIEN LLC	88-1521165
OASIS	UNIVERSAL FINANCIAL INDEPENDENCE, INC.	27-4516368
OASIS	DALE P HOLT HOLDINGS LLC	46-0876133
OASIS	ZRV MANAGEMENT LLC	83-2376135
OASIS	ROEBUCK INVESTMENT CORPORATION, INC	45-1583638
OASIS	ENCOMPASS SOUTH	41-5153727
OASIS	CAREFREE MOBILE HOME PARK, LLC	81-2562637
OASIS	T LYMAN GOLF, LLC	47-1561432
OASIS	JAN CAROL PUBLISHING INC	45-0530438
OASIS	TORO REAL ESTATE SERVICES, INC.	81-0936677
OASIS	COMMUNITY TAMPA BAY	81-0675602
OASIS	A AND S BROTHERS INC.	16-1532974
OASIS	ORTHO SFWO LLC	85-1699468
OASIS	SHIELD BEARER, LLC	20-3502961
OASIS	CYBER INVESTIGATION SERVICES, LLC	30-0658891

OASIS	WASH EQUITY ADVISORS LLC	85-3335322
OASIS	058 MASSMUTUAL CENTRAL US - MERGED	00-0000000
OASIS	BIG SMILE DENTISTRY, INC.	46-1106073
OASIS	ALTITUDE HOME CONCIERGE, LLC	46-4000026
OASIS	SHUDH, LLC	74-3156709
OASIS	PARROT SOLAR, INC.	83-2531486
OASIS	HM FLORIDA - ORL LLC	26-1689827
OASIS	DIAMOND METAL PRODUCTS, INC.	41-1461318
OASIS	TECHSPERT.IO INC	85-4039335
OASIS	REDDINGWOOD MOBILE HOME AND RV PARK, LLC	81-1186792
OASIS	JAZZ LOUNGE, LLC.	87-1720147
OASIS	COOSAW CREEK OWNERS' ASSOCIATION, INC.	57-0941213
OASIS	CAMBRIDGE FITNESS OF SOLON, LLC	47-1983612
OASIS	ARTEMIS WAX HUNTINGTON STATION LLC	93-4262370
OASIS	ALLEN BEACH APARTMENTS, INC.	65-0628083
OASIS	SUNCOAST CONVENTION SERVICES, INC.	59-2877611
OASIS	RAMESTA HOSPITALITY LP	82-2874398
OASIS	CAMBRIDGE FITNESS OF GARFIELD HEIGHTS, LLC	46-1101603
OASIS	FOUNDATIONS SENIOR SERVICES, INC.	93-2046719
OASIS	FIELDS & IVY BREWING COMPANY LLC.	81-4835563
OASIS	CARLSON WEALTH MANAGEMENT LLC	92-0827891
OASIS	DESERT TOX, LLC	81-5346074
OASIS	GLEN IVY VILLAGE INC	82-1023164
OASIS	ECHO HILLS ESTATES LLC	92-0241684
OASIS	MATAMOROS MEAT MARKET #17, INC.	76-0353289
OASIS	CUSTOM QUALITY HOMES OF THOMASVILLE, LLC	84-4635054
OASIS	PRANA WELLNESS, LLC	99-3808302
OASIS	MERIDIAN STRATFORD PLACE LIMITED	38-3628164
OASIS	LIONSHEAD STORE LLC	20-3555172
OASIS	NEW WAVE WELLNESS ONE LLC	88-2054913
OASIS	BRITE IDEAS ELECTRIC, LLC	82-5090837
OASIS	WHITNEY BRIDGES, LLC	35-2579375
OASIS	PROMITTO SUBS, INC	45-2782734
OASIS	RIO VISTA RV PARK, LLC	81-1168832
OASIS	DRYWIZARD DRYWALL SERVICES, INC	20-8179016
OASIS	RESURRECTION MCC	74-1949182
OASIS	GOOD PEOPLE BREWING COMPANY, LLC	20-5029632
OASIS	THE TOWERS CONDOMINIUM	59-2105947
OASIS	HENDRICKS COUNTY COMMUNITY FOUNDATION INC.	35-1878973
OASIS	FREDERICKSBURG RTO, LLC	47-3904293
OASIS	PROPER POUR, LLC	85-3763901
OASIS	KINGS HOSPITALITY, LLC	82-1722501
OASIS	WINNING WINGS LLC	86-3919779
OASIS	MAPLE STREET ADVISORS, LLC	84-3004739

OASIS	FAMWAY, INC.	92-1606218
OASIS	FRYE CONSTRUCTION INC	86-0720655
OASIS	ORTHO JDD LLC	88-1366253
OASIS	THE CONCIERGE LEVEL INC	20-5614557
OASIS	SPORTS NUTRITION DISTRIBUTORS, INC.	20-4929351
OASIS	NEUROCENTER AZ PLLC	85-3978833
OASIS	POSSUM KINGDOM RV RESORT LLC	88-1953518
OASIS	PRIDE TRIBE INC.	84-3428846
OASIS	CLS 1423, LLC	61-5805559
OASIS	LEADVILLE DOWNTOWNER, LLC	99-3980605
OASIS	GOING DOWN TO JACKSON L.L.C.	62-1855297
OASIS	ISL-EUSTIS, LLC	87-3581524
OASIS	A.S.T. CONSTRUCTION, INC.	51-0435193
OASIS	GLEN COVE MANSION HOSPITALITY LLC	47-2303819
OASIS	RASNA, LLC	73-1685065
OASIS	THE CAPE SMOKEHOUSE, LLC	86-2000870
OASIS	PRONTO NUTRITION LLC	26-2907922
OASIS	FLAVORISM HOLDINGS LIMITED PARTNERSHIP	81-1258408
OASIS	GRC PRIME BATH LLC	81-5339302
OASIS	MCCLELLAN MOBILE HOMEPARK LP	82-4554893
OASIS	SAYDAM MEDSPAS LLC	86-3185913
OASIS	BEST CAR BUYS III INC	26-3292503
OASIS	BEACON AUTO REPAIR LLC - S9	92-0652865
OASIS	WHITNEY NORTHPOINTE, LLC	84-2354717
OASIS	ECONO AUTO PAINTING OF TAMPA BAY, INC	59-3255084
OASIS	B.O.M.A.	86-0312533
OASIS	LEMON BAY ANIMAL HOSPITAL LLC	65-0783111
OASIS	DANBURY PET SUPPLY, INC.	57-1175518
OASIS	BZ ENTERPRISES, INC.	06-1007270
OASIS	PARTNERS FOR SELF-EMPLOYMENT	65-0464173
OASIS	HQMG OF OR INC	84-3850318
OASIS	SERENITY FALLS INC	85-1309826
OASIS	CLEARWATER CENTRAL HOSPITALITY, LLC	83-2409136
OASIS	TROIKA MEDICAL GROUP OF MICHIGAN PLLC.	88-3541553
OASIS	LTC FAMILY MANAGEMENT	47-2686613
OASIS	THE AMERICAN CRAFT SPIRITS ASSOCIATION	46-1852001
OASIS	SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.	65-0077972
OASIS	MARK BOND & COMPANY, INC.	75-2174264
OASIS	MCNEW INVESTMENTS LLC	83-1225208
OASIS	BMOC BIZ PLAINFIELD LLC	83-4175320
OASIS	WINTER PARK HOSPITALITY, LLC	47-3748337
OASIS	CHURCHILL GROUP, L.L.C.	68-0377872
OASIS	SVSH LLC	61-1586457
OASIS	COASTAL WIPERS, INC.	59-2242868

OASIS	FRIER TRANSPORT, INC	59-3077746
OASIS	CREMATION CARE OF GEORGIA, INC	47-3582928
OASIS	KPG INVESTMENTS, INC.	59-2551726
OASIS	MONOLITH FINANCIAL GROUP INC	20-5123435
OASIS	JND HOLDINGS, LLC	81-1404874
OASIS	5539 NPR OPERATING LLC	82-2682264
OASIS	STAINLESS MARINE INC	59-2640676
OASIS	CENTER FOR WEALTH MANAGEMENT LLC	56-2408580
OASIS	ANGELA B. NAHL M.D., INC.	01-0741683
OASIS	5G STUDIO ALTERA, LLC	47-1880665
OASIS	AUTO PAINTING ENTERPRISES, INC.	58-2357956
OASIS	HULLABALOO.TV, LLC	26-2177424
OASIS	STADIUM VILLAGE HOLIDAY LLC	20-5347488
OASIS	5G STUDIO INDUSTRIAL, LLC	85-2530682
OASIS	VICTORY LITTLE KNIGHTS ACADEMY, LLC	87-3458581
OASIS	CARP BODE SUBS, INC	82-1039131
OASIS	BROWARD TAG AGENCY INC	20-5579897
OASIS	CCI FINANCIAL, INC.	20-0994786
OASIS	HELION INVESTMENTS, LLC	27-1337403
OASIS	VICTOR MASON INSURANCE AGENCY	86-0888650
OASIS	BRIAN AND LARINA CHU DDS INC	46-5113053
OASIS	BONNER SPRINGS HOUSING PARTNERS, L.P.	74-2855296
OASIS	CAMELBACK RECOVERY TREATMENT CENTER, LLC	88-0538106
OASIS	LANDSTAR KIDS ACADEMY, LLC	45-3354962
OASIS	FEI DALLAS CHAPTER	75-6038085
OASIS	CA ESCROW OF SAN BERNARDINO	33-0559692
OASIS	ED VENTURE CHARTER SCHOOL, INC.	65-0802918
OASIS	HOME HEALTH MONTANA, LLC	93-1427649
OASIS	NATIONAL RISK MANAGEMENT ASSOC., INC.	59-2957805
OASIS	IRONWOOD HOMES OF LAKE CITY, LLC	13-4207786
OASIS	HOBNOB PERIMETER, INC.	82-4303320
OASIS	RCS - NM ENERGY, LLC	87-0807291
OASIS	RALPH G. POWELL III	27-5070732
OASIS	CAMBRIDGE FITNESS OF MENTOR, LLC	47-4368297
OASIS	KATHRINA AGATEP D. D .S.,PROFESSIONAL CORP.	90-0644615
OASIS	BMOZ BIZ BROAD RIPPLE LLC	83-3843896
OASIS	CHESWICK PIE, LLC	84-2112222
OASIS	THREE RIVERS SOUL OUTSOURCE LLC	47-5134292
OASIS	WICHITA FALLS DIALYSIS CENTER,	27-0416981
OASIS	MOORE NORTH AMERICA, INC.	20-3962155
OASIS	SUNNYSIDE PHYSICAL AND SPORTS THERAPY PLLC	87-0743798
OASIS	SHAPING EXPECTATIONS THERAPY, LLC	82-3912501
OASIS	PISMO SANDS RV RESORT LLC	87-2741800
OASIS	KALAMAZOO HOME CARE SERVICES, LLC	83-3114163

OASIS	ORTHO JAG, LLC	87-2181244
OASIS	IMOTORSPORTS ORL LLC	82-2281938
OASIS	FRESH JUICE DEVELOPMENT, LLC	47-4162636
OASIS	8 CALIFORNIA AVE LLC	86-1866005
OASIS	SOUTHERN KENTUCKY FINANCIAL SERVICES LLC	84-3106623
OASIS	HARPER HEALTH NAPLES, PLLC	88-3710023
OASIS	SNJ CONSULTING	46-0734006
OASIS	CENTRAL PHOENIX OBSTETRICS AND GYNECOLOGY	86-0528656
OASIS	MY VALUE CAR RENTALS, LLC	81-3292312
OASIS	PALISADES DOWNTOWNER, LLC	92-1085823
OASIS	ASSOCIATES IN PEDIATRIC DENTISTRY, LLC	35-1785877
OASIS	OCEAN WEST INVESTORS LLC	37-1782561
OASIS	HOMEBASE TRANSPORATION, LLC	87-3991501
OASIS	PARKING NETWORK STRATEGIES,INC	55-0811776
OASIS	THE GUZEL SV 2, LLC	82-5268660
OASIS	TELLIGEN COMMUNITY INITIATIVE	20-2017785
OASIS	FIRSTLIGHT LAKESHORE, LLC	83-1284171
OASIS	ORTHO WJB LLC	92-3330323
OASIS	R & J INVESTMENTS MILFORD, LLC	06-1477077
OASIS	WEST WILSON FAMILY PRACTICE	62-1812640
OASIS	TRANSCEND COLD STORAGE & LOGISTICS LLC	99-0394703
OASIS	IOWA TAXPAYERS ASSOCIATION	42-0336050
OASIS	BRENTWOOD MHP INVESTORS, LLC	20-8438590
OASIS	TUHAVI CORPORATION	86-0357245
OASIS	WILLOWBROOK MANAGEMENT, INC.	35-2482988
OASIS	BOCA BBQ, INC.	26-0326756
OASIS	NM 6881 LLC	82-0810782
OASIS	MOPAC STORAGE SPE LLC	85-1830806
OASIS	BASIC CHANGE, INC	20-0991407
OASIS	BENEFIT ASSOCIATES, INC.	95-3775762
OASIS	YOUR TAILOR MADE SENIOR SERVICE INC	92-1796693
OASIS	OCONEE METAL RECOVERY, INC.	58-1805102
OASIS	DIRECTPATH FINANCIAL, LLC	93-3836005
OASIS	ARTEMIS WAX KINGSTON LLC	88-4360307
OASIS	EDMUND GROUP INC	46-1077368
OASIS	FOUR SEASONS ESTATES, LLC	83-2620612
OASIS	DOUBLE DIAMOND INVESTMENT GROUP LLC	27-1252338
OASIS	290 WILD LLC	92-3358854
OASIS	VELOCITY AUTOMOTIVE HOLDINGS SHEBOYGAN WI LLC	99-2900999
OASIS	MC INSIGHT, LLC	83-0535894
OASIS	IMBER WEALTH ADVISORS, INC.	22-3887459
OASIS	MEGA LP	45-4684076
OASIS	PEVAZI INC	04-3686630
OASIS	GRAND CENTRAL HOSPITALITY, LLC	83-0824294

OASIS	OPH HOTEL, LP	30-0743316
OASIS	COMMERCIAL CONCRETE PRODUCTS, INC.	59-2919357
OASIS	ILA EDUCATION INC.	84-4980717
OASIS	ENTERPRISE IOWA, INC.	42-1483700
OASIS	MACH THERAPY, LLC.	99-3374797
OASIS	200 VENICE OPERATING LLC	82-2703700
OASIS	NM FLAMINGO LLC	84-2315498
OASIS	CSB AUTOCRAFT LLC	83-3249776
OASIS	BREAKTHROUGH TWIN CITIES	45-3587267
OASIS	DLB CUSTOM HOMES INC	86-0925982
OASIS	GBSL FLA LLC	85-3190977
OASIS	JB HOMECARE REFERRAL SERVICE	68-0481849
OASIS	RONAN FINANCIAL CORPORATION	45-3732575
OASIS	ABE LIMITED	76-0584079
OASIS	FORGOTTEN COAST BREWING COMPANY LLC	92-3912012
OASIS	NEIGHBORHOOD LAW GROUP OF IOWA P.C.	46-4043673
OASIS	METRO FACILITY MAINTENANCE	81-5178183
OASIS	SMH HOLDINGS	81-1420028
OASIS	JACKSON COUNTY ARC	59-1533175
OASIS	IWLC	45-2932668
OASIS	SENOR MIST, LLC	20-5593460
OASIS	DOMINION MANAGEMENT LLC	20-8621988
OASIS	TUCSON SMILES PEDIATRICS DENTISTRY, PLLC	45-5617671
OASIS	DIVYA HOSPITALITY LLC	85-0838056
OASIS	PHOENIX RESIDENTIAL TREATMENT CENTER LLC	92-3833785
OASIS	AMERICAN COUNCIL OF ENGINEERING COMPANIES OF INDIANA	35-1101396
OASIS	MDM 1013, INC.	06-1328648
OASIS	HJ FLORIDA, LLC	84-3985732
OASIS	CAPITAL WAYPOINT LLC	82-1457430
OASIS	RE-TIRE MINT CORP	87-2698113
OASIS	SEMPER FI WEALTH MANAGEMENT, LLC	83-4057440
OASIS	MULTI-MEDIA PRODUCTIONS USA	65-0571636
OASIS	ARROWHEAD MAINTENANCE, INC.	59-3159301
OASIS	FIRST COAST TIRE & ST.AUGUSTINE AMOCO, INC	59-3719586
OASIS	EAGLE PHILLIPS, LLC	46-0885934
OASIS	VEER HOSPITALITY BELLINGHAM LLC	87-4374440
OASIS	ARTEMIS WAX MOUNT LAUREL LLC	88-4101632
OASIS	IAN ASHCROFT TIRES INC. DBA BIG O TIRES	82-4423458
OASIS	PUENTE ENTERPRISES INC	75-2650209
OASIS	SGM 98TH, INC	81-4460765
OASIS	LUXURY HOTELS GROUP FLORIDA, INC.	81-1576794
OASIS	CONCERT 12 OAKS, LLC	83-1246109
OASIS	A & K ENERGY CONSERVATION, INC.	59-1581085

OASIS	SUPERIOR CLEANING SUPPLY ENTERPRISES, INC.	59-3590581
OASIS	IRMG BURGER OF GREAT LAKES	83-2837662
OASIS	WOODPARK AT DESOTO SQUARE OWNERS ASSOCIATION, INC	59-1609778
OASIS	IKG & MSS, INC	75-3146388
OASIS	DIVINE HOSPITALITY	84-2999427
OASIS	COOL R US INC	26-0854717
OASIS	SOUTH BAY SMOOTHIES, LLC	92-2423380
OASIS	GOLDMAN, WALKER & DIMARCO	11-3690982
OASIS	DADE COUNTY BROADCASTING	58-2175247
OASIS	BMOC BIZ HENDERSON LLC	87-2385329
OASIS	REVELATION SOFTWARE CONCEPTS	98-0382243
OASIS	NATIONAL AGRICULTURE IN THE CLASSROOM ORGANIZATION (NAITC) INC.	31-1649895
OASIS	LOWREY WEALTH MANAGEMENT LLC	86-3904187
OASIS	CONCRETE EQUIPMENT, LLC	46-1487725
OASIS	DRIVE-IN CAPITAL, LLC	84-2251697
OASIS	BETA'S HOSPITALITY, INC.	93-4801539
OASIS	MAGNOLIA PROPERTY MANAGEMENT INC.	37-1939631
OASIS	RINK SYSTEMS, INC.	41-1750087
OASIS	LORI LYNN DOWIE D.O., P.A.	65-1076094
OASIS	WOLFGANG FINANCIAL GROUP LLC	47-2352210
OASIS	SUMAIYAH MEDICAL PC	45-2505453
OASIS	FUNDAMENTALS EARLY LEARNING, LLC	84-4728351
OASIS	FOUR COUNTY WEST, INC. DBA GRISWOLD HOME CARE	45-3260125
OASIS	S.J. COLLINS ENTERPRISES, LLC	33-1052296
OASIS	GOOD DAY HOLDINGS LLC	38-4280146
OASIS	THE BOOK SHELTER, LLC	92-0376352
OASIS	GOLF CARS OF HOUSTON, LP	83-0395516
OASIS	ORTHO EJB LLC	99-2983722
OASIS	EXPRESS MEDICAL & NUTRITION SUPPLY, INC.	59-3294108
OASIS	SPARKS MOBILE HOME AND RV PARK, LLC	47-3133727
OASIS	JAI LI PROFESSIONAL LIMITED COMPANY	37-1550726
OASIS	DARREN FORD	54-0049112
OASIS	JALTO LLC	99-1304899
OASIS	CIRCLE B OF OCALA, INC	59-3209536
OASIS	ETTEO TECHNOLOGY, LLC	83-2549567
OASIS	CONSOLIDATED PAINTS, INC.	59-2688072
OASIS	FRESHMEXFL, LLC	86-3332708
OASIS	GLOBALISE INTEGRATIONS LLC	61-2117592
OASIS	ORLANDO CC HOTEL, LP	81-0703972
OASIS	ORTHO CJL LLC	99-0564607
OASIS	BREAKTHRU PSYCHIATRIC SOLUTIONS, LLC	87-1764620
OASIS	BONANZA RV PARK LLC	87-1561037
OASIS	AUTO LENDING FINANCE, LLC	82-3767705

OASIS	GUNGHO MARKETING AMERICAS INC	37-2004103
OASIS	WESTLAKE IMPORTS LLC	82-0725056
OASIS	STILES, LLC	84-3098527
OASIS	STONECREST INVESTMENT HOLDINGS, INC.	88-1945153
OASIS	STARS & STRIPES MOBILE HOME SALES, INC.	59-3084660
OASIS	SAY NO MORE PROMOTIONS	38-3672069
OASIS	W WRIGHT ENTERPRISES INC	20-3458516
OASIS	DROP OF LOVE LLC	85-1208344
OASIS	LARAMAX CORP	36-4888243
OASIS	MONARCH ADVISORY SERVICES FINANCIAL, LLC.	45-2590024
OASIS	EGENMARKETING LLC	82-3715634
OASIS	DIKI WONDERLAND CHILDCARE CENTER, INC.	83-1749550
OASIS	LAFON WAX CENTERS, LLC	46-0583304
OASIS	MAIN CHICK LLC	93-2500970
OASIS	THE HERRIN LAW FIRM P.C.	13-4356004
OASIS	TX PHYSICAL HOLDINGS LLC	88-1083684
OASIS	STAMFORD PET FOOD, INC.	06-1422279
OASIS	CAMP HERTKO HOLLOW	76-0717999
OASIS	BTW SOLUTIONS, LLC	46-3545091
OASIS	OZ SAFEROOMS TECHNOLOGIES, INC	27-3701910
OASIS	AMER - SHALEK, G.	01-5440947
OASIS	CHILDREN'S CARE PL	65-1033233
OASIS	SPEARS SERVICES INC	62-1684035
OASIS	JAFFE TILCHIN WEALTH MGMT, LLC	59-3284394
OASIS	RAINDANCE LLC	47-3356858
OASIS	GREENSTONE MH PARK, LP	81-4817379
OASIS	PRECISION COLOR AND CUTS LLC	87-4263660
OASIS	PERFORMANCE MANAGEMENT GROUP INC.	38-3820688
OASIS	HBL LONGBILLS, LLC	83-4321626
OASIS	KANKAKEE HOSPITALITY, LLC	61-1845283
OASIS	VARA GUARD, LLC	92-0603115
OASIS	CONCERT MACGREGOR DOWNS, LLC	46-5431374
OASIS	GOLF MAINTENANCE SOLUTIONS 4W, LLC	45-3233788
OASIS	REDDING 499 LP	93-4176283
OASIS	MOMENTUM HEALTH CARE, INC.	59-3665808
OASIS	BC INDUSTRIAL REPAIR, INC.	59-3734523
OASIS	BUCO INC OF VIRGINIA	54-1298557
OASIS	BMOC BIZ EVANSVILLE EAST LLC	84-3300232
OASIS	DETMERS MANAGEMENT SERVICES, INC.	33-1022355
OASIS	IMPERIAL HOME HEALTH CARE LLC	86-1568030
OASIS	MID-COUNTY COLLISION, INC.	59-3231643
OASIS	RIVIERA DENTAL CARE PC	63-1271237
OASIS	WKS INVESTMENTS, LLC	61-1929689
OASIS	ORTHO PHT LLC	87-1029585

OASIS	DIKI SHINING STAR CHILDCARE CENTER INC	81-2946675
OASIS	PORTSIDE BROOKINGS RV PARK, LLC	82-3289249
OASIS	GRANT ALLIANCE, HOLIDAY INN EXPRESS	59-3611867
OASIS	PINSTRIPE VENTURES, INC.	45-3856111
OASIS	MAGDI LAKE DRIVE, LLC	81-2108232
OASIS	TACNA SAND AND GRAVEL, LLC	94-3378516
OASIS	VIE D'ELITE MED SPA	87-0920509
OASIS	TWISTED BISCUIT, LLC	83-4191967
OASIS	JMJ GROUP LLC	27-1824917
OASIS	CJH, LLC	83-1031679
OASIS	TRI-COUNTY MOBILE WASH, INC	35-2345258
OASIS	PRECISION DIAGNOSTIC OF LAKE WORTH, LLC	26-3827047
OASIS	OTTER CREEK ADVISORS, LLC	47-2293569
OASIS	VEGAS VACUUM AND SEWING	20-0356508
OASIS	I-17/T-BIRD SELF STORAGE	86-0973066
OASIS	GREEN EARTH GROWERS, LLC	20-2222844
OASIS	OUR BOAT HOUSE, INC	27-3063839
OASIS	MITCHELL HEALTHCARE, LLC	84-2110097
OASIS	SPINEFRONTIER	20-5090902
OASIS	ZINK REAL ESTATE SERVICES, INC.	46-0952955
OASIS	TCET HOLDING COMPANIES, INC.	87-1680017
OASIS	PULSE NUCLEAR IMAGING, LLC	87-3869560
OASIS	ADVANCED PAINTING & CONTRACTING	20-0432538
OASIS	ASK PRIVATE WEALTH MANAGEMENT LLC	84-3395338
OASIS	RLO INCORPORATED	93-1532114
OASIS	MONTESSORI BILINGUAL ACADEMY OF ROCKLEDGE LLC	84-3968406
OASIS	BAYSIDE PALMS INVESTORS, LLC	45-3867262
OASIS	DHANANI, LLC	65-1308584
OASIS	ARIZONA'S CALIBRATION CENTERS LLC	92-1255548
OASIS	INTERIM HEALTHCARE HOSPICE, LLC DBA INTERIM HEALTHCARE HOSPICE OF ATLANTA	92-2612470
OASIS	SERDI CORPORATION	58-1680363
OASIS	INTEGRATED CONSULTING SERVICES, LLC.	27-1680258
OASIS	EWC LEANDER LLC	88-3878736
OASIS	HOUSEHOLDER GROUP HOUSTON LLC	87-1680386
OASIS	CAREFREE VILLAGE ESTATES, LLC	82-3019292
OASIS	CRUISIN' 66 LLC	84-4073211
OASIS	THERAPY INVESTMENTS, L.L.C.	26-0334242
OASIS	COYOTE UGLY SALOON DEVELOPMENT CORPORATION	33-1055689
OASIS	EWC PFLUGERVILLE LLC	88-3889180
OASIS	TROIKA PARTNERS LEXINGTON, LLC.	88-2705860
OASIS	GREENVILLE SPARTANBURG MHP LLC	87-4806806
OASIS	SOUTHLAND MHC LLC	85-3716769
OASIS	CARIBBEAN AIRPORT CUISINE INC	65-0861133

OASIS	JGS PROPERTIES INC.	65-0488706
OASIS	BIRTH TO FIVE	35-1843800
OASIS	FCPF, LLC	85-2721998
OASIS	GOLF MAINTENANCE SOLUTIONS 4E, LLC	81-4514990
OASIS	SJFS HOLDINGS, LLC	88-3259483
OASIS	DSS MANAGEMENT OF FLORIDA LLC	92-0309393
OASIS	INNOVATION MIDDLE CHARTER SCHOOL	27-2517148
OASIS	LAC HOLDINGS LLC	87-3904090
OASIS	EKONOMY HOSPITALITY MANAGEMENT, INC.	85-4092205
OASIS	VENICE LIGHTING COMPANY	47-3917206
OASIS	CAMBRIDGE FITNESS OF UPTOWN, LLC	88-1228635
OASIS	ORTHO OFC LLC	87-3264819
OASIS	ADELGLASS LLC	83-1183480
OASIS	WHITE OAK DUCKPINS, L.L.C. - KIRA CONSULTING SERIES	45-2834823
OASIS	CHOICE PET RIDGEFIELD LLC	86-1196069
OASIS	WEST BLADEN ASSISTED LIVING, LLC	27-4404497
OASIS	2400 WHITT LLC	76-0335189
OASIS	ADVANCED METAL FABRICATION, INC.	58-2136390
OASIS	NCCO HOME CARE, LLC	47-1831003
OASIS	HIRSCHI'S BODY SHOP, INC.	87-0542967
OASIS	BREATHE DEGREES, LLC	83-1097775
OASIS	GOLF MAINTENANCE SOLUTIONS 1W, LLC	27-0532755
OASIS	TJ CLEAR LAKE, LLC.	81-1763768
OASIS	MACK E. TARWATER, P.C.	86-0668549
OASIS	DAN MADISON & CO., INC.	86-0653148
OASIS	ARCTIC SPAS DENVER LLC	83-0554941
OASIS	ROYAL COVERS OF ARIZONA, INC.	86-0370196
OASIS	PETERS MANAGEMENT GROUP LLC	93-3854017
OASIS	DACASSO LIMITED, INC	47-0912588
OASIS	DOVETAIL CONSTRUCTION INC	84-1560603
OASIS	MI10 ENTERPRISES, INC.	26-4778998
OASIS	IRECON MARKETING LLC	46-3775454
OASIS	VENTURETECH INC	62-1375531
OASIS	MARCOS OF PORT ST. LUCIE, INC.	45-4077525
OASIS	ATLANTIC MONTESSORI CHARTER SCHOOL	45-3149224
OASIS	WAYNE FRIER HOME CENTER OF WAYCROSS, LLC	47-2539060
OASIS	MOMENTUM ASSETS INC	76-0421598
OASIS	THE DIRECTORS COUNCIL	42-1524040
OASIS	BEACON AUTO REPAIR LLC SERIES 14	99-4181120
OASIS	T ALEA MD, LLC	47-1522551
OASIS	JULES BOREL AND COMPANY	44-0666256
OASIS	BOOKTRIBLIFE.COM LLC	30-0794607
OASIS	TROIKA PARTNERS LINCOLN LLC	88-3929577
OASIS	CRANFORD BREWING, LLC	87-3226519

OASIS	ISL-MERRITT ISLAND, LLC	99-3420835
OASIS	WAYNE FRIER HOME CENTER OF MACCLENNY, LLC	20-5668542
OASIS	PC BLUE HERON, LLC	84-1815861
OASIS	MOZ PROMO LLC	83-3602312
OASIS	STORYBOOK SCHOOL LLC	84-3850600
OASIS	OAKSTEAD MANAGEMENT GROUP, LLC	33-1396668
OASIS	G&G 8181 PARTNERS INC.	85-0591598
OASIS	G AND V 2 LP	81-2521547
OASIS	TJ GREATER HOBBY, LLC	86-3387369
OASIS	LFN CORPORATE WELLNESS, LLC	85-3122281
OASIS	CONCERT LONGVIEW, LLC.	87-2676532
OASIS	CHAMPION SCHOOLS, INC.	59-3463543
OASIS	HERI AUM, LLC	20-5543676
OASIS	IMOTORSPORTS SPB, LLC	35-2574872
OASIS	AVEMAR GROUP, LLC	82-2978522
OASIS	CIS MESA LLC	82-1531084
OASIS	LOHI BEER GARDEN LLC	47-1370949
OASIS	VEER HOSPITALITY TACOMA LLC	87-4374737
OASIS	CYPRESS CREEK MRI, LLC	82-5225479
OASIS	ATLAS HOMES, LLC	45-5375792
OASIS	CARCARE HOLDINGS LLC	88-4311927
OASIS	HYGIENIC GREEN CLEANING, LLC	81-2626280
OASIS	EXPERT AUTO CARE, LLC	46-2346986
OASIS	RANDY JOHNSON MASS MUTUAL	51-4941151
OASIS	FRIER MANUFACTURED HOME MODEL CENTER OF CHIEFLAND, INC	59-3362177
OASIS	AMER - ANDERSON, PATRICK A.	36-3804570
OASIS	GROWER2BUYER.COM, INC	65-0998924
OASIS	GMO, LLC	84-4700335
OASIS	ORTHO FNN LLC	81-2408842
OASIS	ERDMANN BROTHERS ELECTRIC	87-0545722
OASIS	BRUNSON RECYCLING CORPORATION	45-5353266
OASIS	ELITE TURF CONSTRUCTION LLC	88-1351394
OASIS	ELEMERCE , LLC	47-2496767
OASIS	MAPLE LEAF TRUCK SERVICE LLC	46-2450054
OASIS	VEER HOSPITALITY PHOENIX LLC	83-3118415
OASIS	AMICORP TRUSTEES (SOUTH DAKOTA) LLC	36-4879278
OASIS	WESTPORT PET SUPPLY, INC.	46-0908979
OASIS	CBQ, LLC	88-3331321
OASIS	A & E EQUIPMENT & SALES, INC.	59-3422339
OASIS	IRMG BURGER OF SUGARLOAF, INC.	93-2165581
OASIS	SPERRY VAN NESS/DENVER COMMERCIAL LLC	26-1361848
OASIS	A CHILDREN'S KASTLE ELC @ WINTHROP	20-2171206
OASIS	US FITNESS PARTS, LLC	82-1562807

OASIS	FLASH ELECTRICAL OF CENTRAL FLORIDA, INC	20-8788659
OASIS	KEAAU STORAGE INVESTORS, LLC	84-3697761
OASIS	RB MANAGEMENT COMPANY	59-3466199
OASIS	EHEART DESIGN CENTER, INC.	84-1158021
OASIS	SUN BAY SUITES & APARTMENTS	86-0631064
OASIS	FORUM ADVISORY SERVICES LLC	86-3437232
OASIS	CRC SOUTHERN RECYCLING LLC	93-3593624
OASIS	CASA ALONDRA INVESTORS, LLC	86-3636034
OASIS	CAROLCO INDUSTRIAL SERVICES, LLC	46-4984312
OASIS	NEW HEIGHTS PERSONAL CARE HOME, LLC	26-2715763
OASIS	BERI DEVELOPMENT, LLC	27-1073978
OASIS	ORTHO PNN LLC	82-1819608
OASIS	MOUNTAIN VIEW MHC LLC	85-3059346
OASIS	COBBLESTONE OPCO LLC	20-5253107
OASIS	RIVER OAK MHP LLC	84-5188645
OASIS	TG MOBILE WASH INC	92-2280280
OASIS	BRANDON CROSSROADS BOWL INC.	59-2943286
OASIS	ARTEMIS WAX BEDFORD LLC	88-4125099
OASIS	ACES AUTOMATION, INC.	84-1486732
OASIS	FOX AND ROACH-TRIDENT CHARITIES	23-2823013
OASIS	WAYNE STOUT SPECIALTY SERVICE, INC.	33-1078818
OASIS	INTEGRATED PERFORMANCE SYSTEMS OF FLORIDA, LLC	65-0531557
OASIS	ARTEMIS WAX LONG ISLAND CITY LLC	88-2130209
OASIS	REGASK, INC	83-4580113
OASIS	REM-KIKS ADULT DAY CARE SERVICES INC	13-4301770
OASIS	ARTEMIS WAX FALLSGROVE LLC	88-3074591
OASIS	WILLOWBROOK MANAGEMENT, INC	35-2482988
OASIS	GREENS FORK ANIMAL HOSPITAL	35-2021179
OASIS	EWC TRIANGLE LLC	84-2464756
OASIS	PTFT GROUP L.L.C	46-5278510
OASIS	RANDCOR MANAGEMENT INC.	59-2932302
OASIS	TITLE CLERK CONSULTING COMPANY, LLC	20-1414602
OASIS	ORTHO WMM LLC	93-4282670
OASIS	042 MASSMUTUAL LONG ISLAND METRO	00-0000000
OASIS	DEZAYAS FRIEL, LLC	46-3760394
OASIS	MALLARD COVE	59-3386399
OASIS	INTERNATIONAL GRAND INVESTMENT CORPORATION	27-1508904
OASIS	CREATIVE RETIREMENT PLAN CONSULTING LLC	84-2276766
OASIS	BEAUTY EXPLOSION, INC.	65-0446197
OASIS	ROCHESTER HOTEL GROUP LLC	83-2319528
OASIS	AMAZING INVESTMENT LLC	46-5221519
OASIS	JIMMY CAROL BRADLEY	75-1488234
OASIS	RENTPROS, INC.	02-0648851
OASIS	QUEST CONSTRUCTION DATA NETWORK LLC	41-1939378

OASIS	ONE ECONOMY FINANCIAL DEVELOPMENT CORP	83-3749919
OASIS	THE GROWHAUS	20-3533527
OASIS	OPEN WATER SOLUTIONS, LLC	26-0288838
OASIS	CAREN B SINGER M.D. , P.A.	65-0130728
OASIS	AZ TOY BROKERS LLC	85-2724140
OASIS	EASY LIVING TECHNOLOGIES LLC	47-4023583
OASIS	SPRINGS GYMNASTICS CHEER AND DANCE LLC	51-0664577
OASIS	THE EVENT SOURCE SOLUTIONS LLC	35-2809295
OASIS	JMS5T MANAGEMENT LLC	87-3759433
OASIS	OUR BOAT HOUSE III, INC	46-3662146
OASIS	LONDOS FINE CABINETRY, LLC	26-3978811
OASIS	LAW OFFICE OF GREGORY V JANIAN LLC	26-4154922
OASIS	RON HANAK	55-0857397
OASIS	TX MGMT-X, LLC	83-4306107
OASIS	GREG MASCARO ENTERPRISES, INC.	86-0438904
OASIS	REM-KIKS GROUP LLC	46-1646672
OASIS	COMPUTERMART MEDICAL SERVICES	58-1604287
OASIS	PIVOT ROCK SOLUTIONS, LLC	46-0770287
OASIS	ARTEMIS WAX BROOKHAVEN LLC	87-2584057
OASIS	EFFECTIVE COMPUTER SOLUTIONS, INC.	59-2084091
OASIS	SPAR USA LLC	46-3299731
OASIS	FIRST PENTECOSTAL MINISTRIES, INC.	59-2911191
OASIS	ALL ABOUT HEALTHCARE, INC.	92-3473590
OASIS	CAMBRIDGE FITNESS OF PAINESVILLE, LLC	82-5337195
OASIS	ORTHO ZAV LLC	83-0647123
OASIS	UNITED MARINE MANUFACTURERS ASSOCIATION, INC.	88-2861311
OASIS	LBJ & T INC.	62-1006193
OASIS	AVIATION INSTRUMENT TECHNOLOGIES, INC.	59-3456202
OASIS	ADLERIAN SCHOOL ASSOCIATION, INC.	26-0679527
OASIS	SANTEC, INC.	95-3696820
OASIS	TRIAGEN WEALTH MANAGEMENT LLC	85-0798114
OASIS	OLD GRINGO BOOT STORE #1, LLC	87-2229166
OASIS	CORTEZ STREET ENTERPRISES, LLC	93-3243682
OASIS	CONCRETE PAVING ASSOCIATION OF MINNESOTA	41-0826600
OASIS	DIXIE SOUVENIRS INC	62-0873849
OASIS	STR8LINE INSURANCE ENTERPRISES, LLC	81-2495058
OASIS	2672 ENTERPRISES LLC	86-2450984
OASIS	KHAN EYELID & FACIAL PLASTIC SURGERY	03-0385099
OASIS	HALCYON ADVISORY GROUP PDX, INC.	92-0762717
OASIS	ORTHO SDK, LLC	84-3049194
OASIS	GOLF MAINTENANCE SOLUTIONS 3W, LLC	27-4351008
OASIS	EMPIRE RIVERFRONT VENTURES, LLC	82-4299179
OASIS	BERKE LAW FIRM P.A.	65-0739745
OASIS	VENUWORKS OF HOLLAND LLC	82-4840236

OASIS	MONOCOT WEALTH MANAGEMENT, LLC	81-2247577
OASIS	AMICORP SERVICES LTD	13-4137718
OASIS	INFINITY WELLNESS CORP	87-3537777
OASIS	UGATI HOSPITALITY LLC	81-4665448
OASIS	THE LAW OFFICES OF KENNETH G. WINCORN AND ASSOCIATES	75-2316757
OASIS	JPEX AMERICA, INC	47-2903484
OASIS	SOLID ROCK COMMUNITY SCHOOL	73-1695232
OASIS	HEDGEHOG HEALTHCARE ASSOCIATES, LLC	20-8513115
OASIS	UWA CONSULTING LLC	47-5365551
OASIS	DALLAS CONTEMPORARY	75-1575687
OASIS	INTER HEALTHCARE SOLUTIONS, LLC	47-4557342
OASIS	EUROPEAN SINK OUTLET	41-2044556
OASIS	SPECTRA COMPOSITES OF CAROLINAS LLC	88-2901972
OASIS	RSLS ENTERPRISES GROUP, INC.	88-2612533
OASIS	CAMBRIDGE FITNESS OF CLEVELAND 1, LLC	45-4340346
OASIS	ARTEMIS WAX BAY TERRACE LLC	92-3009810
OASIS	FARMERS COOPERATIVE TELEPHONE COMPANY	42-0654387
OASIS	CHANNEL SOLUTIONS, INC	26-2167560
OASIS	TRUMPKARD CELINA PROSPER GUNTER LLC	26-0346400
OASIS	RPA INC	20-4885288
OASIS	STONEBRIDGE PEDIATRICS, PA	20-7137400
OASIS	CAROLINA RECYCLING AND CONSULTING, LLC	46-3855518
OASIS	RED COACH TEXAS, LLC	87-2141271
OASIS	3D2B, INC.	82-4715897
OASIS	TROIKA MEDICAL GROUP OF LOUISIANA, PROFESSIONAL LIMITED LIABILITY COMPANY	88-3262035
OASIS	THE COURTYARDS IN CITYPLACE CONDOMINIUM ASSOCIATION INC	14-1923864
OASIS	HOBNOB BROOKHAVEN, INC	81-4901446
OASIS	LEWIS AND LEWIS EYE CARE CLINIC	73-1578485
OASIS	MADISON-COUTURIER CUSTOM HOMES	86-0947744
OASIS	KID KRAZY, INC.	11-3531423
OASIS	CLARK ROAD MEAT COMPANY LLC	86-2202347
OASIS	PRECISION DIAGNOSTIC, INC	26-1768737
OASIS	JPPLASTICS INC	56-1511370
OASIS	PINES IMAGING CENTER, LLC	81-1106330
OASIS	TOYZ ELECTRONICS, INC	81-2273135
OASIS	815 C AND C LLC	36-4993794
OASIS	HENNEPIN THEATRE TRUST	41-2017278
OASIS	GES DOWNTOWNER, LLC	92-0327184
OASIS	GRAND BAY RESIDENCES CONDO ASSOC.	65-0700067
OASIS	FIRST EVANGELICAL FREE CHURCH OF PRESCOTT	86-0793216
OASIS	CONFISCATED ASSETS AUCTIONEERS CORP	87-4461117
OASIS	DIVINE CONNECTION INTERNATIONAL	99-1669034

OASIS	INAUTO, LLC	99-0505494
OASIS	NOBLE WEALTH & INSURANCE SERVICES	82-5184927
OASIS	ADMIRAL MGMT INTERNATIONAL	65-0421686
OASIS	269 FINANCIAL SOLUTIONS GROUP WEALTH AND RISK MANAGEMENT SERVICES	00-0000000
OASIS	AMER - OSBOURNE, A.	10-6465675
OASIS	BETHEL BAPTIST INSTITUTIONAL CHURCH, INC.	59-0718484
OASIS	SERIOUS SUBS, INC	81-2756323
OASIS	NATHAN L HOOKER	85-3896075
OASIS	FORWARD INDUSTRIES (IN), INC	31-1266201
OASIS	SUCCESSFUL RETIREMENT, INC	43-1756820
OASIS	266 MAGNOLIA WEALTH STRATEGIES	00-0000000
OASIS	SPHINX DEVELOPMENT CORPORATION	75-2750735
OASIS	LOVELAND CHAMBER OF COMMERCE	84-0254565
OASIS	BRAMSON ORT COLLEGE	13-3036302
OASIS	ICE LEGAL, PA	26-2220898
OASIS	JHG FINANCIAL INC.	84-4208748
OASIS	VARITECH COMMERCIAL SERVICES, INC.	86-0861900
OASIS	1ST KEY TECHNOLOGY GROUP, INC	46-7279394
OASIS	CONCERT GEORGIA CLUB LLC	99-3329012
OASIS	STEPHENS INSURANCE CONSULTANTS LLC	47-4020623
OASIS	LONE WILLOW CCT, LLC	83-4311534
OASIS	YNOT VIII, LLC	85-1464216
OASIS	PILGRIM CLEANERS	76-0487930
OASIS	CHS INVESTMENT GROUP, INC.	88-4367997
OASIS	CAROLYN RABB BOOKKEEPING AND TAX SERVICE	62-1575178
OASIS	DEL MAR REALTY & INVESTMENTS	95-3527005
OASIS	RASNA HOSPITALITY LLC	85-2234640
OASIS	FRIEDA WINDOW SYSTEMS, INC	59-3088628
OASIS	BA HOSPITALITY, LLC	83-1758489
OASIS	RIDERMARKET, LLC	99-1780983
OASIS	FLORAL ARTISTRY INC	59-2133744
OASIS	OKTANE MEDIA, LLC	81-4469924
OASIS	PANACEA PREP CHARTER SCHOOL, INC	90-0999318
OASIS	THE BOAT PLACE OF NAPLES, INC.	65-0636552
OASIS	BEACH PARK SCHOOL, INC.	59-3402304
OASIS	WEB SALES BROKER	81-3954070
OASIS	ROBERT D. FISH, PC	20-8643975
OASIS	PEACE OF MIND PROPERTY MANAGEMENT, LLC	46-3839686
OASIS	ILA PRIVATE EDUCATION, LLC	82-4308471
OASIS	DESERT FOOTHILLS LIBRARY ASSOCIATION	51-0153556
OASIS	EAGLE CREEK MHP II LLC	85-2678812
OASIS	BELGRADE AUTO SUPPLY, INC.	86-2046326
OASIS	KEN CARYL VISION CENTER	84-0856910

OASIS	PERSONAL PEDIATRICS, P.A.	20-5250639
OASIS	ROYAL TITLE SERVICES	35-1918831
OASIS	WINCON, L.L.C.	20-1317918
OASIS	WBC OF WHITE PLAINS LLC	83-1650518
OASIS	HALIFAX RIVER YACHT CLUB, INC	59-0279320
OASIS	STORAGE EXPRESS II, LLC	60-0000694
OASIS	APALACH INN LLC	87-3992100
OASIS	EMPIRE F&B VENTURES, LLC	92-1213552
OASIS	GREEN MOUNTAIN COMMUNITY SCHOOL, INC.	87-1867364
OASIS	VALUED WEALTH MANAGEMENT, INC.	20-1720641
OASIS	IOWA HEALTHIEST STATE INITIATIVE	45-4570642
OASIS	THE WEEKLY NEWSPAPERS, INC.	20-5384557
OASIS	PREMIER LIVING US, LLC	99-2231007
OASIS	ADVANCED ENTERTAINMENT GROUP, INC.	65-0801944
OASIS	CAMBRIDGE FITNESS OF WILLOWICK, LLC	46-5067419
OASIS	WHOLE HOUSE ENGINEERING, LLC	81-1422915
OASIS	FREEDOM FINANCIAL CONSULTING	20-1572676
OASIS	CHILDREN'S ORTHOPAEDIC INSTITUTE OF NORTHWEST FLORIDA, LLC	83-4328379
OASIS	DUTT HOSPITALITY LLC	87-4742771
OASIS	PRECISION AIR LOGISTICS INC	84-1847847
OASIS	GH PRIVATE WEALTH MANAGEMENT INC.	61-1743121
OASIS	HENDERSON HAVEN, INC.	57-1181811
OASIS	OAKBRIDGE OWNERS ASSOCIATION NO.TWO, INC	59-3036752
OASIS	SMOOTHIES TO GO, LLC	92-2428818
OASIS	CENTURYWAVES LLC	32-0627976
OASIS	271 FLORIDA FINANCIAL GROUP	00-0000000
OASIS	BMOC BIZ EVANSVILLE WEST LLC	84-3319617
OASIS	CLARITY CONSTRUCTION	26-3537451
OASIS	AMAZING DALLAS HOTEL LLC	84-1792430
OASIS	TILE BY DESIGN, INC.	41-1770120
OASIS	GEORGE S. YATROS DENTAL SLEEP, LLC	20-5411670
OASIS	TRINIDAD RV INVESTORS, LP	83-4309777
OASIS	A1 AGENCY, LLC	47-2150811
OASIS	J&S EQUIPMENT, LLC	82-0672079
OASIS	BRIDGE DAVENPORT LP, A CALIFORNIA LIMITED PARTNERSHIP	35-2526847
OASIS	CARBONDALE DOWNTOWNER, LLC	99-3081278
OASIS	COASTAL PAIN MANAGEMENT PLLC	85-1092728
OASIS	KOHL ANALYTICS GROUP, LLC.	82-4286973
OASIS	SPAY NEUTER NETWORK	20-0276988
OASIS	CLINICAL PHARMACOLOGY SERVICES	59-2986827
OASIS	VEER HOSPITALITY LLC	47-3610645
OASIS	TAPPAHANNOCK RTO, LLC	87-2369248
OASIS	HOME WORK SERVICES, INC.	83-3851479

OASIS	SWINE HEALTH INFORMATION CENTER	47-3408746
OASIS	HELU PAVLOVA, LLC	83-4646265
OASIS	ALPHA OPTICAL GLEN MILLS, LLC	93-2865323
OASIS	BEL AIRE SENIOR LIVING LLC	26-3944208
OASIS	282 COASTAL WEALTH	00-0000000
OASIS	PURELY VAPOR L.L.C	46-2444919
OASIS	JAMBO AUTO, INC.	85-3543133
OASIS	EXPLORE MONTESSORI LLC	81-3429234
OASIS	PALM COAST PEST CONTROL, INC.	65-0194846
OASIS	BRISA RESILIENCE LLC	87-2073786
OASIS	TAC MASSAGE INC	32-0397394
OASIS	ONE HEALTH SERVICES, LLC	92-0937505
OASIS	TIMBER POINT CAPITAL MANAGEMENT LLC	84-4273976
OASIS	SAWDUST NEXT LEVEL LLC	20-2576846
OASIS	DB WEALTH MANAGEMENT,LLC	45-3072899
OASIS	CARIB SALES, LLC	59-1702227
OASIS	HOLPACK, CORP.	82-4431466
OASIS	ISL-LAKE WALES	88-1678748
OASIS	ZEKAJA, L.L.C.	83-3551663
OASIS	PRIVATE PORTFOLIO PARTNERS, LLC	46-1035721
OASIS	VEER HOSPITALITY INDIO LLC	84-3156279
OASIS	TEAM TSI LLC	55-0814417
OASIS	CURTIS B. CHU, D.D.S., INC.	46-3591945
OASIS	DIMENSIONS WEALTH MANAGEMENT, LLC	83-2150622
OASIS	BSG BENEFITS, INC	20-2997520
OASIS	TRADEWINDS PROPERTIES, LLC	90-1011074
OASIS	DUO INDUSTRIES LLC	87-1825891
OASIS	VEER HOSPITALITY PALM SPRINGS LLC	88-1248724
OASIS	N&S PROPERTIES LLC	36-4788589
OASIS	PERFECTION SERVICES GROUP LLC	27-1145687
OASIS	KPG INVESTMENTS II, LLC	26-1621739
OASIS	HOFFMAN ENTERPRISES, LLC	26-0840879
OASIS	EVANGUARD SOLUTIONS, INC	20-1393160
OASIS	STAINLESS MARINE & FIXTURES, INC.	99-0746332
OASIS	MOCK ENGINEERING, INC.	65-0230691
OASIS	HUK CHICKEN LLC	92-3119571
OASIS	LARRY'S PLUMBING SERVICE, LLC	82-1692062
OASIS	COMMERCIAL WOOD DESIGNS, INC.	27-0087018
OASIS	ORTHO CNN LLC	81-2326894
OASIS	WFE MANAGEMENT CO.	20-8296581
OASIS	FIRST PLACE MANAGEMENT PROPERTIES, LLC	46-5456559
OASIS	RISING PHOENIX CONSTRUCTION INC	81-5231994
OASIS	MOR CONSTRUCTION LLC	47-4161570
OASIS	LARINA CHU DDS INC	47-1954898

OASIS	ARTEMIS WAX PARAMUS LLC	86-3025624
OASIS	T'NT RESTAURANTS INC	76-0546866
OASIS	263 HOTEL GROUP, LLC	47-4282347
OASIS	ORTHO IOS LLC	84-4219280
OASIS	CALIFORNIA ACCESS SCAFFOLD, LLC	45-4635440
OASIS	SPRING HILL OSL OPERATING LLC	93-3326567
OASIS	BLACK HAWK COUNTY GAMING ASSOCIATION	80-0103166
OASIS	AERO DOWNTOWNER LLC	99-1591625
OASIS	ANDERSON-GARRETT FUNERAL HOME	62-0611008
OASIS	ASHLEY CONSTRUCTION INC	27-1078520
OASIS	MOLECULAR COATINGS, INC.	04-3824188
OASIS	G5 ENDEAVORS, INC.	85-0591522
OASIS	SSRM BREVARD, LLC	81-1159153
OASIS	TRIVEDI GLOBAL INC	46-3883533
OASIS	ILVENTO LAW, P.A.	26-0111600
OASIS	DTC SIGNS LLC	45-3547513
OASIS	BLUE HERON PROPERTIES, LLC	90-1009611
OASIS	FLYING DOG ENTERPRISES, INC	33-0313310
OASIS	TRIDENT ACQUISITION CONSULTANTS , LLC	85-3498837
OASIS	ARMOUR EXCAVATING LLC	87-3313855
OASIS	PECAN MHP INVESTORS, LLC	82-4818813
OASIS	4 SUPER KIDS, LLC.	83-3636049
OASIS	FY LOGISTICS LLC	83-1573054
OASIS	YNOT, LLC	54-1850279
OASIS	PORTOFINO CHIROPRACTIC, DR. JOHNS CHIROPRACTIC CORPORATION	85-1815786
OASIS	RHP - GOLD STAR HOSPITALITY LLC	93-4357193
OASIS	IMAGINE BUILDERS LLC	20-4528466
OASIS	THE RED COACH RESTAURANT, INC.	16-1152344
OASIS	ORTHO PIM, LLC	84-3706265
OASIS	7C ENGINEERING, LLC	85-1439401
OASIS	ARTEMIS WAX RIVER EDGE LLC	86-3061767
OASIS	ESQUIRE HOTEL GASTONIA, LLC	83-0577390
OASIS	HUDSON HOLDINGS	20-4498556
OASIS	OKTEP OKLAHOMA TRIBAL ENGAGEMENT PARTNERS LLC	82-1739961
OASIS	ASPECTU LLC	87-1093837
OASIS	OPTIONS LLC	84-1872335
OASIS	HIGH TECH COMMERCIAL CLEANING LLC	84-4592520
OASIS	DIKI HARMONY PLAYHOUSE, LLC	84-3167451
OASIS	BEDROCK FINANCIAL SERVICES, LLC	35-2390393
OASIS	ALL PRO HEATING AND AIR LLC	46-1429485
OASIS	GARY SCHEER, LLC	27-0372688
OASIS	MERYL L. MOSS MEDIA RELATIONS, INC.	06-1539829
OASIS	ENVIROPOWER RENEWABLE INC.	46-1894009

OASIS	DBTL CAPITAL CORP	46-3558150
OASIS	HRK GROUP, INC.	41-1839028
OASIS	ARTEMIS WAX WEST CHESTER LLC	88-0862895
OASIS	OLD PLANTATION INVESTORS, L.P.	20-4144947
OASIS	FLORIDA ASSOC. POSTSECONDARY SCHOOLS	59-2444267
OASIS	STORAGE EXPRESS III, LLC	65-1159785
OASIS	ORTHO ONN LLC	82-2406659
OASIS	CAMBRIDGE GOODS OF CLINTON LLC	92-0502289
OASIS	DIVINE CONNECTION CHURCH	99-2400488
OASIS	TAMPA BAY COMMUNITY NETWORK	31-1612170
OASIS	ILIAS FEDERAL SOLUTIONS, INC.	86-1327302
OASIS	COUNTRY CLUB ESTATES COOPERATIVE, INC.	59-2653265
OASIS	THE PIC20 GROUP, LLC	32-0513640
OASIS	SUB BIZ LLC	82-3532544
OASIS	RON'S TIRE AND AUTO REPAIR, LLC	87-0963022
OASIS	DESERT MHP, LLC	36-4958574
OASIS	STARBRITE INVESTMENTS LLC	80-0004632
OASIS	SOUTH FLORIDA ENGINEERING AND CONSULTING LLC	45-3615800
OASIS	FRIER FINANCE, INC	58-2392859
OASIS	ORTHO OAM, LLC	85-0862885
OASIS	CARDIOLOGY OF ATLANTA	26-0805667
OASIS	RACCOON RIDGE COMMUNITY CHURCH	47-5486576
OASIS	THE NATIONAL NETWORK OF YOUTH MINISTRIES	33-0082789
OASIS	SANTA FE PLACE, LLC	20-5736751
OASIS	SALHUANA INC.	58-2208428
OASIS	PIONEERTOWN MOTEL LLC	47-2426698
OASIS	CAPITOL ELECTRONICS, INC	35-1799044
OASIS	THOMAS SUPPORTS	82-0557992
OASIS	GLOBEMED RESOURCES, LLC	01-0599303
OASIS	CHAMBER APPROVED, INC	46-3583612
OASIS	PHARMACEUTICAL DELIVERY, INC.	90-0503750
OASIS	WCL INSURANCE SERVICES	83-3412475
OASIS	1775 ANDOVER ST. RI, LLC	83-2572818
OASIS	DR. RABOT	86-0816987
OASIS	KONCEPT CARMA INC	47-1222102
OASIS	KAVA INSURANCE & FINANCIAL SERVICES CORP	26-1264088
OASIS	ISL-BARTOW, LLC	92-2719061
OASIS	DOLPHIN POOLS, INC	41-1995674
OASIS	THE INSURANCE CONSULTING GROUP, INC.	42-1413846
OASIS	HARPER HEALTH STREETERVILLE, LLC	81-2001011
OASIS	ROSA MEXICANO SECOND AVENUE LLC	86-1203533
OASIS	STORAGE EXPRESS I, LLC	20-4186813
OASIS	JC MILLWORK INSTALLATIONS LLC	81-2035731
OASIS	LAW OFFICES OF SONJA B. SELAMI, P.C.	20-5406956

OASIS	KELLER LAW LLP	46-5634735
OASIS	BREAKTHRU MANAGEMENT LLC	87-4581481
OASIS	PROMISE PHARMACY, LLC	20-4568262
OASIS	SAND CAY CONDOMINIUM RENTAL MANAGEMENT CO., LLC	85-3733496
OASIS	BURR OAK GROUP	41-1834878
OASIS	IRWIN AND IRWIN LLP	27-4946181
OASIS	BMOCBIZ INC	81-4797345
OASIS	BUHLER THOMAS LAW, P.C.	45-3552298
OASIS	CAMBRIDGE MANAGEMENT COMPANY, LLC	38-3577888
OASIS	RBI PROPERTIES, INC.	75-2643430
OASIS	TOSH, INC.	87-0524498
OASIS	INDEPENDENT COMMUNITY BANKERS OF COLORADO	84-0647721
OASIS	FLORIDA PROPERTY TRUST, LLC	83-2621314
OASIS	ISL - BRANDON, LLC	82-1333686
OASIS	SEABREEZE FUNERAL SERVICES, LLC	99-3352764
OASIS	SAN ANGELO CAR CARE LLC	45-3671020
OASIS	SEIDBERG LAW OFFICES PC	65-0076799
OASIS	BREA JUICE COMPANY, LLC	47-4149227
OASIS	TURNER RESTAURANTS, INC.	76-0664692
OASIS	SEREDOR CENTERS, INC.	80-0494470
OASIS	TRANSPORTATION OF AMERICA, INC.	46-5184359
OASIS	THE GIVENS FIRM LLC	82-0641063
OASIS	ORTHO FJM LLC	86-1967544
OASIS	RHCSC DOUGLAS AL HOLDINGS LLC	82-4699292
OASIS	AMER - CHRISTIANSEN, J.	55-5270751
OASIS	ABJ ENTERPRISES INC	65-0467547
OASIS	CREATIVE PINELLAS INC	45-2414664
OASIS	NORTHEAST WAREHOUSE LOGISTICS LLC	81-2948745
OASIS	REGROW.IO	35-2700629
OASIS	LAFON WAX CENTER AUSTIN, LLC	81-3883675
OASIS	ARROW COMMERCIAL LEASING INC	20-5321618
OASIS	ALTA VISTA VETERINARY HOSPITAL	20-4771828
OASIS	ANCO-SUPERIOR, INC.	59-3219569
OASIS	EXCHANGE CLUB/DICK WEBBER CTR FOR THE PREVENTION OF CHILD ABUSE	65-0071524
OASIS	ORTHO KFS LLC	88-3603098
OASIS	PERFORMANCE TITLE SERVICES INC	20-0897994
OASIS	SERVICORE, G.S., CORP.	65-1116153
OASIS	MEDISOURCE RCM, LLC	81-4568921
OASIS	BRIDGEWALK PARTNERS, LLC	65-1047473
OASIS	THE VICTORY CENTER, INC.	65-0968171
OASIS	UTAH SEED LLC	87-0663509
OASIS	QFRM - 1025 PLAIN PAYROLL, LLC	82-4417059
OASIS	ORTHO GLC LLC	88-3736299

OASIS	GLOBAL SOURCE LOGISTICS, INC.	45-2607956
OASIS	AWD MANAGEMENT SERVICES, INC.	77-0684908
OASIS	ALFRED D WYATT JR DMD PC	58-2166338
OASIS	FUTURE COMPUTER SYSTEMS, LLC	59-3562252
OASIS	K&G INSURANCE, INC.	26-4594845
OASIS	ARTEMIS WAX SOUTHINGTON LLC	88-0968256
OASIS	HIALEAH AUTO TAG AGENCY INC	27-3349396
OASIS	JEPB AGENCY, LLC	99-3040493
OASIS	ARNOLD INSURANCE AGENCY	40-9194840
OASIS	FUELED CONSULTING GROUP, LLC	35-2404371
OASIS	VEER HOSPITALITY TULARE LLC	85-2096313
OASIS	WHITNEY O'FALLEN LLC	46-4987149
OASIS	ATHERTON TRAIL RECOVERY AND WELLNESS LLC	85-3092204
OASIS	REMA RICHIE, LLC	27-0752779
OASIS	PRINT TIME, INC.	43-1364448
OASIS	STEPHEN C MCNUTT	84-4131734
OASIS	INTELLIGENT OBSERVATION, INC.	83-3857172
OASIS	RDLP CORPORATION	41-1963649
OASIS	285 MASSMUTUAL TRI STATE	00-0000000
OASIS	RIGSTAR INDUSTRIAL TELECOM USA, LLC	98-1372607
OASIS	CRC-CHESTER LLC	36-4922375
OASIS	NICOLAS VILLALBA WHOLESALE, LLC	22-1945862
OASIS	BRISBOIS & KUE VETERINARY SERVICES, LLC	20-4732645
OASIS	THE KIDWELL GROUP LLC	27-4340670
OASIS	EWC AUSTIN CENTRAL LLC	84-1986862
OASIS	BLOCK ONE COMMUNITIES, LLC	46-1333186
OASIS	ISL-HOLLYWOOD, LLC	85-3012693
OASIS	ABRAMS VAN MANAGEMENT INC	47-4260972
OASIS	CENTER CITY PHARMACY, INC.	01-0820320
OASIS	MCNAMAR RESIDENTIAL	82-5289547
OASIS	PALMIERI HOLDINGS, INC.	27-2867873
OASIS	COOPER BUILT, LLC	87-4456674
OASIS	MARCO ISLAND YACHT CLUB INC.	65-1116984
OASIS	MONTY PROCUREMENT, INC	65-0939772
OASIS	WAREHOUSING PRO, LLC	46-3728110
OASIS	STRICKLER FINANCIAL GROUP, LLC	87-0992034
OASIS	WARRINER-TAPPER, LLC	26-2428497
OASIS	053 MASSMUTUAL SOUTHWEST	00-0000000
OASIS	COVENANT TECHNOLOGY SERVICES, LLC	76-0467231
OASIS	RENEWABLE DIESEL MICRO REFINERY, LLC	36-4777678
OASIS	ARTEMIS WAX NEWBURGH LLC	92-1259974
OASIS	OVERSEAS MEDIA GROUP, LLC	85-3774121
OASIS	CONTRACTORS SUPPLY, INC.	84-1439613
OASIS	NUDGE COACH INC.	86-1481433

OASIS	WHATEVER IT TAKES MEDICAL, LLC	92-2233103
OASIS	SOUTHERN DISASTER RECOVERY LLC	45-5312400
OASIS	ISL - ST CLOUD, LLC	86-3730945
OASIS	BLUEWATER BOAT HOLDINGS, LLC	88-4186899
OASIS	PERCIPIO PHARMACY HOLDCO, LLC	93-3932486
OASIS	262 MASSMUTUAL (MERGED 004,049,133,161,165)	00-0000000
OASIS	KARAS WEALTH MANAGEMENT, INC	84-2940671
OASIS	OMNI POWER CLEAN, INC.	58-2543625
OASIS	HERPETORAMA, INC.	20-2183014
OASIS	RIVER CONCEPTS, INC.	86-3746401
OASIS	PURE MEDICAL, INC.	83-2858656
OASIS	GOLF MAINTENANCE SOLUTIONS 1E, LLC	27-0532583
OASIS	288 FINANCIAL PARTNERS OF UPSTATE NEW YORK	00-0000000
OASIS	ORTHO RSG LLC	99-0507070
OASIS	SKYWARD FINANCIAL LLC	86-2027142
OASIS	MASSAGE HEIGHTS	87-2621679
OASIS	AERIAL DATA SERVICE OF TEXAS, LLC	82-4120345
OASIS	TROIKA MEDICAL GROUP OF CALIFORNIA PC	88-3945697
OASIS	ELLIS PROFILING, INC.	20-4066627
OASIS	QUALITY GEARS INC	27-4672907
OASIS	GOTHAM RESTAURANTS LLC	85-2457834
OASIS	ROSA MEXICANO RIVERSIDE LLC	20-3222392
OASIS	RAMROD DISTRIBUTION INC.	84-4722923
OASIS	CVJ AXLES, INC.	84-1025593
OASIS	FJOEL FINANCIAL INC	46-3657012
OASIS	SMILES IN THE GARDENS, LLC	83-4703716
OASIS	AXIOM SALES KINETICS, LLC	88-1707230
OASIS	MENUMAVIN.COM LLC	45-5308704
OASIS	TECHNICAL DESIGN, INC	73-1438487
OASIS	US ALLIANCE MANAGEMENT CORP.	65-0932472
OASIS	TELEDAAS PLLC	92-2396797
OASIS	MIKELL CAMP & CONFERENCE CENTER INC	20-5964035
OASIS	EVOLUTIONARY PHARMACY SOLUTIONS, LLC	82-2352721
OASIS	ACME LAUNDRY AND CLEANERS INC	59-0135648
OASIS	LOCUTUS, LLC	85-0528261
OASIS	CEDAR VALLEY UNITED WAY	42-0801846
OASIS	LHMR, LLC	26-1948498
OASIS	BAY HAVEN CAPITAL, INC.	46-1353850
OASIS	LANDARAMA REALTY, INC	22-2049954
OASIS	STAR INDUSTRIES LLC	65-1173855
OASIS	ARCONDIS CORPORATION	84-3569652
OASIS	STRUCTURE TONE EQUITIES, LLC	20-8622194
OASIS	GUARDIAN CARE MANAGEMENT AND BENEFITS SERVICES, INC	20-3113833
OASIS	T & K VENTURES, LLC	20-3200922

OASIS	DEKIT LLC	83-2833108
OASIS	DAVIS ISLAND YACHT CLUB	59-0870549
OASIS	ARTEMIS WAX WATERTOWN LLC	92-0796263
OASIS	U AND ME TRANSFER, INC	59-0939998
OASIS	267 MASSMUTUAL DETROIT METRO	00-0000000
OASIS	FORT MYERS CENTRE FACIAL PLASTIC AND LASER SURGERY	65-1051563
OASIS	THE KID'S DOCTOR, INC.	59-3618517
OASIS	MATTEO MIDDLETOWN LLC	87-3872579
OASIS	AMERICAN HOME HEALTH INC.	36-3818452
OASIS	E & B MANAGEMENT CONSULTING, INC	65-0893648
OASIS	FKP SUN CITY CENTER SENIOR LIVING TENANT LLC	26-1262530
OASIS	RASNA MANAGEMENT LLC	85-2210314
OASIS	ODD SOX DISTRIBUTION, LLC	46-4312712
OASIS	BACHMAN LAKE TOGETHER	81-4526609
OASIS	MESA DUNES MHC INVESTORS LLC	94-3315836
OASIS	DEEPAK JAISWAL	52-8354483
OASIS	PROSOURCE FLORIDA, LLC	47-3891477
OASIS	RAMSEY AND MURRAY, A PROFESSIONAL CORPORATION	74-2123806
OASIS	EWC MUELLER LLC	87-2623990
OASIS	KIRKSVILLE SPECIALTY CLINIC, LLC	83-1299696
OASIS	BRAZILIAN MEATS INC.	45-5568173
OASIS	TGR AD LLC	99-1013723
OASIS	PAWSITIVELY PETS, LLC	84-4132110
OASIS	145 STEWART PARTNERS LLC	82-4399708
OASIS	AVADH HOSPITALITY, LP	99-1848142
OASIS	COMMERCIAL MAILING ACCESSORIES, INC.	43-1064452
OASIS	CALEDONIA VETERINARY SERVICES	20-0557795
OASIS	LADY BOSS VENTURES, LLC	92-1409148
OASIS	SAI AKN 1 LLC	84-2318006
OASIS	LLANO GRANDE MHRV LLC	87-2988388
OASIS	BOAVIDA HOMES, LLC	35-2664911
OASIS	INFINITEE COMMUNICATIONS INC	58-1869296
OASIS	CEDAR COVE ASSISTED LIVING, LLC	27-4404233
OASIS	BELLEAU WOODS, LLC	91-2150338
OASIS	LIFE INSURANCE SETTLEMENTS, INC.	65-1144797
OASIS	ARTEMIS WAX CORNERSTONE VILLAGE LLC	88-1655822
OASIS	DENTAL CARE KIDS LLC	20-5998634
OASIS	TAPPER AND COMPANY PROPERTIES MANAGEMENT, INC.	59-3735900
OASIS	HEBREW AT THE CENTER, INC.	39-2076615
OASIS	ALIGN MEDICAL RCM, LLC	92-1297079
OASIS	CLIENTS EXCEL, LLC	83-1973293
OASIS	EXCELSIOR CHARTER OF BROWARD, INC.	20-3521211
OASIS	ALIGN BUSINESS ADVISORY SERVICES LLC	82-3500138
OASIS	MIDTEX MASONRY LLC	85-1265882

OASIS	DAVIS & DAVIS PROFESSIONAL SERVICES FIRM LLC	22-3836946
OASIS	MILITARY CREDIT SERVICES, LLC	20-1767826
OASIS	KINGSIZE RAIL & LOGISTICS LLC	83-3636857
OASIS	THORSON MANAGEMENT GROUP LLC	87-1881894
OASIS	HALLMARK INC	84-1172493
OASIS	MD PUMP INC	27-2612762
OASIS	PROSPECTIQ, INC.	92-2673736
OASIS	MCCAIN VETERINARY CLINIC, INC.	45-3193199
OASIS	LQA EMPLOYEES LLC	50-4982864
OASIS	WALDCO I LTD	76-0384865
OASIS	STORAGE MASTER'S MANAGEMENT, LLC	20-5964454
OASIS	VIVIENE VALDEZ DENTAL CORPORATION	99-3339615
OASIS	ABBY PRESS INC.	59-2943954
OASIS	SHARE ON PURPOSE INC	20-1862832
OASIS	OTS LEGAL, LLC	26-3353967
OASIS	EL CHILITOS MEXICAN RESTAURANT INC	45-2853940
OASIS	COUNTERINTUITY, LLC	26-0304791
OASIS	NATIVE WAY BLEND, LLC	26-4563000
OASIS	R AND R MILLWORK, INC	75-2678575
OASIS	ENABLE ME, L.L.C.	20-1290663
OASIS	MARGRAMON PC MEDICAP PHARMACY	42-1502421
OASIS	MOTORCYCLES OF ORLANDO, LLC	32-0521654
OASIS	DJH ENTERPRISES, INC.	45-0517298
OASIS	CARIB IMPORT AND EXPORT INC.	65-0124710
OASIS	3 R CAPITAL LLC	84-3076187
OASIS	PINEVIEW TERRACE I, L.P.	76-0282166
OASIS	EARTHQUAKE HOLDINGS, INC.	82-4968899
OASIS	CONCIERGE MEDICINE PARTNERS, LLC	81-1986756
OASIS	PURPLE FETE LLC	83-4641551
OASIS	MEDWAY HALL DEVELOPMENT GROUP, INC	80-0032839
OASIS	GLASS AERO INC.	85-0562421
OASIS	ENGLISH-EL-ENTERPRISES, LLC	36-4759588
OASIS	WESTERN UTILITY COMPANY INC.	87-0520400
OASIS	WESLEY'S ELECTRICAL SERVICES, INC	20-2842262
OASIS	LUIS A. ESCOBAR, MD, LLC	36-4716466
OASIS	KIRK A. SPECHT, DDS	94-2986840
OASIS	SPRUCE HEALTHCARE GROUP, INC.	84-4863253
OASIS	QUAIL CREST REDDING 2, LLC	85-4399761
OASIS	NOVATO STORAGE INVESTORS, LLC	92-1384634
OASIS	TEENA HUGHES, INC.	59-3694409
OASIS	MEDICAP PHARMACY - STORE 342	01-0787055
OASIS	JACKSON MEDICAL EQUIPMENT, INC.	41-1662473
OASIS	DL DISTRIBUTION LLC	32-0547242
OASIS	ARTEMIS WAX HOWELL MILL LLC	87-2153360

OASIS	UFF DAA, INC.	59-2959040
OASIS	SFL AXIS 1, LLC	83-2565463
OASIS	ABW EDMOND INC	73-1418099
OASIS	ADVANCED VISION ACHIEVEMENT CENTER	86-0494046
OASIS	HSE ENTERPRISES LLC	84-3725716
OASIS	AL QUICK SERVICE CAPITAL PARTNERS, LLC	85-2960237
OASIS	NILI CAPITAL MANAGEMENT LP	86-1449249
OASIS	M & Z ASSOCIATES, INC.	06-1078272
OASIS	CALLING ALL SHIPS LLC	35-2536557
OASIS	TRUST US SINCE 1999, INC.	83-4533765
OASIS	THE 2100 CONDOMINIUM ASSOCIATION INC	59-2027931
OASIS	COR WEST KIRKPATRICK STREET COMPANY, LLC	46-1032574
OASIS	AAFD PURCHASING COOP, INC.	06-1563257
OASIS	THE LIPTON GROUP, INC	43-1661647
OASIS	MRT PROPERTY MANAGEMENT LLC	82-1992940
OASIS	PREDICT HEALTH, INC.	84-3985194
OASIS	VELOCITY AUTOMOTIVE HOLDINGS LMR LLC	99-2901257
OASIS	BOJE ENTERPRISES INC.	59-3405694
OASIS	CORTES CONSTRUCTION, INC.	80-0724307
OASIS	PARKWOOD DISTINCTIVE HOMES, LLC	82-1842387
OASIS	FORTUNE CAPITAL MANAGEMENT, INC.	20-2938877
OASIS	DUCHARME DERMATOLOGY PC	82-2598478
OASIS	VEER HOSPITALITY DENVER LLC	85-3951673
OASIS	BUILDER DEVELOPMENT GROUP, LLC	83-4487503
OASIS	JACOBS AND VAN CLEEFF INTERNAL MEDICINE, PC	27-1250572
OASIS	BAJWA 76 ENTERPRISES	88-0742108
OASIS	LUBELL AND ROSEN, LLC	65-1014713
OASIS	HIGH REACH EQUIPMENT SERVICES	46-1781545
OASIS	SEA HAVEN HOME CARE LLC	84-1863928
OASIS	PSL ARBOR OPERATIONS, LLC	47-3426414
OASIS	CCDF, LLC	47-5105641
OASIS	DARLENE ANTINORI AGENCY, CO.	46-2318976
OASIS	BRIGHTWAY VENTURES, LLC	45-5051973
OASIS	HOWLAND CONSTRUCTION SERVICES, LLC	93-4335004
OASIS	SCHWARZ DYGOS WHEELER INVESTMENT ADVISORS LLC	26-2942242
OASIS	MANTI HOSPITALITY LP	27-3067733
OASIS	CAVALIER CARGO GROUP, INC.	38-3677778
OASIS	FIREHOUSE SS INVESTORS LLC	82-3664304
OASIS	KEEPER MEMORIALS USA INC	61-2013380
OASIS	NEIL H. WEISMAN MD PA	80-0840722
OASIS	ASHLEY CREST LTD	76-0653628
OASIS	OTTER RUN INC	59-3386400
OASIS	GRAPEANDGRAINXCHANGE, LLC	45-5142159
OASIS	THE MEDIA IMAGE US INC.	32-0613476

OASIS	THE DRAPER LAW FIRM, P.C.	30-0514686
OASIS	A A CASEY CO OF DAYTONA INC	59-1438352
OASIS	EDUCATIONAL HORIZONS, INC.	59-3405435
OASIS	BRUCE TRAVEL, INC.	59-1646697
OASIS	ALBERT LUCAS, DMD, PA	65-0628374
OASIS	DRIVE-IN OPERATIONS, LLC	84-2483038
OASIS	ENTERPRISE TITLE OF TAMPA BAY, INC.	59-3388645
OASIS	BEST CARE PHARMACY INC	45-2946928
OASIS	BROKERTECH VENTURES, LLC	84-3783146
OASIS	ALIGN MEDICAL MANAGEMENT, LLC	92-1248914
OASIS	GLOBAL MS, INC.	80-0028406
OASIS	G8WAY CORP	47-3549244
OASIS	KEEPING AUSTIN WAXED, LLC	47-1054733
OASIS	ASCO CARBON DIOXIDE INC.	81-3107116
OASIS	477 CORPORATION	92-3701708
OASIS	THOMSON MECHANICAL INC	56-2616696
OASIS	SUGAR CREEK HOMES ASSOCIATION, INC.	74-1679217
OASIS	MILLENNIUM TECHNOLOGY GROUP, LLC	01-0934516
OASIS	MULLIN P.C.	20-0290431
OASIS	ARTEMIS WAX MARLBOROUGH LLC	93-3738326
OASIS	VELOCITY AUTOMOTIVE HOLDINGS WALKERTOWN NC, LLC	93-3765169
OASIS	UNITED PROPERTIES GROUP, INC.	74-2472609
OASIS	BIESTY AND GARRETTY, A PROFESSIONAL CORPORATION	95-4542004
OASIS	ID.OLOGY INTERIOR DESIGN, INC.	47-2571127
OASIS	THE BLEND INSTITUTE, LLC	27-1627084
OASIS	LAKE HOUSE ASSISTED LIVING LLC	47-2686798
OASIS	VELOCITY AUTOMOTIVE HOLDINGS COMPANY, LLC	93-3097122
OASIS	MCALLISTER GROUP, INC.	47-2472405
OASIS	EOX SALES LLC	01-0682288
OASIS	VELOCITY AUTOMOTIVE HOLDINGS HICKORY NC, LLC	93-3968246
OASIS	PARAMOUNT PROPERTIES GROUP LLC	22-3417061
OASIS	LAKELAND ALF MANAGEMENT, LLC	81-2813642
OASIS	MM DENTAL LABORATORIES INC	85-1180185
OASIS	NINJA, LLC	27-3090151
OASIS	STEPHEN E. SMITH, M.D., P.A.	90-0128040
OASIS	WESTERN MARKETING SERVICES NORTH, LLC	47-1686853
OASIS	PARAGON ACADEMY OF TECHNOLOGY CHARTER	20-2664172
OASIS	O3 SERVICES LLC	86-3276149
OASIS	WOODY ACRES LLC	85-3921228
OASIS	TOMBALL STORAGE INVESTORS, LLC	87-1279640
OASIS	TRINITY INSURANCE FINANCIAL GROUP	56-2352855
OASIS	LIGHTING RESOURCES USA, INC.	04-3666215
OASIS	NATIONAL SAVERS RETIREMENT SERVICES, LLC	27-1186883
OASIS	HORIZON CASUAL INC.	59-3681979

OASIS	CHRIS' AC COMPANY	59-3711753
OASIS	NICEVILLE OSL OPERATING LLC	93-3270409
OASIS	SALITEX I LIMITED	76-0353205
OASIS	502 EAST BELTWAY LTD	76-0383654
OASIS	TJ LC WALKER, LLC.	81-1743195
OASIS	ORTHO SRQ LLC	88-1922106
OASIS	STARVIEW USA, INC.	35-2627398
OASIS	SENTINEL LUBRICANTS, INC.	59-1847506
OASIS	M BROWN BOOKS PUBLISHING LLC	75-2515276
OASIS	FINDING SERENITY	26-3873386
OASIS	JCK INSPECTION	82-0849885
OASIS	CHAMELEON CULINARY CONCEPTS, LLC	45-5059061
OASIS	PROSPERITY CAPITAL PARTNERS LLC	82-3096393
OASIS	COMPLETE EYECARE WEST INC	31-1401063
OASIS	SPECTRA CLINICAL LABS, INC.	95-4390118
OASIS	SUPERIOR SOLUTIONS LLC	30-0659056
OASIS	OAK CLIFF STORAGE INVESTORS, LLC	92-4568335
OASIS	CUSTOM DESIGNED SECURITY, INC.	22-2862397
OASIS	MID AMERICA HOLDINGS, LLC	20-4116657
OASIS	LEADERSHIP MUSIC, INC.	62-1404863
OASIS	ENVISION ABUNDANCE LLC	83-2850866
OASIS	CARUSO FINANCIAL GROUP LLC	45-5424534
OASIS	OSL PORT ORANGE LLC	88-1503703
OASIS	KIDDS TOWING AND RECOVERY	48-1163491
OASIS	APRICUSRX LLC	87-3961866
OASIS	A PARADISE RENTAL MANAGEMENT INC.	65-0462783
OASIS	ALL STARS LEARNING ACADEMY, LLC.	86-1540104
OASIS	QUALITY OUTDOOR PRODUCTS INC.	62-1838041
OASIS	WORLDWIDE BRANDS, INC	59-3688228
OASIS	CORPORATE REMEDIES, INC.	33-1040291
OASIS	SILVER SURF MOTEL	59-2463676
OASIS	LANDEAVOR MANAGERS, LLC	27-3545468
OASIS	BUCHHOLZ MORTUARIES INC	43-0689364
OASIS	IN SITU ARCHAEOLOGICAL CONSULTING, LLC	47-5370253
OASIS	ATLANTA VICTIM ASSISTANCE, INC.	32-0017011
OASIS	DIVINE RENOVATION USA	85-4349230
OASIS	RICHARDSON DERMATOLOGY PLLC	30-0871939
OASIS	INFUSIVE ASSET MANAGEMENT INC	46-2531246
OASIS	ENDOSCOPY SPECIALISTS, INC	20-1773748
OASIS	LINXENS US	38-4100359
OASIS	SUNZONE REAL ESTATE GROUP INC	95-4695170
OASIS	EXOSTAT MEDICAL, INC.	26-4411280
OASIS	PREMIA SOLUTIONS INC.	81-5196145
OASIS	SPECTRA COMPOSITES OF CENTRAL TX LLC	88-2901971

OASIS	CUSTOM QUALITY MANUFACTURING, INC.	59-3388275
OASIS	PARIJAT FF LP	92-4027230
OASIS	LEGGETT HEATING & A/C, INC.	59-1400596
OASIS	BY WORD OF MOUTH, LTD	41-2019088
OASIS	MOUNTAIN PEAKS DIAGNOSTICS, LLC	35-2578676
OASIS	SUNSET SURGERY GROUP LLC	92-3367847
OASIS	ROD AND STAFF MINISTRIES	35-2018346
OASIS	LEGAL COUNSEL, P.A.	81-5056119
OASIS	PENNAPARTMENTSTAFFING, LLC	46-1520507
OASIS	CULP PRIVATE MEDICINE, LLC	46-4173195
OASIS	HAUSKINS HEATING & COOLING	62-1286455
OASIS	YNOT ITALIAN VII, LLC	47-4431232
OASIS	LAFON EWC MANAGEMENT, LLC	86-3754443
OASIS	ARTEMIS WAX WESTPORT LLC	88-4189572
OASIS	APPLIED CAPITAL, LLC	45-5442018
OASIS	CREATIVE ENVIRONMENTAL SOLUTIONS, INC.	59-3226613
OASIS	FT. LAUDERDALE ORTHO AND SPORTS MEDICINE, LLC	27-3510381
OASIS	M2S POWER SOLUTIONS, LLC	93-2008673
OASIS	INNOVATION PROPERTY MGMT	81-1429459
OASIS	ARTEMIS WAX LEVITTOWN LLC	86-3323177
OASIS	JET-TEK, LLC	26-1514870
OASIS	ATLANTIC MONTESSORI CS WEST CAMPUS	45-3149224
OASIS	BOLO FAMILY PROVISIONS, INC.	83-1605668
OASIS	ARTEMIS WAX RAMSEY LLC	86-3847549
OASIS	A FIRST CHOICE HEALTHCARE SYSTEMS, INC	65-0766061
OASIS	CALFLAND TRADERS, INC	23-2567058
OASIS	FERRIES U.S.A., INC	75-3195393
OASIS	THIEL TOOL & ENGINEERING COMPANY, INC.	43-0633522
OASIS	ANCHORAGE SOUTH SPE LLC	88-0574587
OASIS	INTELLIFLUX CONTROLS, INC.	83-2995334
OASIS	REAL LEATHER CREATIONS INC	59-3665769
OASIS	AIRLINE MHP SPE, LLC	86-3703577
OASIS	KBZWAX, LLC	83-2714829
OASIS	MISSISSIPPI PARK CONNECTION	87-0786530
OASIS	WHITE SANDS INVESTMENT PARTNERS LLC	81-2330688
OASIS	KUBAT CUSTOM HEALTH CARE, LLC	91-1758954
OASIS	FMFS OF VS, LLC	61-1760015
OASIS	MICHAEL E CRIDEN, P.A.	20-2901430
OASIS	CHOICE PET FOOD DISTRIBUTORS, INC.	06-1031222
OASIS	RICHMOND REPRODUCTIVE FREEDOM PROJECT, INC.	38-3835776
OASIS	CLARK AND MARTINO, PA	80-0453624
OASIS	SAGE WEALTH ADVISORS NORTHERN CALIFORNIA, INC.	27-2321101
OASIS	ADVANTAGE POWER SOLUTIONS	27-5542004
OASIS	RIGHT WAY AUTOMOTIVE INC	83-4580472

OASIS	A KIDS PLACE OF TAMPA BAY, INC.	26-2757636
OASIS	ENTERPRISE TITLE PARTNERS OF NEW TAMPA	59-3561856
OASIS	OCEAN COAST ELECTRICAL LLC	84-5175676
OASIS	MAGNIFICAT HOLDINGS LLC	83-0561643
OASIS	THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION, INC.	59-3368679
OASIS	AGN INTERNATIONAL - NORTH AMERICA, INC.	84-0750761
OASIS	JUICE LABS LLC	82-1674698
OASIS	MID TN OCCUPATIONAL MEDICINE	62-1539638
OASIS	OUTBOARD MARINE LLC	88-3170684
OASIS	DRS. PATEL, ALSTON AND ASSOCIATES, PA	82-3858725
OASIS	FRANSON CIVIL ENGINEERS INC	87-0465016
OASIS	V. SHARMA DMD, PS	91-2123114
OASIS	RSS GATES HOUSE MANAGER, LLC	99-4598141
OASIS	THE ALLEY AT SOUTHSHORE, LLC.	20-4776624
OASIS	STR8LINE GROUP, LLC	81-0729806
OASIS	ARIZONA ARRHYTHMIA RESEARCH CENTER, LLC	26-0824064
OASIS	INFINIGODS, INC.	84-2975291
OASIS	HOMETOWN FINANCE LLC	92-0736379
OASIS	BATTERY STORE, INC.	36-5048686
OASIS	VACAVILLE STORAGE SPE LLC	84-3277799
OASIS	MERIDIAN INTERNAL MEDICINE AND PRIMARY CARE, INC	46-1134688
OASIS	BRITTO CHARETTE INC.	45-5453585
OASIS	DGW KRAMER LLP	85-0849133
OASIS	PITCHER PLUMBING LLC	35-2552842
OASIS	THOMAS M. COYNE, M.D., P.A.	93-4191685
OASIS	HAMPTON PARTNERS MANAGEMENT CO	84-1269275
OASIS	BROOKWOOD GROUP	58-1863936
OASIS	HICKORY PROPERTIES INC	36-2755797
OASIS	BRIAN CHU DDS, INC.	26-3265158
OASIS	VICTORY CHARTER SCHOOL TAMPA 6-12 INC.	88-3001483
OASIS	PREMIER GRAPHICS AND COMMUNICATION, INC.	58-2205528
OASIS	APEX SHED COMPANY, INC.	04-3845421
OASIS	OKC CHIRO 1, LLC	82-5210241
OASIS	BROADUS MANAGEMENT, LLC	84-3241702
OASIS	ROCKET MGA, LLC	82-1276665
OASIS	NEW LIFE CHARTER ACADEMIES, INC.	46-2550818
OASIS	POND SPRINGS STORAGE SPE, LLC	85-1860641
OASIS	VEER HOSPITALITY PENDLETON LLC	87-4029970
OASIS	BROWNLEE BATHING CORP LLLC	81-1468285
OASIS	TWIN LINE ENTERPRISES, LLC	47-3118262
OASIS	HM ENTERPRISES LLC	84-8972364
OASIS	SINGLE PARENT PROVISION	46-5299868
OASIS	COLLINS AND DUPONT INTERIORS, INC.	59-2837814

OASIS	ARTEMIS WAX NEWNAN LLC	88-2103729
OASIS	MARKETFUEL, INC.	99-2054667
OASIS	THE LEONARDI MEDICAL INSTITUTE PC	73-1672583
OASIS	AMAZING PRODUCTS, LTD	47-5043174
OASIS	GRANTSVILLE STORAGE INVESTORS, LLC	88-3035203
OASIS	CGK RESTAURANTS, INC.	04-3458566
OASIS	AMERICOM TECHNOLOGY SOLUTIONS, INC.	84-4243415
OASIS	BRIGHTWELL HEALTH, LLC	86-2841755
OASIS	HEART HEALTH CENTER, LLC	47-3280746
OASIS	RYAN INNOVATION GROUP, LLC	85-1092529
OASIS	BORDERTOWN RETAIL SYSTEMS, INC.	45-0448262
OASIS	CUSTOM FLAG COMPANY INC	26-0016883
OASIS	ELM ENTERPRISES INC	62-1619576
OASIS	TREEHOUSE DESIGN, INC.	84-1370919
OASIS	UWT, LLC	20-3694261
OASIS	E & L INVESTMENTS GROUP	84-1508698
OASIS	PEC FITNESS, INC	47-1818726
OASIS	ORBUSNEICH MEDICAL INC	65-0943118
OASIS	ASPIRE CHARTER ACADEMY, INC.	27-1191476
OASIS	ARIEL APONTE	87-0908393
OASIS	ORTHO MGD LLC	83-4132312
OASIS	WISE WOLF LLC	85-1532356
OASIS	DIMENSION HEALTH INC.	59-2604884
OASIS	GLOBE TRACKER AMERICA, INC.	82-1931276
OASIS	SUN LINEN SERVICES, LLC	46-1381833
OASIS	ASG ASSET HOLDINGS LLC	61-2064518
OASIS	ALTERNATIVE POWER SOLUTIONS, INC	59-3722716
OASIS	WESTMINSTER FEDERAL CREDIT UNION	84-0527432
OASIS	NORTHSIDE NEW ERA BAPTIST CHURCH INC	35-1598148
OASIS	SUPERIOR SCHOOLS CORPORATION	68-0615177
OASIS	PHILLIPS CONCRETE CONSTRUCTION	62-1704008
OASIS	SPARK CONNECTED LLC	82-4225204
OASIS	5315 TRAILS LIMITED	76-0368829
OASIS	ARTEMIS WAX FARMINGDALE, LLC	93-1391890
OASIS	DART ELECTRONICS, INC	59-2152687
OASIS	JEM CF MANAGEMENT, LLC	92-0425089
OASIS	O.R. CONDOMINIUM ASSOCIATION INC	65-0992037
OASIS	AEROMIX SYSTEMS, INC	41-1492717
OASIS	AGRI-GATORS INC	59-3039037
OASIS	CANNON HEALTH, LLC	47-4197096
OASIS	SMITTHIPONG & ROSAMOND ASSOCIATES, INC.	86-0913246
OASIS	SAFE PASSAGE INTERNATIONAL , LLC	84-1465482
OASIS	ARROW BOLT AND ELECTRIC INC	75-2454228
OASIS	NEXT ENERGY SOLUTIONS LLC	83-1734831

OASIS	AERO ASSEMBLIES, INC.	41-0990256
OASIS	RHCSC SAVANNAH AL HOLDINGS LLC	82-4613670
OASIS	619 CHAMPIONSHIP, LLC	82-1731005
OASIS	HANDS ON ACADEMY OF ORLANDO LLC	83-2720002
OASIS	ARTEMIS WAX OCEANSIDE LLC	93-1550257
OASIS	FROGS, LLC	56-1925304
OASIS	BOAVIDA RV PARKS AND RESORTS LLC	83-1906750
OASIS	REICH & MANCINI PA	20-1847409
OASIS	ARTEMIS WAX MARIETTA LLC	87-2566481
OASIS	ARTEMIS WAX MILLER PLACE LLC	93-1531012
OASIS	EDWARD J BUJOLD MD	58-2487115
OASIS	RED BLUFF OPERATIONS LLC	83-2463342
OASIS	YNOT PROVIDENCE, INC.	54-1930303
OASIS	SALEM'S MANAGEMENT CO, LLC	46-3326394
OASIS	STALLINGS CROP INSURANCE CORP	59-2884494
OASIS	DYNAMIKS HOME CARE, INC	27-2938409
OASIS	KRUEGER FINANCIAL GROUP, LLC	92-1291480
OASIS	BEACON AUTO REPAIR LLC-S1	86-3266126
OASIS	COMMUNITY INFRASTRUCTURE PARTNERS LLC	88-3939185
OASIS	TALLAHASSEE OSL OPERATING LLC	93-3317393
OASIS	TRINITY PLACE ASSISTED LIVING LLC	82-3660591
OASIS	PALLET RESOURCE, LLC	62-1768099
OASIS	RADIANT SERVICES CORP.	95-4492100
OASIS	HEADKOUNT INC.	84-1868952
OASIS	GRAIN ELEVATOR AND PROCESSING SOCIETY	36-6101799
OASIS	APOPKA CHRISTIAN LEARNING ACADEMY INC	56-2455772
OASIS	OWL CAFE, LLC	87-4012727
OASIS	LUKE HOMEN LAW, PLLC	82-4237970
OASIS	ARTEMIS WAX PEACHTREE CITY LLC	88-0897001
OASIS	OXLER PRIVATE WEALTH LLC	85-2076135
OASIS	E/L PROPERTIES, LLC	27-2152135
OASIS	CENTRAL FLORIDA LEADERSHIP ACADEMY, INC.	26-4181718
OASIS	PARADISE POINTE OF ORMOND BEACH, LLC	84-5089333
OASIS	PREDICTIVEGENIES INC.	92-3852055
OASIS	BLIZZARD GREENBERG, PLLC	83-0557399
OASIS	RECOVERY ALLY, LLC	36-4938776
OASIS	ANGEL OAK PROVISIONS, LLC	82-2815923
OASIS	MANTECA SELF STORAGE INVESTORS, LLC	26-3301101
OASIS	PSL CHILDCARE, INC.	27-0027707
OASIS	BREVA F AND B MANAGEMENT LLC	99-2721154
OASIS	865 FULFILLMENT LLC	82-3736724
OASIS	T1 TECHNOLOGIES INC.	03-0593365
OASIS	DB AUTO VENTURES, LLC	86-3815025
OASIS	BRY-TECH DISTRIBUTORS, INC.	04-3716071

OASIS	GREATER MINNEAPOLIS COUNCIL OF CHURCHES	41-0693933
OASIS	SERENITY EMPIRE AT SWEETWATER CREEK LLC	93-2958374
OASIS	LANDING FINANCIAL GROUP, INC.	72-1564123
OASIS	FANTASY FARMS	20-5478917
OASIS	CITY CHURCH SERVICES, LLC.	81-4108309
OASIS	DOWN THE MOUNTAIN LLC	99-2693401
OASIS	VCC FLOCK, LLC	27-3298904
OASIS	DAPSHIRE CAPITAL, LLC	84-2548455
OASIS	BRIDGEWOOD PROPERTY COMPANY	75-3091761
OASIS	SCHIFFMAN LAW OFFICE, P.C.	86-0397898
OASIS	C. TOMAN MD, LLC	38-3918476
OASIS	USER FRIENDLY TECHNOLOGY SERVICES, LLC	47-3199134
OASIS	SILVERPOINT LEGAL SEARCH, LLC	88-2294116
OASIS	UVCS, LLC	81-4338546
OASIS	POWER TO THE POLLS ACTION FUND	92-2602638
OASIS	ALCATRAZ EAST, LLC	81-1787135
OASIS	AA PRECAST PRODUCTS, INC.	34-1986157
OASIS	GDX INC.	32-0551327
OASIS	ROYALTY RENOVATION LLC	45-4268507
OASIS	CAROLINA ABORTION FUND	45-3810502
OASIS	ARTEMIS WAX TETERBORO LLC	86-3061863
OASIS	CHILDREN'S BEHAVIOR THERAPY INC.	27-1242261
OASIS	STRATEGIS TAX MGMT GROUP, INC	33-0965024
OASIS	MID-TECH GAGE, INC.	62-1763500
OASIS	NATIONAL SELF STORAGE, LLC	81-4422715
OASIS	BRI BUILDERS INC	45-3131624
OASIS	VIGILANT HEALTH SYSTEM, LLC	20-2248493
OASIS	SWI FENCE, LLC	87-2394857
OASIS	ATELIER MAISON AND CO., LLC	82-1361405
OASIS	QUAN-VEST CONSULTANTS, INC.	11-2559669
OASIS	THE WORTHINGTON GROUP, INC.	59-2999863
OASIS	THE ADOPTION PROJECT INC	87-2772351
OASIS	FIBRONOSTICS US, INC.	82-2442344
OASIS	CLEAN THE WORLD FOUNDATION, INC	26-4212487
OASIS	ROBERT JR CHIROPRACTIC CORPORATION	83-4253872
OASIS	AFF18 OAKVIEW PARK ALF, LLC	83-4534978
OASIS	WHITNEY MANAGEMENT GROUP	74-2004297
OASIS	IMOTORSPORTS INC.	80-0522615
OASIS	TPPJ WOODLAND HILLS, INC.	85-1333343
OASIS	GRAND ISLAND SUBS, INC	47-0780830
OASIS	CLERMONT 1818 OPCO, LLC	83-4534978
OASIS	MARKET PLACE STORAGE LLC	82-4592584
OASIS	PAINTERS COLLISION APACHE JUNCTION LLC	92-2794740
OASIS	P FAMILY INSURANCE SERVICES LLC	86-3837722

OASIS	SUPERIOR SCHOOLS EARLY LEARNING, LLC	81-0881151
OASIS	MCGINTY ROAD PARTNERS LP	82-2892965
OASIS	WEST MICHIGAN HOMECARE SERVICES, INC.	37-1845268
OASIS	PLANNERS STAFFING COMPANY LLC	82-3703003
OASIS	MORTGAGE ADVISORY PARTNERS, LLC	27-0525378
OASIS	FAIRFIELD STORAGE SPE LLC	84-3270242
OASIS	NEW BLACK DUCK PARTNERS, LLC	27-2093925
OASIS	GRANITE MORTGAGE, LLC	88-4042087
OASIS	AMM BUILDERS, LLC	46-3145562
OASIS	RHCSC MONTGOMERY I AL HOLDINGS LLC	82-4680861
OASIS	49TH STREET VENTURE LLC	87-4020154
OASIS	IOWA READY MIXED CONCRETE ASSOCIATION	42-0736004
OASIS	G & F RECYCLING & SALVAGE CORP.	22-2653295
OASIS	KJMDMBA, LLC	99-3545855
OASIS	PALM BAY ASSOCIATION, INC.	59-1368543
OASIS	CROSSFIRE LOGISTICS, INC.	47-1070150
OASIS	ALF BC BETHESDA LLC	45-2788807
OASIS	PSCMB REPAIRS INC.	45-4510676
OASIS	JOHN K PAGE	75-2904758
OASIS	BAY PINES ROADHOUSE, LLC	86-2591275
OASIS	IMPERIAL LIVING PROPCO LLC	86-1601058
OASIS	RENOTECH INTERIORS, INC	11-3020297
OASIS	K2 EMPLOYEE STAFFING LLC	92-2049353
OASIS	PALM BEACH AGENCY, LLC	38-4065452
OASIS	A PLUS LOGISTICS, LLC	46-1130005
OASIS	TOWNLEY KENTON, INC.	11-3673736
OASIS	J BAR J, INC	65-0880238
OASIS	JAEJ GROUP LLC	92-0391782
OASIS	WEST DES MOINES CHAMBER OF COMMERCE	20-5465820
OASIS	SESSIONS COLLEGE FOR PROFESSIONAL DESIGN, INC.	13-3947889
OASIS	VELOCITY AUTOMOTIVE HOLDINGS, LLC	93-2373753
OASIS	PALLET RECYCLE MANAGEMENT, LLC	83-1038051
OASIS	CENTER FOR HOUSING SOLUTIONS, INC	84-4733422
OASIS	EAST SAC SS INVESTORS LLC	82-3973881
OASIS	ION PRO SERVICES, LLC	83-0957515
OASIS	ELITE NURSE STAFFING, LLC	82-2247035
OASIS	SELF STORAGE MANAGEMENT OF MID-FLORIDA, LLC.	04-3679290
OASIS	ARTEMIS WAX GREAT NECK LLC	86-2811396
OASIS	DENTAL SLEEP SOLUTIONS FRANCHISING, LLC	26-4722158
OASIS	LOOKING GLASS USA INC	84-2017045
OASIS	ABSOLUTE FINANCIAL SERVICES INC	59-3229665
OASIS	SSRM VB, LLC	46-5692758
OASIS	PROPM, INC	47-2284802
OASIS	CUNNINGHAM METALS INC	71-0451230

OASIS	WISCONSIN COLLECTIVE LLC	87-4633780
OASIS	TTVRB, INC.	84-4055832
OASIS	PRECISION AIR CARGO	84-1110757
OASIS	PARK BALBOA, LP	94-3329625
OASIS	Q AND N TECHNOLOGIES, LLC	81-1093576
OASIS	PATHWAYS RETIREMENT ADVISORS LLC	85-3723386
OASIS	HUDSON AWNING COMPANY, INC	22-2250189
OASIS	BRILL HYGIENIC PRODUCTS INC	65-0246796
OASIS	RONCOR CONSTRUCTION INC.	41-1406984
OASIS	SOLUTION BUILDERS, INC.	41-1826018
OASIS	EL PASO STORAGE INVESTORS, LLC	93-3311574
OASIS	ALETHEIA DIGITAL, LLC	82-1215356
OASIS	SONA SENIOR LIVING VA LLC	92-0262689
OASIS	ARTEMIS WAX BROOMALL LLC	86-2781355
OASIS	GRAND AVENUE SURGERY CENTER, LLC	83-1834803
OASIS	BEN WHITE STORAGE SPE, LLC	85-1810395
OASIS	CLUB MEMBER SERVICES, LLC	81-0726353
OASIS	HOUSEHOLDER GROUP COLORADO SPRINGS LLC	87-3458435
OASIS	NEWVENTURE OF JACKSONVILLE, INC.	59-3708254
OASIS	BEL AIR MHC INVESTORS LLC	91-1999604
OASIS	ALL SOUTH LIGHTNING PROTECTION, INC.	65-0637585
OASIS	OPPENHEIMER EYE CLINIC, PLLC	59-2171030
OASIS	PROCACCI DEVELOPMENT CORPORATION	59-1890272
OASIS	ARTEMIS WAX DANBURY LLC	92-0651996
OASIS	BUTCH'S BOY TRUCKING LLC	20-4863681
OASIS	VENUWORKS OF JEFFERSON CITY, LLC	86-2218469
OASIS	SUNSET JAX, LLC	46-1834359
OASIS	MINNESOTA ELECTRICAL ASSOCIATION, INC	41-0741501
OASIS	ANSERTEAM, L.L.C.	26-0098804
OASIS	LEADING AGE IOWA, INC.	23-7345539
OASIS	SOFTLINE SOLUTIONS LLC	26-3605289
OASIS	ARTEMIS WAX CINNAMINSON LLC	86-2928256
OASIS	MURPHY PLACE ASSISTED LIVING	46-1708136
OASIS	NAUTIC PARTNERS, LLC	05-0511338
OASIS	CIP INDUSTRIES, LLC	88-1727558
OASIS	HUDSON AUTO SERVICES 3 LLC	82-1239856
OASIS	HAINES ALF MANAGEMENT, LLC	81-2799487
OASIS	AB AUTO DRIVING SCHOOL, INC.	20-5339265
OASIS	DIXON SOCIAL INTERACTIVE SERVICES, INC.	20-0606446
OASIS	ARTEMIS WAX WEST BABYLON, LLC	88-2245940
OASIS	A2Z HOSPITALITY MANAGEMENT COMPANY SOUTH, LLC	88-2265600
OASIS	ROCHESTER-MONROE COUNTY HOMELESS CONTINUUM OF CARE, INC.	46-5691570
OASIS	AIRMARK ENGINES, INC	59-1640131

OASIS	ONCLAVE NETWORKS, INC.	81-4580797
OASIS	J.V. BLOM, M.D., LLC	90-0818531
OASIS	1818 SPETE OPCO LLC	83-4534978
OASIS	KENNETH A. GIRALDO MD, P.A.	14-1845723
OASIS	WEST VALLEY SELF STORAGE INVESTORS LLC	82-0926755
OASIS	SHERIDAN STORAGE INVESTORS LLC	85-4133399
OASIS	ANCHORAGE NORTH SPE, LLC	87-4764838
OASIS	CITY OF SAN ANTONIO WESTSIDE DEVELOPMENT CORPORATION	38-3765724
OASIS	IOWA 4-H FOUNDATION	42-6061606
OASIS	CONSULTING AND PROFESSIONAL ASSISTANCE INC	26-4584028
OASIS	GIL SHARON CAPITAL LLC	86-2387532
OASIS	JTM HOME CARE INC	46-2153825
OASIS	PROFESSIONAL MUSIC TOURS, INC.	41-1648655
OASIS	ABILITY COMPOSITES, LLC	46-2559278
OASIS	LANSING ROY, P.A.	59-3349104
OASIS	B2K12 BRANDING SOLUTIONS, LLC	84-4006581
OASIS	RJL ENTERPRISES LLC	81-2132347
OASIS	GTK, INC.	61-1394553
OASIS	ORTHO OAU LLC	85-0894511
OASIS	INDIAN RIVER PODIATRY, P. A.	42-1531257
OASIS	SACO APARTMENTS LTD	76-0588069
OASIS	INLET PRIVATE WEALTH, LLC	83-1074260
OASIS	RELLI TECHNOLOGY INC.	13-2883639
OASIS	MANTEL MCDONOUGH RISO, LLP	13-3856171
OASIS	EYE SITE LLC	92-2625692
OASIS	CULLIMORE & COLEMAN, PLC	45-4721721
OASIS	BROADCAST MEDIA & ENTERTAINMENT TALENT LLC	92-3352739
OASIS	UP UP AND PLAY ACADEMY LLC	46-3610891
OASIS	INFINITY1, INCORPORATED	41-1884096
OASIS	RCS COUNTERTOPS, LLC	47-4530041
OASIS	TKM RESOURCES LLC	90-0004796
OASIS	PENA, GARCIA AND DIZ PLLC	81-4423382
OASIS	DENTAL IMPLANT PROFESSIONALS SUPPORT SERVICES, LLC	92-1219430
OASIS	YNOT MANAGEMENT, LLC	82-1389641
OASIS	MICHAEL SHAAR, INC.	95-4779815
OASIS	MARAUDER TECH LLC	81-2047291
OASIS	JACS COTTAGE GROVE, INC.	46-4943890
OASIS	ST. LUCIE JEWELRY, INC.	65-0494286
OASIS	HSM AMERICAS, INC.	65-1019172
OASIS	MEDICAP PHARMACY - STORE 287	76-0680562
OASIS	INNOVATION SENIOR LIVING, LLC	81-1942964
OASIS	PF INDEPENDENT FRANCHISEE ASSOCIATION	47-1014888
OASIS	BRY-TECH JACKSONVILLE, INC.	26-3143249

OASIS	EASTMAN SERVICES INC.	59-3022809
OASIS	E&E HOLDINGS GROUP INC	83-2583450
OASIS	INDUSTRIAL VACUUM TRANSFER SERVICES USA LLC	85-3924438
OASIS	GLV INSURANCE AGENCY, INC.	65-1124055
OASIS	CHESAPEAKE RESEARCH CONSORTIUM, INC.	23-7245037
OASIS	EVERSHORE FINANCIAL GROUP INC	26-3426398
OASIS	VIVID SPECIAL EVENTS, LLC	88-1376043
OASIS	CAPSTONE VALUATION ADVISORS, LLC	45-4862634
OASIS	FKP SENECA SENIOR LIVING TENANT LLC	26-1262472
OASIS	INSTITUTE FOR ATHLETES, LLC	27-0505108
OASIS	OCOEE 1818 OPCO, LLC	83-4534978
OASIS	TIGERBRAIN ENGINEERING, INC.	59-3690809
OASIS	R3D0FIV3 LTD	82-2819427
OASIS	DREAMWORKS ELECTRICAL LLC	85-3984911
OASIS	ARTES CAPITAL FUND I MANAGER, LP	85-2464939
OASIS	SPHINX RESIDENTIAL, LLC	45-1965665
OASIS	MIQUIN LLC	83-1853886
OASIS	PHOENIX TOOL AND GAGE, INC	86-0370139
OASIS	JACS SUN PRAIRIE, INC.	26-3205743
OASIS	PAINTBRUSH LLC	20-3384928
OASIS	CONTEMPORARY PLASTIC SURGERY, PL	43-2011710
OASIS	STEAMY CONCEPTS LLC	46-5018331
OASIS	MEDCARERX, INC.	47-4155423
OASIS	THE FIBROLAMELLAR CANCER FOUNDATION INC	27-0341021
OASIS	POWERS ENVIRONMENTAL, LLC	32-0341702
OASIS	FKP FRANKLIN SENIOR LIVING TENANT LLC	26-1262303
OASIS	D&R STAFFING AND RESOURCES, INC.	45-5514590
OASIS	HSD USA, INC.	52-2299080
OASIS	SPECIALTY CONCRETE	58-0946309
OASIS	FORGOTTEN COAST RESTAURANT GROUP, LLC	87-4033071
OASIS	AEL AMERICAS INC	46-3980146
OASIS	ARTEMIS WAX NEWTOWN, LLC	86-2100695
OASIS	ORTHO TNN LLC	82-1954148
OASIS	TALENTEDGE	93-4563769
OASIS	NEXUS NOVA LLC	85-3775976
OASIS	THE DANTZLER GROUP, INC.	59-3366469
OASIS	CAPITAL CITY JET CENTER, INC	20-5344071
OASIS	THE WEEKLY MEDIA GROUP, LLC	46-3922971
OASIS	CAL-DRAULICS	80-3884816
OASIS	CENTRAL FLORIDA VETERINARY PRACTICE LLC	59-3728024
OASIS	4607 CYPRESSWOOD CORP	76-0363789
OASIS	ABILIT HOLDINGS CROSS PLAINS LLC	30-1006195
OASIS	CPL GROUP USA, INC.	82-2159927
OASIS	ARTEMIS WAX RIVERHEAD LLC	93-1634854

OASIS	504N VENTURES LLC	83-2313286
OASIS	CAPITAL CITY SURGERY CENTER, LLC	26-0804803
OASIS	SUNSHINE ELEMENTARY CHARTER SCHOOL	20-3521137
OASIS	FORT MYERS OSL OPERATING LLC	93-3286143
OASIS	NICHOLAS FINANCIAL, INC	59-3019317
OASIS	HOUSTON MERCANTILE EXCHANGE, LLC	26-2039753
OASIS	248 MASSMUTUAL NORTH CAROLINA	00-0000000
OASIS	BUILDMAT PLUS INVESTMENTS INC	27-5054267
OASIS	REDEMPTORIST FATHERS	43-0653409
OASIS	INVESTMENT CENTER OF WISCONSIN, LLC	39-7587640
OASIS	WRANGLER RIVER LLC	85-1100273
OASIS	ARTEMIS WAX ROCKVILLE LLC	88-3027193
OASIS	MARCCOINC.	45-4946001
OASIS	SCERA CORPORATION	87-0200096
OASIS	515 BREWING COMPANY	45-3760662
OASIS	THE PERSONAL INJURY HUB LLC	84-5154957
OASIS	BABY FACE PORTRAITS, LLC	26-4004748
OASIS	AIR DOCS OF THE TREASURE COAST, INC.	45-5431599
OASIS	WINTON CORP.	04-2744410
OASIS	COUNTRY MEADOW PLACE, LLC	46-4037046
OASIS	FITOK INC.	45-2703935
OASIS	ONE WHIRLD, INC	46-3990039
OASIS	FAMILY WEALTH GUIDANCE LLC	88-2691958
OASIS	J BAR J MANAGEMENT, INC	45-2751803
OASIS	USA COMFORT CORPS., INC.	27-1100223
OASIS	AFF18 SIMPSONVILLE ILC, LLC	83-4534978
OASIS	TEMPUS WEALTH PLANNING, LLC	81-3948762
OASIS	EAGLE RESOURCE GROUP INC	16-1661947
OASIS	KRAMER SEAMLESS GUTTERS, INC	42-1477031
OASIS	OLD GRINGO, INC.	20-3905833
OASIS	CELLECTIS, INC.	47-2627206
OASIS	ARTEMIS WAX KENNESAW LLC	87-2131031
OASIS	MADISON HEIGHTS, LLC	83-4534978
OASIS	VOICES FOR A SUSTAINABLE FUTURE, INCORPORATED	27-1940927
OASIS	ALMA ROAD SPE LLC	83-1736634
OASIS	SANDY PLAINS 1818 OPCO, LLC	83-4534978
OASIS	THE OCTAGON GROUP, INC.	75-2674387
OASIS	JACQUELINE PONTICIELLO PSYCHIATRIC NP, PLLC	81-3760039
OASIS	FAMILY FORTUNE FINANCIAL, LLC	83-2950880
OASIS	EAT THE FROG AUTO IL LLC	33-1632883
OASIS	A+ MANAGEMENT & INVESTMENT OF CALIFORNIA, INC.	33-0672663
OASIS	AA18 ALPHARETTA ALF, LLC	83-4534978
OASIS	SUBSEA TECHNOLOGY AND RENTALS INC.	32-0638283
OASIS	AMBROSIA & COMPANY	58-2296278

OASIS	RIVERSIDE TITLE LLC	46-0574252
OASIS	TECHNICAL SYSTEMS INTEGRATION, INC.	13-3877546
OASIS	MARINO STRAM AND ASSOCIATES LLC	27-1497719
OASIS	FRANK F HSIN JR	93-2604971
OASIS	MID-MINNESOTA MANAGEMENT SERVICES INC.	41-1716641
OASIS	IKIGAI TECHNOLOGIES INC.	87-1627899
OASIS	BLUE HERON CAPITAL, LLC	20-0533857
OASIS	BEVERLY HILLS CAR CLUB, INC.	26-4085373
OASIS	W.C. WORKS, INC.	61-1485947
OASIS	GILBRETH FINANCIAL LLC	92-0276792
OASIS	STARBOARD SOLUTION INC	81-1347389
OASIS	PUEBLO STORAGE INVESTORS, LLC	93-2504265
OASIS	RLR MANAGEMENT CONSULTING (NEVADA) , INC	47-5053737
OASIS	PRECISION FABRICATED COMPONENTS LLC	47-3031712
OASIS	TOBY ENTERPRISES II CORP	90-0192196
OASIS	TERMINALFOUR, INC.	42-1768506
OASIS	INTERNATIONAL SCHOOL OF EXCELLENCE, INC.	47-3786587
OASIS	MACORE MARKETING, LLC	47-4313243
OASIS	RESEARCH YOUR HEALTH LLC	83-4398239
OASIS	SPRIM US LLC.	46-1671733
OASIS	HARTWELL MEDICAL LLC	38-3901158
OASIS	ADVANCED WATER SYSTEMS	62-1415908
OASIS	GREAT PLAINS PROCESSING, LLC	46-0616546
OASIS	CHEYENNE STORAGE INVESTORS LLC	83-4576033
OASIS	ADRENALIN MOTOR SPORTS, LLC	26-2141292
OASIS	ARTHUR LAWRENCE US, LLC	27-3227927
OASIS	MTM OF COLORADO, INC.	27-1778094
OASIS	TE F AND B MANAGEMENT LLC	99-3788919
OASIS	IOWA BEHAVIORAL HEALTH ASSOCIATION	42-1388307
OASIS	GLADES INITIATIVE, INC.	01-0733180
OASIS	ALPINE CARSTAR AUTO BODY	84-1127246
OASIS	IDEAL IMAGE WATERFORD LAKE LLC	20-3714452
OASIS	MGS VENTURES, INC.	46-4651818
OASIS	ARTEMIS WAX TOWSON LLC	88-3097523
OASIS	OAKS BROG, LLC	32-0225402
OASIS	SCARSDALE INVESTMENTS LIMITED	76-0488506
OASIS	US PREVENTIVE MEDICINE INC.	20-0907635
OASIS	VEER HOSPITALLITY EVERETT LLC	87-4371774
OASIS	AFF18 FAIRVIEW PARK ALF, LLC	83-4534978
OASIS	QUEZADA FOOD SERVICES, LLC	20-0335639
OASIS	LYV WELL COMMUNITIES II, LLC	88-2621435
OASIS	LAN SILVER PINES, LLC	47-5682278
OASIS	ARTEMIS WAX WEST HARTFORD LLC	92-0640960
OASIS	PACIFIC COAST CONSTRUCTION AND WATERPROOFING INC	46-0637089

OASIS	HUEMILLER AND ASSOCIATES, INCORPORATED	75-2768912
OASIS	CHAIRES, BROODERSON & GUERERO, P.L.	20-5771252
OASIS	SECURE SETTLEMENTS INC	27-0617437
OASIS	PINEWOOD FOREST LTD	76-0385580
OASIS	ALTA ROCK, LLC	47-2245922
OASIS	STRIKER ENTERTAINMENT, LLC	26-0561213
OASIS	URTECH FLORIDA, LLC	81-3832358
OASIS	MACEDONIA MISSIONARY BAPTIST CHURCH OF EATONVILLE FL INC	59-1715085
OASIS	MARWAH INVESTMENTS CORPORATION	20-3841286
OASIS	DOWNS BREWING LLC	81-1334584
OASIS	NAPA JAMIESON CANYON LLC	81-0792979
OASIS	NEOBIOSIS LLC	85-1592127
OASIS	FINE LINER INC	73-1579462
OASIS	NETSOURCE TECHNOLOGY	33-0786641
OASIS	IOWA CONCRETE PAVING ASSOCIATION	42-0883571
OASIS	HOTEL APPLEWOOD LLC	85-2119323
OASIS	WEALTH ANALYTICS PARTNERS, LLC	20-1795241
OASIS	TRINITY OAKS TYLER, LLC	83-1953285
OASIS	TENNISWOOD, INC	82-1714732
OASIS	BEACON AUTO REPAIR LLC-S3	86-3165392
OASIS	WILSON KO, M.D., F.A.C.S., P.C.	11-3464111
OASIS	OPTIMATICS LLC	20-0263641
OASIS	DREAMWORKS AIR CONDITIONING LLC	85-3995895
OASIS	HELAND PLANNERS, INC	20-8534747
OASIS	MOTORCYCLES OF TAMPA, LLC	61-1832260
OASIS	AMEY'S GARAGE INC	23-1734065
OASIS	PIONEER LAB HOUSTON, LP	47-1677831
OASIS	AA18 BUCKHEAD ALF, LLC	83-4534978
OASIS	BDC MEDICAL PLLC	47-5047047
OASIS	F. P. FENSEL SUPPLY COMPANY	56-0937366
OASIS	LEVATAS, INC.	81-4162267
OASIS	SCHIELE RELOCATION SERVICES, INC.	83-4624929
OASIS	HIGH ROAD AUTO GROUP 2 OPCO LLC	92-0511767
OASIS	BD WATER LLC	85-3937931
OASIS	DAY'S EXCAVATING, INC.	86-0855838
OASIS	HEMPHILL SEARCH GROUP, INC.	47-0829586
OASIS	KATHERINE KLINE	81-3298525
OASIS	FLORIDA BEHAVIOR SUPPORT, LLC	88-1971080
OASIS	BOSTON RETIREMENT GROUP LLC	81-3093753
OASIS	JBC VENTURES, LLC	46-5270736
OASIS	1818 ENTERPRISE SL INVESTORS, LLC	83-4534978
OASIS	ARCIS INVESTMENTS, INC.	35-2206137
OASIS	CHAMBER OF COMMERCE OF THE PALM BEACHES	59-0504407

OASIS	BLUE RIDGE AAF, INC.	27-1343669
OASIS	ATHENS SH OPCO LLC	83-4534978
OASIS	OKTEP: OKLAHOMA TRIBAL ENGAGEMENT PARTNERS, INC.	84-1978659
OASIS	WESTERN SERVICE MERCHANDISERS, INC.	20-4131113
OASIS	DANIEL E. ESPOSITO MD DMD	84-1558053
OASIS	SALIDA SELF STORAGE INVESTORS, LLC	26-3301225
OASIS	CARRIER CREDIT SERVICES, INC.	65-0979693
OASIS	JOEL M. WEISSMAN, P.A.	59-2169396
OASIS	AMERICAN CARGO LOGISTICS	59-3455071
OASIS	ARTEMIS WAX NORWALK LLC	92-0694176
OASIS	SHARP INDUSTRIES INC	95-3085978
OASIS	PERSIS CONSULTING CO.	38-3463910
OASIS	DOMINION MANAGEMENT, LLC	20-8621988
OASIS	WIZDOMONE MANAGEMENT INC.	81-3005439
OASIS	BRIGGS & PEARSON ENTERPRISES, LLC	46-1274427
OASIS	DUNN MANUFACTURING CORP.	23-1625313
OASIS	ARTEMIS WAX ELLICOTT CITY LLC	88-3104262
OASIS	LA MORTGAGE, INC.	95-4588217
OASIS	MEDINET PHYSICIAN PARTNERS, PLLC	92-3948420
OASIS	SM CORPORATION	59-2379818
OASIS	PRESTIGE HOSPITALITY GROUP, LLC	32-0237911
OASIS	LLHAN, LLC	47-4153655
OASIS	HEAD AND SPINE INSTITUTE LLC	87-2416374
OASIS	BEACON AUTO REPAIR LLC - S8	88-3268270
OASIS	THE WORKERS LAB	82-4788124
OASIS	ARTEMIS WAX LYNBROOK LLC	88-2979038
OASIS	SAGEBROOK TIRE AND AUTO KEARNEY, INC.	85-3029233
OASIS	DAYTONA BEACH DONUTS,LLC	32-0223091
OASIS	HIRJI AKHONZADA LLC	88-1005763
OASIS	LUTHERAN BRAILLE WORKERS, INC.	95-6048152
OASIS	ALLIED LANDSCAPE SERVICES, INC	27-0910653
OASIS	PRAXIS COASTAL SOLUTIONS LLC	99-2796042
OASIS	HEALTH QUALITY CONSULTING GROUP LLC	02-0689183
OASIS	STEAMY CONCEPTS CARPET CLEANING LLC	26-1263520
OASIS	EVEREST BUILDING CONSULTING GROUP LLC	93-4853031
OASIS	V. SHARMA EV DDS, PS	91-2123112
OASIS	PIERCE SALES CO. INC.	34-1200546
OASIS	KEYS FURNITURE CONNECTION, INC.	65-0335802
OASIS	PLEOPHARMA, INC.	87-4256907
OASIS	HERIBERTO D. RAMOS, O.D., P.A.	20-4020067
OASIS	QUOTERUSH.COM, LLC	80-0732588
OASIS	SEEMEDX, INC.	85-1594694
OASIS	GV DOUGLAS LLC	87-1223340
OASIS	REDWOOD HOSPITAL MANAGEMENT	94-2233514

OASIS	THE EDDY INVESTMENT GROUP LLC	93-4912285
OASIS	ARTEMIS WAX WAYNE LLC	86-3066117
OASIS	ANA CASTILLA, DDS, MS, PC	46-3230094
OASIS	SWARTZ BROS. INC.	84-1580129
OASIS	INTEGRATED CONTROL TECHNOLOGY (USA) LLC	33-1225712
OASIS	COMMERCIAL FINANCE GROUP TEXAS LLC	75-2632344
OASIS	SUNSHINE ACADEMY OF OAKLAND PARK INC.	81-4868827
OASIS	ORDWAY CENTER FOR THE PERFORMING ARTS	41-1428998
OASIS	JAV AUTO TAG AGENCY, INC.	59-2528317
OASIS	KNIGHTHORST SHREDDING, LLC	20-1992706
OASIS	GEORGIA MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.	58-1828236
OASIS	HENDERSON VISION GROUP, P.A.	76-0692203
OASIS	LFRC SANFORD LLC	93-3088955
OASIS	RICHARD DAVID KANN MELANOMA TASK FORCE, INC.	65-0653295
OASIS	FOUR M FOOD SERVICE OF ATLANTIC TERMINAL, LLC	51-0570239
OASIS	BERNSTEIN & MARYANOFF ATTORNEYS LLC	65-0917857
OASIS	OnePoint BPO Services, LLC.	41-2056263
OASIS	FOUR M FOOD SERVICE OF WHITE PLAINS, LLC	27-2312049
OASIS	SECOND SHIFT LLC	38-3924195
OASIS	MUIRFIELD CAPITAL GLOBAL ADVISORS LLC	82-1663993
OASIS	TACOS OF SNOWMASS, LLC	30-0648911
OASIS	THE GANTEN GROUP, LLC	27-2616049
OASIS	TRUJILLO ACOSTA LAW, LLC	84-5120131
OASIS	BEST FOOT FORWARD FOUNDATION, INC.	30-0598378
OASIS	MARK GILLAM ENTERPRISES	94-3098600
OASIS	FKP FORT WALTON BEACH SENIOR LIVING TENANT LLC	26-1262217
OASIS	K23 CATERING LLC	85-1849395
OASIS	QUINN-SHALZ FUNERAL HOME, INC.	59-3603225
OASIS	V3 RECRUITERS LLC	83-3876672
OASIS	SOUTHERN STAR RESTAURANT MANAGEMENT, INC	45-5353023
OASIS	URBAN VENTURES	36-3558710
OASIS	QORE, LLC	87-1117956
OASIS	ROOT AND BRANCH BAR AND BISTRO, LLC	92-1812235
OASIS	ETF AUTO 4 LLC	93-2406835
OASIS	OVIEDO 1818 OPCO, LLC	83-4534978
OASIS	MARK CUNNINGHAM DESIGN INC.	82-4194210
OASIS	THE COMPAK COMPANIES LLC	11-3688252
OASIS	QUALITY PROPERTY SOLUTIONS, LLC	30-0991972
OASIS	READERS 2 LEADERS	90-0641325
OASIS	KING'S LANDING ADVENTURES, L.L.C.	27-4534396
OASIS	ARTEMIS WAX PIKESVILLE LLC	88-2952722
OASIS	ECHELON STUDIOS	65-1231043
OASIS	IRVING STORAGE INVESTORS, LLC	92-2560731
OASIS	FIRST COAST ASSOCIATION MANAGEMENT LLC	59-3823291

OASIS	AGILIX LABS INC.	87-0681905
OASIS	5G STUDIO_COLLABORATIVE LLC	42-1588420
OASIS	HOUSEHOLDER GROUP OF OKLAHOMA,LLC	88-1889008
OASIS	OCOOW LLC	46-1736743
OASIS	AMERICAN DENTAL SERVICES, LLC	85-4121412
OASIS	ELECT-A-VAN SERVICE, L.L.C.	75-1426567
OASIS	HOUSEHOLDER GROUP COACHELLA VALLEY LLC	84-4068221
OASIS	CASA LINDA INVESTORS LLC	94-3309185
OASIS	CHANCELLOR FINANCIAL GROUP WB, LP	45-4003393
OASIS	HOBNOB PEACHTREE CITY INC	92-3366626
OASIS	MARY ALICE FORTIN CHILDCARE FOUNDATION	65-0244281
OASIS	ROCKFORD RETIREMENT PLANNING, INC.	82-3257290
OASIS	TONALI, INC.	13-3926819
OASIS	COMMERCIAL SECTOR INSURANCE BROKERS, LLC	27-5208409
OASIS	RAINEY AND ASSOCIATES	62-1386737
OASIS	JACS UNIVERSAL AUTOMOTIVE, LLC	20-2666225
OASIS	SKY ENTERPRISES LLC	20-8761135
OASIS	SP EMPLOYEES, LP	81-3390975
OASIS	NATIONAL PEDIATRIC CANCER FOUNDATION, IN	59-3097333
OASIS	BPI CAPITAL MANAGEMENT, INC	86-0718139
OASIS	JDK, LLC	56-2551412
OASIS	NATIONAL NETWORK FOR ORAL HEALTH ACCESS	84-1186592
OASIS	BIG BEND CHEVROLET BUICK, LLC	81-4360949
OASIS	ST CLOUD FINANCIAL PLANNING SERVICES, LLC	41-2005016
OASIS	HOUSEHOLDER GROUP ORANGE COUNTY LLC	85-4161486
OASIS	TERRACES AT PARK MARINO LP	94-3275910
OASIS	LARSEN WEALTH MANAGEMENT, LLC	14-1948836
OASIS	FLORIDA RESTAURANT OPERATIONS GROUP	59-3580256
OASIS	MAIN STREET PHYSICAL THERAPY PC	02-0627377
OASIS	SPECIALIZED THERAPY ASSOCIATES, LLC	22-3483707
OASIS	LMW CONSULTING, LLC	81-2366715
OASIS	ULTIMATE HEALTH PLANS, INC.	45-3599221
OASIS	ATLAS PEAT & SOIL INC.	65-0120905
OASIS	HEALTH GRADES ANALYTICS LLC	84-1731147
OASIS	PLANT DEVAS INC	80-0255999
OASIS	ETF AUTO 2 LLC	93-2343999
OASIS	INFINITY 18 ENTERPRISES, LLC	46-4139519
OASIS	ARTEMIS WAX ANNAPOLIS LLC	88-2930437
OASIS	EAGLES' NEST COMMUNITY CHARTER SCHOOLS, INC.	65-1046983
OASIS	JEWISH FAMILY SERVICES OF GREATER ORLANDO, INC.	59-1873758
OASIS	BELLAMARE @ WILLIAMS ISLAND CONDO ASSOCIATION	20-2805499
OASIS	DELATO CORPORATION	33-0861023
OASIS	CULTIVA, LLC	45-3536104

OASIS	COLORADO PERSONALIZED EDUCATION PROGRAM FOR PHYSICIANS	74-2565416
OASIS	THE TRUCK SHOP, INC.	20-1113236
OASIS	LAURA F. DILL	87-2409677
OASIS	HULBERT HOMES INC	59-3453802
OASIS	FIRSTCALL, INC.	42-1395356
OASIS	SERENITY ROCHESTER INC	88-2469842
OASIS	UROLOGIX INC	84-1763623
OASIS	AMERICAN PARTY RENTALS, INC.	56-1670657
OASIS	KEVIN M BROOKS DBA KEVIN M BROOKS	88-1404520
OASIS	RDE CONNECTORS AND CABLES, INC	65-0309559
OASIS	AMORET FARMS, INC.	39-1904034
OASIS	LOLA'S FINE SAUCES, INC.	84-3585885
OASIS	SOFTWARE ANSWERS INC	59-3335957
OASIS	VERDE VALLEY RENTALS	86-0801532
OASIS	ARTISAN CAPITAL GROUP LLC	82-2845146
OASIS	AA18 MARIETTA ALF, LLC	83-4534978
OASIS	CANNON PHARMACY SALISBURY, LLC	83-1991151
OASIS	CARRIE LANDESS, M.D., P.A.	65-0736955
OASIS	AUE STAFFING INC.	45-2185132
OASIS	HERALD SQUARE ENTERPRISES INC.	81-3853258
OASIS	GROWSECURE INC	90-0427723
OASIS	PARKER YACHT MANAGEMENT, LLC	13-4247986
OASIS	AD MAGELLAN	81-5434086
OASIS	FIRST CONGREGATIONAL CHURCH	95-1782311
OASIS	MAKING DREAMS HAPPEN CORPORATION	82-4608646
OASIS	WILENCHIK & BARTNESS	86-0688256
OASIS	TRANSNATIONAL MANAGEMENT LIMITED	76-0655586
OASIS	ARTEMIS WAX REGO PARK LLC	88-2235139
OASIS	VYFI LLC	87-2582719
OASIS	ABTECH INDUSTRIES, INC	86-0895719
OASIS	RENNTECH, INC	65-0153124
OASIS	COFFEY BROS INC	22-2200935
OASIS	STEAMBOAT DOWNTOWNER, LLC	87-3043176
OASIS	SONA SENIOR LIVING IL LLC	92-3904007
OASIS	BINNACLE INVESTMENTS, INC. DBA	20-8592667
OASIS	DOCHAS SERVICES LLC	88-4043446
OASIS	PALM COVE ENTERPRISES, LLC	20-4623561
OASIS	RODRIQUEZ WEALTH MANAGEMENT INC	84-4086325
OASIS	PAZ DE CRISTO COMMUNITY CENTER	26-1669496
OASIS	ACCRUE WEALTH DESIGNS	82-2374243
OASIS	DRESS FOR SUCCESS DES MOINES	27-4613702
OASIS	WOODMONT COUNTRY CLUB, INC.	76-0757580
OASIS	METRO HEALTH, INC.	59-3539756

OASIS	JAYBIRD SENIOR LIVING, INC.	11-3712998
OASIS	NEYSA ALICE COKER INVESTMENT COMPANY, INC.	93-4791278
OASIS	SHAVEN 1818 ALF, LLC	83-4534978
OASIS	RHCSC ROME AL HOLDINGS LLC	82-4596578
OASIS	JND EDISCOVERY, LLC	81-2834032
OASIS	JORDAN ROAD CARSTAR COLLISION	26-0145943
OASIS	HABITAT FOR HUMANITY OF BROWARD, INC.	59-2320573
OASIS	TRANSITIONAL CARE SOLUTIONS, INC.	81-1374019
OASIS	ARTEMIS WAX FEASTERVILLE LLC	86-3321108
OASIS	1977 SERVICES, LLC	46-4325327
OASIS	UNITED AUTO ACCEPTANCE, INC.	58-2144255
OASIS	BIG SKY DOWNTOWNER, LLC	92-1136626
OASIS	AMERICAN ENGINEERING GROUP, INC.	65-1154644
OASIS	RED ROCK COLLISION REPAIR AND AUTO PAINTING	46-4219918
OASIS	RELIANCE MECHANICAL INC.	58-2030629
OASIS	EVLOGIC, INC.	99-0550009
OASIS	THE BRUNSWICK COMMUNITY, LLC	47-4986432
OASIS	ALESARA CAPITAL SERIES LLC	93-1821033
OASIS	ORTHO OMP LLC	87-4794502
OASIS	AEROBOTICS CROP INSURANCE SERVICES, LLC	87-3339966
OASIS	FOUR M FOOD SERVICE OF NANUET, LLC	87-4366130
OASIS	PINNER WIRE & CABLE, INC.	75-2371550
OASIS	NULOGY (USA) CORPORATION	38-3958472
OASIS	ARTEMIS WAX TOCO HILLS LLC	87-2153435
OASIS	CCRA INTERNATIONAL, INC.	20-5165099
OASIS	PIR SALES, INC	86-0695914
OASIS	DPBMD LLC DBA WINTER PARK ONCOLOGY	81-2292328
OASIS	WILSON-FINLEY COMPANY	56-1062019
OASIS	EAGLE IKON LLC	81-4799586
OASIS	CELL APPLICATIONS INC.	33-0592912
OASIS	PICTURE WOODS, LTD	84-0845653
OASIS	G-TEAM DELIVERY SERVICES CORP.	26-1782922
OASIS	5G INTERIORS, LLC	47-5141284
OASIS	BD BRUBAKER TRUCKING LLC	82-5105269
OASIS	ARTEMIS WAX STONY BROOK LLC	93-1641844
OASIS	PAINTERS COLLISION CHANDLER, LLC	87-4342277
OASIS	GREAT LAKES COMMUNICATION CORP	20-2658447
OASIS	VALDOSTA HOME CENTER, LLC	58-2555594
OASIS	COASTAL ALARM AND FIRE, LLC	84-3212198
OASIS	PATTI MARINE ENTERPRISES INC	26-3237394
OASIS	TUPPEN'S MARINE	65-0953811
OASIS	REGENT RECONSTRUCTION INC	26-4754807
OASIS	RSS NORTHLAKE HOUSE MANAGER, LLC	99-4617112
OASIS	SOUTHWEST SELF STORAGE CORP	01-0766426

OASIS	PREMIER REAL ESTATE - MAIN OFF	43-1922411
OASIS	METASOLUTIONS INC.	02-0715180
OASIS	CARTER ANESTHESIA ASSOCIATES PLLC	81-4579846
OASIS	KREUTZMAN CONSTRUCTION INC	84-1117274
OASIS	ARTEMIS WAX EDGEWOOD, LLC	87-2143290
OASIS	CWP DEVELOPMENT, LLC	27-0530617
OASIS	YIPCPA LLC	26-3384170
OASIS	HONFO PAYCO LLC	87-3937420
OASIS	ARTEMIS WAX PATCHOGUE LLC	93-1567569
OASIS	ARTEMIS WAX COLUMBIA LLC	88-2950836
OASIS	MOAB DOWNTOWNER, LLC	92-1195718
OASIS	OMNIVEST FINANCIAL SERVICES NETWORK INC	84-1125717
OASIS	ROWLETTE AND ASSOCIATES, LLC	81-3292337
OASIS	GULF SOUTH FOREST PRODUCTS, INC.	65-0002925
OASIS	12735 WHITTINGTON LIMITED	76-0335189
OASIS	A.A. CASEY CO	59-0900523
OASIS	TRIP 7'S, LLC	45-2540215
OASIS	AFF18 SPRING PARK ALF, LLC	83-4534978
OASIS	MHP IDAHO, LLC	86-1233455
OASIS	BUG TITLE INC.	46-2499638
OASIS	ETF AUTO 8 LLC	93-2491687
OASIS	SQ1818 OPCO, LLC	83-4534978
OASIS	STARCHILDHC, LLC	92-1382558
OASIS	FAMILY HOME CENTER OF HOMOSASSA, LLC	59-3734378
OASIS	ARTEMIS WAX GARDEN CITY LLC	86-2811538
OASIS	ARTEMIS WAX WEST CALDWELL LLC	86-2840908
OASIS	HERITAGE MOTORS, LLC	86-0741386
OASIS	CABRETTA CAPITAL CORPORATION	47-2749873
OASIS	THOMAS HUNG, M.D., PLLC	47-3468685
OASIS	PINNACLE INDEPENDENT RX, INC.	47-4153006
OASIS	ALTA SYSTEMS, INC.	59-2894094
OASIS	REACH SERVICE LLC	82-3632315
OASIS	BEARPATH GOLF AND COUNTRY CLUB	41-1824310
OASIS	COURTELIS COMPANY	59-0936845
OASIS	CAPITAL ALLIANCE CORPORATION	75-1597911
OASIS	COMPUTER TELEPHONY INNOVATIONS, INC.	47-0840510
OASIS	GRAVITAS ENTERPRISES	47-2742133
OASIS	PATRICK J GOOD	85-0728023
OASIS	PAINTERS COLLISION QUEEN CREEK, LLC	85-4093565
OASIS	MILOC CORP	46-1799332
OASIS	THE PASSPORT SCHOOL, INC.	59-3385360
OASIS	254 BOSTON PORTER (BAYSTATE MERGED)	00-0000000
OASIS	DUNE RESORT, LLC	81-4505264
OASIS	CRANE INTEGRATED FACILITIES SERVICES INC.	35-2848153

OASIS	DSM SLEEP SPECIALIST PLC	83-1110180
OASIS	HHG FRISCO LLC	46-3406752
OASIS	SS CONSTRUCTION EXPERTS, LLC	27-0620391
OASIS	MISSIONARY SISTERS OF THE SACRED HEART	84-0405262
OASIS	ZT, INC.	45-4771732
OASIS	ABACI CONSULTING, INC	42-1525463
OASIS	MODESTO STAR HOLDINGS I, LLC	88-2200767
OASIS	TECHNOLOGY TRAINING ASSOCIATES, INC	59-3598437
OASIS	MCAVOY CPA LLC	82-3736069
OASIS	DECCA MANAGEMENT INC	37-1443229
OASIS	NORTH STAR MACHINE, LLC	41-1807559
OASIS	COUNTRY ACRES INVESTORS LLC	45-1774041
OASIS	SONA SENIOR LIVING MA LESSEE LLC	99-1053182
OASIS	JMB SERVICES CORP.	80-0103906
OASIS	WE CARE JACKSONVILLE, INC.	59-3431724
OASIS	CONCERT RENAISSANCE, LLC.	88-3373770
OASIS	PLUMBING MASTERS LLC	37-1775197
OASIS	VICTORY COMPANIES, LLC	88-0785474
OASIS	ENTERTAINMENT METALS LLC	26-4592129
OASIS	FOREST LANE SPE LLC	83-1751241
OASIS	ARTEMIS WAX WYCKOFF LLC	86-3819303
OASIS	REX PHARMACY INC	42-0941713
OASIS	TVILLE SL INVESTORS36, LLC	83-4534978
OASIS	JULIE BROADY	99-0675040
OASIS	RENUE APOTHECARY GP LLC	81-1254294
OASIS	PASC - ST. PETERSBURG	45-5042950
OASIS	ARTEMIS WAX MARLTON LLC	88-4106090
OASIS	JOBBERS WAREHOUSE SUPPLY INC	41-0761793
OASIS	ORBUSNEICH MEDICAL TRADING, INC.	82-2877797
OASIS	RHCSC COLUMBUS AL HOLDINGS LLC	82-4660912
OASIS	SCG MANISCALCO STONE LLC	82-1719329
OASIS	LINKUP COMMUNICATIONS CORPORATION	81-3861454
OASIS	GOURMET SALADS & PICKLES, INC	13-4356208
OASIS	ALPHA DENTAL CENTER PC	42-1532694
OASIS	PRAIRIE TRAILS FAMILY DENTAL, LLC	46-1582093
OASIS	286 MASSMUTUAL PACIFIC	00-0000000
OASIS	LIVING STONE CONSTRUCTION, INC.	56-2007878
OASIS	PLATO ACADEMY SCHOOLS CORPORATION	45-5042950
OASIS	ABBEY-GEORGETOWN ALF, LLC	83-4534978
OASIS	FRENVEY, INC.	59-1608829
OASIS	INTERIM HEALTHCARE SAN JOSE, LLC	86-2160300
OASIS	CONCERT GLEN OAKS, LLC	87-3451936
OASIS	FIFTH AVENUE VENTURES INC.	87-0516608
OASIS	YOUNG MAX LLC	99-3069621

OASIS	SUPERIOR MULCH INC	59-2712633
OASIS	TOTAL DIVERSITY CLINICAL TRIAL MANAGEMENT	87-3713689
OASIS	AVERETT SEPTIC TANK CO, INC	59-1108235
OASIS	COOSAW CREEK COUNTRY CLUB, INC.	20-5148953
OASIS	BROOKSTONE 1818 OPCO, LLC	83-4534978
OASIS	PSL WIREGRASS OPERATIONS, LLC	47-5052221
OASIS	DORMAN & SUAREZ LLP	82-4150492
OASIS	YWCA OF PALM BEACH COUNTY, INC.	59-0251935
OASIS	VAN HORN DEVELOPMENT LLC	88-0616140
OASIS	LAKESIDE TITLE COMPANY	52-2064990
OASIS	HOUSEHOLDER GROUP ANTELOPE VALLEY LLC	38-4109499
OASIS	MACON 1818 OPCO, LLC	83-4534978
OASIS	THE LUKSAN GROUP, LLC	47-3868006
OASIS	RB 114, LP	33-0795791
OASIS	FROMJON-PRICE, LLC	26-1458192
OASIS	ALTA VISTA NURSERY, LLC	27-1859764
OASIS	INSTITUTE FOR RESEARCH AND EDUCATION IN FAMILY MEDICINE	43-1863752
OASIS	SOUTHERN PRIDE PLUMBING INC	58-2599098
OASIS	KEY POLYMER ACQUISITION CORP	93-4187473
OASIS	CONCORD ASSISTED LIVING, LLC	93-3016913
OASIS	STANDARD OYSTER BAR INC.	81-0824548
OASIS	SALAMIS SOLUTIONS LLC	83-1932740
OASIS	21800 STERLING FITNESS, LLC	82-1111276
OASIS	THE VANGUARD SCHOOL OF LAKE WALES, INC.	59-2298398
OASIS	NATIONAL COUNCIL OF STRUCTURAL ENGINEERS ASSOCIATIONS, INC.	52-1857626
OASIS	CLAREMONT BIOSOLUTIONS, LLC	56-2571058
OASIS	ONYX HEALTHCARE USA, INC.	45-3779700
OASIS	BASALT DOWNTOWNER, LLC	92-1263107
OASIS	LEADERSHIP SERVICES LLC	47-2429454
OASIS	BOAVIDA COMMUNITIES LLC	36-4919874
OASIS	COGITO REALTY PARTNERS LLC	88-2402298
OASIS	CLASSIC GOLF MANAGEMENT, INC	58-1835987
OASIS	ECLIPSE EHR SOLUTIONS	83-1303271
OASIS	AZIMUTH RISK SOLUTIONS, LLC	32-0258700
OASIS	SPSM INDUSTRIES, INC.	41-1965581
OASIS	AM HEALTHCARE, INC	20-1400507
OASIS	ALIGN DIVINE LLC	85-4140954
OASIS	ASCENT CONSTRUCTION GROUP INC	83-2279968
OASIS	MATTISON AVENUE HOLDINGS LLC	81-4497666
OASIS	SEVEN KINGS MANAGEMENT, LLC	87-3527259
OASIS	SOUTH FLORIDA AUTISM CHARTER SCHOOL	26-3880489
OASIS	ISLAND HARBOR RESORT MANAGEMENT, INC.	59-2365979

OASIS	SUBTLE IMPRESSIONS INCORPORATED	56-1550831
OASIS	DEALER TAG AGENCY INC	33-1027540
OASIS	J. & J. INTERNATIONAL PRINTERS, INC	22-3914246
OASIS	1NHEALTH, INC.	83-2789875
OASIS	CEVICHE TAPAS BEACH DRIVE, LP	84-3673241
OASIS	FISH IP LAW, LLP	46-4416167
OASIS	ALLERGY AND ASTHMA PHYSICIANS OF ARLINGTON, P.A.	75-2898403
OASIS	CONKLIN DAVIS CENTER FOR THE VISUALLY IMPAIRED, INC	59-2938258
OASIS	MEDIABUS, INC.	95-4649229
OASIS	AQUA & OUTDOORS OF NORTH EAST FLORIDA	88-1844755
OASIS	SPIELBERGER LAW GROUP, LLC	45-5194405
OASIS	ZENA LAND DEVELOPMENT LP	75-2868063
OASIS	MILITARY CITY STORAGE LLC	82-4412197
OASIS	ORGANIC FAMILY FARMS MARKETING, LLC	83-1698903
OASIS	SPRING HILL SH OPCO, LLC	83-4534978
OASIS	PERENNIAL PENSION AND WEALTH, INC.	82-2594852
OASIS	THE FUEL CELL, INC.	65-0708534
OASIS	NEW VISION TECHNOLOGIES LLC	84-4768604
OASIS	SMITH MACHINERY COMPANY, LLC	86-3579686
OASIS	GIBSON INN LLC	83-0861537
OASIS	RSS EAGLE'S POINTE MANAGER, LLC	99-4573847
OASIS	PASC - TARPON SPRINGS	45-5042950
OASIS	SHORT RUN PRO, LLC	20-4822605
OASIS	ISL - HAINES CITY, LLC	86-1459119
OASIS	HACB, LLC	99-1545982
OASIS	FH MANAGEMENT, LLC	85-0998927
OASIS	A&R PROPERTIES GROUP LLC	47-3726032
OASIS	HAMMOND AND SHINNERS, P.C.	43-1429257
OASIS	THE CAT MUSEUM LLC	87-3647784
OASIS	PROGRESSIVE COMMUNITY MANAGMENT, INC.	72-1530596
OASIS	ARTEMIS WAX TOTOWA LLC	87-3686012
OASIS	ETF AUTO 3 LLC	93-2367929
OASIS	ROBERT THOMAIER	84-3225303
OASIS	MARKETINGPROFS LLC	20-1181156
OASIS	DIVISION SERVICES, LLC	81-1184509
OASIS	MADDOCK MACHINERY CORP.	86-0293241
OASIS	EVOLUTION RETIREMENT SERVICES, INC.	82-4044085
OASIS	ALPHA EYE WYOMISSING, LLC	82-2204454
OASIS	D & M KITCHEN & BATH SUPPLY, INC.	81-3956897
OASIS	LAKE HOWARD 1818 OPCO, LLC	83-4534978
OASIS	LA SANDIA TYSONS CORNER, LLC	56-2659329
OASIS	ARTEMIS WAX HUNTINGTON LLC	88-2174681
OASIS	JOE PATTI SEAFOOD COMPANY	59-1144136
OASIS	HOUSEHOLDER GROUP OF DENVER, LLC	36-4905127

OASIS	OPTIMUM STRATEGIES GROUP CORP	58-2539909
OASIS	EXODUS FOUNDATION FOR RECOVERY	88-0279721
OASIS	CHIRO DFW1, LLC	46-0575653
OASIS	AEL SERVICES, LLC	87-1856657
OASIS	NORTHBOUND SOLUTIONS LLC	92-1122219
OASIS	MILLER ELECTRICAL SERVICES INC	59-2560783
OASIS	CENTRAL TEXAS MORTUARY MANAGEMENT LLC	20-0488170
OASIS	ALPHA OPTICAL KING OF PRUSSIA, LLC	92-1813292
OASIS	VENICE 1818 OPCO, LLC	83-4534978
OASIS	NATIONAL FIRE PROTECTION TEST AND INSPECT INC.	45-4608918
OASIS	HORIZON PEDIATRIC THERAPY, INC.	20-1015104
OASIS	CB DOWNTOWNER, LLC	93-3987399
OASIS	IGL STAFFING, LLC	47-4043696
OASIS	CACTUS INFUSION PHARMACY LLC	99-0772098
OASIS	JOE COOK AND ASSOCIATES INC	20-0555328
OASIS	FINANCE ERC LLC	88-2024288
OASIS	PREMIER CONSTRUCTION MANAGEMENT GROUP INC.	85-4116538
OASIS	DYNAMIC HOPE SCHOOLS LLC	93-1434013
OASIS	HOBNOB VININGS, INC.	92-2481908
OASIS	HUBER WEALTH MANAGEMENT LLC	88-0573393
OASIS	CEO COACHING INTERNATIONAL, LLC	83-2830019
OASIS	E. ZOLDAN, LLC	20-4032389
OASIS	STATE WIDE ELECTRIC INC	73-1121590
OASIS	PASC - PALM HARBOR	45-5042950
OASIS	HOOD DEPOT INTERNATIONAL, INC.	65-0990011
OASIS	FABULOUS FISH COMPANY, LLC	92-1630436
OASIS	PACE-BRANTLEY HALL SCHOOL, INC.	59-1501677
OASIS	QUICK SERVICE CAPITAL PARTNERS, LLC	26-1355048
OASIS	HANGAR OF GREENFIELD INC ENTERPRISE	47-2754909
OASIS	GLNX CORPORATION	74-1841502
OASIS	BURLING WEALTH PARTNERS, LLC	99-3522672
OASIS	021 MASSMUTUAL OHIO	00-0000000
OASIS	BRIGHTON SENIOR CARE LLC	81-2155822
OASIS	MOTORCYCLES OF DAYTONA, LLC	32-2588459
OASIS	PEACHTREE HERITAGE 1818 OPCO, LLC	83-4534978
OASIS	MIRADA MEDICAL USA, INC.	42-1772184
OASIS	EAT THE FROG AUTO INC.	93-2287861
OASIS	THE REDEEMED CHRISTIAN CHURCH OF GOD NORTH AMERICA	76-0473049
OASIS	COD AND CAPERS SEAFOOD, INC	59-2349811
OASIS	ARTEMIS WAX BUCKHEAD LLC	87-2584181
OASIS	PASC - TAMPA	45-5042950
OASIS	J & J MACKEY INC	36-4543344
OASIS	THE FLOYD INVESTMENT GROUP, INC.	81-1202130
OASIS	LAKE MILLS PHYSICAL THERAPY, LLC	47-1889045

OASIS	VICTORY CHARTER SCHOOL K-5 INC.	85-0744931
OASIS	GIG FIBER, LLC	30-0825777
OASIS	PHANTOM PRODUCTS, INC.	54-1723733
OASIS	ARTEMIS WAX GREENVALE LLC	93-1485949
OASIS	US MIGRAINE CENTERS, LLC	92-3516898
OASIS	COUNSELING ASSOCIATES, INC	42-1458052
OASIS	MSCOTT INVESTMENTS LLC	99-2808943
OASIS	RILEY CONSUMER CARE, LLC	87-4079625
OASIS	AIM HIRE OF GEORGIA, LLC	92-3842070
OASIS	OYSTER CREEK GOLF CLUB, LLC	26-0010333
OASIS	THE RANGE 1818 OPCO, LLC	83-4534978
OASIS	NATIONAL PRECISION TOOL CO. INC.	22-2559348
OASIS	MCCABE LAW GROUP, PA	26-4762988
OASIS	BRAG HOUSE INC.	82-4089515
OASIS	ARCUS CAPITAL PARTNERS, LLC	80-0197056
OASIS	DRIFT CAPITAL, L.L.C.	88-3787958
OASIS	HRS CONSULTING INC	27-1592097
OASIS	1818 LEXINGTON SL INVESTORS, LLC	83-4534978
OASIS	SBS FINANCIAL LLC	92-1345130
OASIS	SHERROD VANS OF JACKSONVILLE, INC	59-3147545
OASIS	SUNSHINE CHARTER ACADEMY OF BROWARD CO	45-5036680
OASIS	HOUSTON MEAT DISTRIBUTORS INC	42-1583876
OASIS	FOUR M FOOD SERVICE OF NEW ROC, LLC	14-1939579
OASIS	FRANCHI MANAGEMENT CO INC	04-2551590
OASIS	HAGENOW AND GUSTOFF LLP	27-1413286
OASIS	NELSON MANUFACTURING	42-1009698
OASIS	ISOCRATES LLC	47-4153206
OASIS	DESIGNED MAINTENANCE SERVICES, INC.	58-2282743
OASIS	UNBOUNDED ENTERPRISE, INC	85-3790932
OASIS	PERFORMANCE MEDICAL MANAGEMENT	47-4472543
OASIS	HUTCHINSON HILL LLC	87-0658529
OASIS	BLADEN EAST HEALTH AND REHAB, LLC	82-1415730
OASIS	MARK DEBIASE, INCORPORATED	59-3168667
OASIS	MICHAELS ADVISORY LLC	84-4058215
OASIS	CHRISTOPHER ATKIN	92-0344890
OASIS	INTERTEK INDUSTRIAL CORPORATION	59-3123866
OASIS	CASSIDY & COMPANY, LLC	27-5562182
OASIS	BUCK HILL, INC	41-0849538
OASIS	KERSTIN FLORIAN, INC	95-3787118
OASIS	CONCERT PASADERA, LLC.	93-4291801
OASIS	SAVANNAH DOWNTOWNER LLC	82-2019608
OASIS	AERIAL DATA SERVICE, INC.	73-0954344
OASIS	SESERMAN LAW LLC	26-3313452
OASIS	EFORTIFY CORPORATION	82-1270447

OASIS	BEACON AUTO REPAIR LLC-S5	86-3257100
OASIS	LFRC MT. STERLING LLC	88-1356463
OASIS	DOWNTOWN PARTNERS, INC.	59-3739919
OASIS	TEXAS CENTRAL RX LLC	84-3790815
OASIS	AMERICAL MANAGEMENT COMPANY, INC.	95-4078725
OASIS	JSV ANESTHESIA PA	82-4280989
OASIS	PASC - TRINITY	45-5042950
OASIS	MAIN STREET ANESTHESIA CONSULTING INC	82-2935313
OASIS	JACKSON DOWNTOWNER, LLC	87-2932676
OASIS	OUR BABYLON, LLC.	47-3612235
OASIS	HERONS GLEN RECREATION DISTRICT	65-0868877
OASIS	HAZEL SELF STORAGE INVESTORS LLC	81-4230775
OASIS	THE HORIZON GROUP, INC	42-1249538
OASIS	J&M BLAKER, LLC	26-3014219
OASIS	CARIBBEAN TERMINALS, INC.	59-2326475
OASIS	SOUTHEAST ARCHITECTURAL MILLWORK, INC	45-3735921
OASIS	DDER HOLDINGS, LLC	81-5113789
OASIS	TUGBOAT CREATIVE WORKS, LLC	88-3726568
OASIS	ORTHO IHBS LLC	83-3799487
OASIS	VENTURI ASTROLAB, INC.	84-3910639
OASIS	UNION GOSPEL MISSION OF DALLAS	75-6003612
OASIS	SIMS FOUNDATION, INC.	74-2766013
OASIS	BOX TECHNOLOGY LLC	83-3621454
OASIS	PADDEN COOPER, LLC	27-0918985
OASIS	BR PREMIER PROPERTIES LLC	87-3142363
OASIS	HORIZON STRATEGIES, LLC	81-4748138
OASIS	TechZillion LLC	83-1023727
OASIS	APOLLO SENIOR CARE, LLC	83-3139944
OASIS	ALLERGY SERVICES OF AMERICA, LLC	46-2028993
OASIS	LITETRONICS INTERNATIONAL, INC.	36-4478439
OASIS	DENTAL CARE OF STAMFORD, P.C.	06-1533938
OASIS	DBWPC, INC.	46-0938295
OASIS	LEGENDS AIRWAYS, LLC.	82-4988332
OASIS	ARTEMIS WAX SUCCASUNNA, LLC	86-2012642
OASIS	IPG HOLDINGS, LLC	47-3089513
OASIS	SAYWELL INTERNATIONAL, INC.	65-0950107
OASIS	MASON-DALLAS, INC	75-1622909
OASIS	DENTAL CARE ORTHO LLC	83-2869226
OASIS	ARTEMIS WAX EDGEWATER LLC	86-3004514
OASIS	ISL-LAKE PLACID LLC	93-4285616
OASIS	JBIM ENTERPRISES LP	26-2780976
OASIS	DAMSCHEN GROUP, LLC	83-4609657
OASIS	FAMILYTIME CRISIS AND COUNSELING CENTER	74-1956306
OASIS	INSIGNIA GROUP, L.C.	48-1274846

OASIS	WYOMING COMMUNITY FOUNDATION	83-0287513
OASIS	ETF AUTO 5 LLC	93-2425817
OASIS	MONTBELLO DOWNTOWNER, LLC	87-1238907
OASIS	PASC - CLEARWATER	45-5042950
OASIS	BUS1818SLIG OPCO, LLC	83-4534978
OASIS	PREMISES COMMERCIAL REAL ESTATE LLC	84-4124931
OASIS	THE WILLIAM SYSTEMS, LTD.	11-2741461
OASIS	EUGENE SPITZER	84-3934178
OASIS	WELLNESS GENESIS, LLC	84-4526977
OASIS	BRENANCE LLC	85-3034578
OASIS	FOUR M FOOD SERVICE OF STAMFORD, LLC	26-3582080
OASIS	MECCA RESIDENTIAL, LLC	87-4143775
OASIS	A2Z HOSPITALITY MANAGEMENT CO., LLC	46-4940546
OASIS	ROYAL INDUSTRIES, INC.	25-1916174
OASIS	FAMILY MEDICINE MANAGEMENT	85-3275697
OASIS	SUMMIT DIRECT MAIL INC	20-0398116
OASIS	6365 CENTREVILLE FITNESS, LLC	82-1111004
OASIS	ANALYZED COSTS LLC	82-0924706
OASIS	BPG LOOMIS LLC	92-0939847
OASIS	INTELLIGENTICS INC	42-1399726
OASIS	CURTISS HEALTHCARE INC.	47-4563237
OASIS	DESIRE HOME CARE, INC	46-5110436
OASIS	ARTEMIS CONNECTED LLC	85-1897602
OASIS	RISEIMPACT CAPITAL LLC	88-2991425
OASIS	PASC - SEMINOLE	45-5042950
OASIS	PIONEER ENERGY INC	59-3841078
OASIS	SWI, LLC	46-4202694
OASIS	MESSEX INDUSTRIES CORPORATION	95-4885858
OASIS	AIR CHASER, INC	45-5155276
OASIS	LICE LADIES ATLANTA, INC	90-0996951
OASIS	CANOPY SOFTWARE, INC.	84-4265180
OASIS	KUBAT PHARMACY, LLC	47-0490912
OASIS	PANTHER HEALTH, LLC	47-4153162
OASIS	DEVA WEALTH MANAGEMENT, LLC	99-1128858
OASIS	CMR INSURANCE SERVICES, LLC	20-4656214
OASIS	NATHAN YIP FOUNDATION	82-0549095
OASIS	GENERGY SITE SERVICES, INC.	99-3383907
OASIS	PRECISION DEVICES OPCO, LLC	85-3342924
OASIS	EXCIPIO CONSULTING, L.L.C.	73-1608589
OASIS	PASC - LARGO	45-5042950
OASIS	GLB TRUCKING, LLC	20-0977860
OASIS	COAST2COAST SURVEY CORPORATION	88-0471542
OASIS	SOPHOS PRODUCTIONS LLC	83-3782846
OASIS	STARKA PROPERTIES MANAGEMENT, LLC	86-2163236

OASIS	DOYLE'S OUTPOST, LLC	83-1940987
OASIS	ERIC LEIBOWITZ	01-0559236
OASIS	FX DESIGN AND PRODUCTION, LLC	92-1123102
OASIS	QUAIL CREST REDDING 1, LLC	86-2192443
OASIS	INTEGRITY HEALTHCARE SOLUTIONS, INC.	26-2089163
OASIS	THE ATRIUM 1818 OPCO, LLC	83-4534978
OASIS	PCB FINANCIAL ADVISORY GROUP LLC.	46-2995564
OASIS	FOREFRONT WEALTH MANAGEMENT, INC.	83-1831666
OASIS	VOLUNTEER ST. HORSEMEN'S FDN.	62-1324410
OASIS	TDA CONSULTING INC	26-4508272
OASIS	NEW FUTURE WORLD INVESTMENT LLC	27-3677037
OASIS	INCREDIBOWL ENTERTAINMENT-TOLEDO, LLC	88-4262246
OASIS	INTREPID COATINGS, INC.	61-1563898
OASIS	FAIRWAY SUPPLY, INC.	75-1708639
OASIS	HAWKINS SERVICE COMPANY, LLC	88-2278907
OASIS	SYNERGY HEALTH COMPANIES, INC	06-1829380
OASIS	GLACCUM ADVISORS LLC	87-2427019
OASIS	PIONEER REALTY LLC	46-4085395
OASIS	FOOT AND ANKLE SPECIALISTS OF AMES, LLC	85-2717268
OASIS	QUALITY FOOD RESTAURANT PAYROLL, LLC.	82-1311963
OASIS	FULCRUM WEALTH ADVISORS, LLC	46-3954468
OASIS	CAJUN AND GRILL OF AMERICA, INC	65-0413845
OASIS	KLIXU MANAGEMENT LLC	85-3029254
OASIS	RUGGIERO MCALLISTER AND MCMAHON LLC	88-1421188
OASIS	C & S COMMUNITY MANAGEMENT SERVICES, INC.	65-0198197
OASIS	VENUWORKS OF THIEF RIVER FALLS MN, LLC	84-3073577
OASIS	THE MINDSET COUNSELING GROUP, PLLC	47-4383249
OASIS	AUE STAFFING, INC.	45-2185132
OASIS	BREAKAWAY ADVISOR SOLUTIONS	87-4781128
OASIS	WB HOWLAND COMPANY, LLC	59-2920697
OASIS	RB HEALTH PARTNERS INC	45-0512811
OASIS	CITY OF PALMS CHARTER HIGH SCHOOL, INC.	20-4994481
OASIS	SENTIGY, INC.	76-0665437
OASIS	BIG BROTHERS BIG SISTERS OF CENTRAL IOWA, INC.	42-1184999
OASIS	SIGMA SURVEILLANCE INC	59-2452322
OASIS	WISE PROPERTY MANAGEMENT, INC.	59-2117215
OASIS	THE MURPHY DOOR INC	90-0916788
OASIS	JINA PENN TRACY	81-1770946
OASIS	JEM EWC MANAGEMENT, LLC	88-3148883
OASIS	RESIDENCES AT PELICAN ISLE	59-3347295
OASIS	ACADEMY DOOR & CONTROL CORPORATION	54-0966612
OASIS	ETF AUTO 7 LLC	93-2477458
OASIS	FORT WAYNE COUNTRY CLUB	35-0316080
OASIS	INWOOD CROSSING SENIOR LIVING, LLC	35-2644923

OASIS	ARC SERVICE COMPANY, LLC	88-4320212
OASIS	OMATOCHI CORP.	86-1482430
OASIS	POWER PRODUCTION MANAGEMENT INC.	26-4265839
OASIS	PARTNERS TITLE, LLC.	16-1619818
OASIS	OBSTETRICAL & GYNECOLOGICAL ASSOCIATES	20-3522125
OASIS	LIGHTWATER CAPITAL LLC	82-3413851
OASIS	SPRUIK TECHNOLOGIES	82-2532831
OASIS	ENOZO TECHNOLOGIES, INC.	83-2463110
OASIS	MARCUS SAMUELSSON RESTAURANT GROUP LLC	88-1794633
OASIS	BROADJUMP, LLC	45-4513955
OASIS	NATIONAL STUDENT EXCHANGE	82-2267125
OASIS	JL HOTEL EDGEWATER, LLC	88-2897879
OASIS	EFT AUTO 1 LLC	93-2319738
OASIS	ALLIED LABEL PRINTING SYSTEMS	58-2118275
OASIS	PARTNERS IN TRUCKING, INC.	84-1506944
OASIS	PM WELLS CHARTER SCHOOL, LLC	87-1399376
OASIS	INSIGHT FINANCIAL, INC.	42-1712085
OASIS	RIVERLAND AG CORP	20-5952900
OASIS	EXECUTIVE AND PROFESSIONAL MANAGEMENT SERVICES, LLC	20-2038504
OASIS	YOGA MD, PLLC	76-9105325
OASIS	CHEM-INDEX, INC.	59-2397122
OASIS	HIGH PERFORMANCE HOLDING LTD	20-5351057
OASIS	DE FILI SOLUTIONS INC	27-0808180
OASIS	LFRC OCALA, LLC	87-2998980
OASIS	DOMINATION COLLABORATION, INC	45-2790763
OASIS	ICX MANAGED SERVICES, LLC	27-2216575
OASIS	LOWTEMP INDUSTRIES LLC	81-1426953
OASIS	DAYMARK OPERATIONS LLC	81-4398144
OASIS	CELLECTIS BIOLOGICS INC.	38-4102683
OASIS	DIKI DISCOVERY CENTER, INC.	45-3413701
OASIS	WEALTH PROGRESSION GROUP LLC	92-1126564
OASIS	BERKSHIRE HATHAWAY HOMESERVICES FLORIDA NETWORK, LLC	59-3584700
OASIS	VILLAGE PROPERTIES OPERATING COMPANY LLC	27-4456638
OASIS	EAST CAROLINA REHAB AND WELLNESS LLC	47-4674759
OASIS	THINKDIRECT MARKETING GROUP, INC.	26-3170017
OASIS	WILD SALMON CENTER	94-3166095
OASIS	SHOOK HANDYMAN SERVICE LLC	85-1512387
OASIS	CAPITAL PROTECTION GROUP CORP	02-0760726
OASIS	D-FW SONIC MANAGEMENT, INC.	11-3707569
OASIS	FOUR M FOOD SERVICE OF WESTBURY, LLC	80-0822439
OASIS	NORTH DALLAS EAR, NOSE AND THROAT, PA	41-2140438
OASIS	FOUR M FOOD SERVICE OF HICKSVILLE, LLC	27-4922599
OASIS	BROWNSTONE EXPLORATION & DISCOVERY PARK, LLC	30-0336736

OASIS	FIRST STATE RESIDENTIAL LIVING LLC	83-3029928
OASIS	G. J. SULLIVAN CO., INC.	95-3708403
OASIS	MECCA MANAGEMENT, L.L.C.	86-2471758
OASIS	FINCH AND DAISY CONSULTING LLC	82-2707708
OASIS	COLUMBIA EXPORT TERMINAL LLC	46-1515162
OASIS	LINVILL ADVISORY SERVICES, LLC	41-1851233
OASIS	RSR CONCEPTS LLC	82-2886865
OASIS	MICHAEL MANCUSI	47-3507086
OASIS	HARVEST HOME SENIOR LIVING, LLC	30-1146197
OASIS	LYNN GELLER CONSULTING LLC	84-3414590
OASIS	TITAN FINANCIAL AND INSURANCE SERVICES, INC.	47-3684644
OASIS	SUREFIRE MANAGEMENT GROUP	85-3943691
OASIS	FRAZIER WEALTH STRATEGIES, INC.	27-0359938
OASIS	ASPEN DOWNTOWNER GROUP LLC	81-2683798
OASIS	ALBUM HEALTH	82-2300444
OASIS	FIRE SPRINKLER SERVICES FL, LLC	81-4753414
OASIS	WD VENTURES, LLC	81-4572644
OASIS	ARTEMIS WAX CLIFTON LLC	86-3004315
OASIS	RPG WEALTH MANAGEMENT, INC.	83-2036424
OASIS	GSI ENGINE MANAGEMENT GROUP INC.	43-1867796
OASIS	PASC - PINELLAS PARK	45-5042950
OASIS	YARD IMPROVEMENTS LLC	20-1330397
OASIS	D-C COMMUNICATIONS, INC.	42-1356040
OASIS	ENSIGN WEALTH MANAGEMENT, INC.	47-3723561
OASIS	ASIA INTERNATIONAL, INC.	51-0650955
OASIS	SAVANNAH HOMES	42-1467986
OASIS	BUNION SURGERY SPECIALISTS, LLC	87-2742782
OASIS	FOUNDATION FOR ADVANCING VETERANS' HEALTH RESEARCH	74-2522436
OASIS	270 STRATEGIC FINANCIAL PARTNERS	00-0000000
OASIS	JBW FINANCIAL LLC	92-1345118
OASIS	TRUCKNTOW.COM, INC.	38-3530690
OASIS	SAG MARKETING GROUP LLC	85-2077114
OASIS	COMPASS WEALTH MANAGEMENT INC	86-2711435
OASIS	HEALTHEDGE INVESTMENT PARTNERS	20-2951019
OASIS	MULTI DATA SERVICES CORP.	11-2708208
OASIS	MILLER RETIREMENT GROUP LLC	81-5479509
OASIS	YC ANESTHESIA & CRITICAL CARE PLLC	47-5615456
OASIS	VICTORIOUS LIFE CENTER, INC	59-3544995
OASIS	EXODUS MANAGEMENT SERVICES	88-0279474
OASIS	COPPER PLACE PROPERTY MANAGEMENT LLC	92-0362921
OASIS	STAR SIGNS LLC	20-8893181
OASIS	INTERNATIONAL DISTRIBUTION GROUP, LLC	47-3886126
OASIS	FRIER HOME SALES INC	59-3546138
OASIS	CAPE AND COAST VACATION RENTALS LLC	81-2581225

OASIS	MICHIGAN VOICES	83-0612165
OASIS	SOUTHERN AVIATION PARTS & SERVICES, L.L.C.	46-1392528
OASIS	ABILIT HOLDINGS HAWTHORNE CROSSING LLC	30-1200766
OASIS	SPORTSMAN MANUFACTURING COMPANY	84-0673761
OASIS	LSCO, INC	42-1449282
OASIS	LYNN FINANCIAL, LLC	46-0694765
OASIS	SKYVIEW FINANCIAL GROUP LLC	85-2432483
OASIS	HOMETOWN PHYSICAL THERAPY, L.L.C.	26-0559826
OASIS	BLUESKY WEALTH PARTNERS INC	87-4200277
OASIS	TOWER SALES, INC.	58-1537859
OASIS	SELECT PROPERTIES INC A NEW MEXICO CORPORATION	85-0388553
OASIS	ARTEMIS WAX DENVILLE LLC	87-3685694
OASIS	CHALICE ENTERPRISE SOLUTIONS LLC	82-2235329
OASIS	THG ENERGY SOLUTIONS, LLC	27-2237499
OASIS	FOUR M FOOD SERVICE OF MILFORD, LLC	03-0573419
OASIS	GRO DEVELOPMENT, LLC	46-5039210
OASIS	HONOUROUND INTERNATIONAL TRADE COMPANY	43-2112909
OASIS	VITALITY PHYSICAL MEDICINE, PLLC	92-3691354
OASIS	HEK & DEK LLC	81-4672463
OASIS	ARTEMIS WAX POUGHKEEPSIE LLC	92-1228339
OASIS	COMMUNITY HEALTH PROVIDER ALLIANCE	46-4915176
OASIS	CONCERT EVERGLADES, LLC	99-4882966
OASIS	LANDING SENIOR CARE LLC	81-2133121
OASIS	WORKERS BENEFIT CONSORTIUM INC	82-2087332
OASIS	PROCACCI DOLPHIN, LLC	46-1039818
OASIS	PATRICK A. KENT, LLC	45-3954048
OASIS	PROV	20-1062959
OASIS	BRANDIT! CORPORATION	27-1106801
OASIS	INNER FIRE LLC	36-4913757
OASIS	CARNEROS SELF STORAGE INVESTORS LLC	81-2714728
OASIS	TRIPLE Z, INC	58-1801915
OASIS	PRECISION TURF, INC	59-3099372
OASIS	MONARCH PO LLC	87-3714606
OASIS	GF CARNEROS TENANT, LLC	61-1731356
OASIS	GOLDEN HAMMER FOUNDATIONS, INC	84-2370435
OASIS	CLASS ACTION ADMINISTRATION LLC	81-1751596
OASIS	CRAIG CLEMENTS	87-1464649
OASIS	26 SUSHI K GROUP, LLC	46-4781988
OASIS	SEAL FAST, INC.	74-1615774
OASIS	CAREFIRST SPECIALTY PHARMACY LLC	47-2084409
OASIS	COOK WEALTH MANAGEMENT, LLC	26-0265918
OASIS	RAVI KUMAR WAHI MD PA	20-4773085
OASIS	EDUARDO R HERRERA JR MD	47-2466419
OASIS	CULVER COMPANY, LLC	30-0520838

OASIS	JVHTECH, LLC	92-1472069
OASIS	GEOTHERMAL ECO OPTIONS, INC.	45-2720576
OASIS	GUTIERREZ CANALES ENGINEERING, P.C.	33-0997886
OASIS	RM HOSPITALITY GROUP, INC	20-1273811
OASIS	APEX SURGICAL CARE, PA	27-1653660
OASIS	SHALAUN HAWKINS, MD PLLC	87-1378505
OASIS	KEYSTONE GROUP INTERNATIONAL LLC	83-1301810
OASIS	MONTEBELLO CONDOMINIUM OWNERS	76-0679343
OASIS	BUSH BROTHERS PROVISION CO.	59-1370103
OASIS	LITTLE ELM MEDICAL CLINIC PA	75-2867549
OASIS	SP MEDITEC, INC.	92-3689821
OASIS	RIVER STRAND GOLF AND COUNTRY CLUB, INC.	20-3650619
OASIS	TEGO DATA SYSTEMS, LLC	38-3788126
OASIS	MW ANESTHESIA PA	81-2793055
OASIS	DELTA FINANCIAL LLC	87-2104648
OASIS	AADVANTAGE RELOCATION INC	59-2828210
OASIS	NOBSCOT INVESTMENT MANAGEMENT LLC	81-1697554
OASIS	ATON ADVISORS LLC	27-2064708
OASIS	REGROUP COUNSELING SERVICES OF NEW YORK INC.	92-3436358
OASIS	RELIABLE CONSTRUCTION SERVICES NORTH LLC	88-4245965
OASIS	AFFILIATED SERVICE PROVIDERS	35-1968268
OASIS	CHARBONNEAU INDUSTRIES, INC.	58-1859153
OASIS	CAROLINA SHORE CONSTRUCTION, LLC	84-2391730
OASIS	HORWATH INTERNATIONAL SERVICES LTD.	13-3643307
OASIS	FOUR M FOOD SERVICE OF NORTH HAVEN, LLC	27-5562903
OASIS	HUNJO LLC	47-2294064
OASIS	SOUL CENTERED INC	85-1302640
OASIS	PCX TECHNOLOGIES, INC	75-2690718
OASIS	BRUNSWICK COVE LIVING CENTER, LLC	20-8475052
OASIS	PREMIER SUPPORT SERVICES, INC.	62-1772662
OASIS	JESSICA RAE INTERIORS LLC	84-1909135
OASIS	WEBSTER FINANCIAL AND TAX ADVISORY GROUP, LLC.	26-1453150
OASIS	AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA	22-2702301
OASIS	ISLAND PALMS, L.L.C.	86-1009675
OASIS	AVANT GARDE ACADEMY OF OSCEOLA, INC.	46-2354815
OASIS	HEATMASTER, LLC	20-4373568
OASIS	TRAVERSE CAPITAL MANAGEMENT LLC	84-4784337
OASIS	ORBIS WEALTH LLC	86-2280648
OASIS	VENUWORKS OF OSHKOSH, LLC	99-4001110
OASIS	CONTROLLED GROWTH, LLC	81-5162346
OASIS	SIXTWENTYSIX PRODUCTIONS LLC	81-5248722
OASIS	SWARUP LLC	20-1498227
OASIS	JUPITER COA EMPLOYEES, LLC	32-0443197
OASIS	RICE PARK CAPITAL MANAGEMENT, LP	83-4153871

OASIS	ROBERT BOOKBINDER	93-2776510
OASIS	BIG ROCK PARTNERS LP	20-2267425
OASIS	LONE STAR FINANCIAL PARTNERS, INC.	46-1655980
OASIS	AMERICOM IMAGING SYSTEMS, INC.	43-1580499
OASIS	PREMIER COMPOUNDING PHARMACY, INC.	26-0490222
OASIS	PEO AMERICA, LLC	26-0842651
OASIS	AJV INVESTMENTS, LLC	82-1404062
OASIS	PARADISE VALLEY COSMETIC SURGERY, PLLC	86-0986452
OASIS	ACADEMIA FURNITURE LLC	82-0570075
OASIS	HOUSEHOLDER GROUP TUCSON LLC	85-4152019
OASIS	CHASTAIN FINANCIAL LLC	20-4231139
OASIS	GENERATIONS HEALTH CARE INITIATIVES, INC	41-2000473
OASIS	ATANASOFT, LLC	80-0012631
OASIS	HILGERS PLLC	81-0742589
OASIS	ERX WEALTH, LLC	20-3640083
OASIS	HANGAR OF PITTSFIELD INCORPORATED ENTERPRISE	81-4463164
OASIS	AMER - GETINO, C.	57-0339786
OASIS	GENVAX TECHNOLOGIES, INC.	86-2613060
OASIS	FRAMEPOINT PARTNERS, LP.	93-4860855
OASIS	CALIFORNIA FACTORS AND FINANCE	93-0702758
OASIS	AFPP - GLADE, E.	57-0635882
OASIS	COMPRO COMPUTER SERVICES, INC	59-3216414
OASIS	FLX DISTRIBUTION INC	84-4435735
OASIS	GSI DIVERSIFIED, INC.	45-2516019
OASIS	NATIONWIDE TRANSPORT FINANCE, LLC	88-0393127
OASIS	ILLINOIS CORN MARKETING BOARD	37-1135507
OASIS	PROLECTO RESOURCES, INC.	20-0177978
OASIS	LASER PERIPHERALS, LLC	41-1932125
OASIS	KATHREIN BROADCAST USA INC	83-3157305
OASIS	IDEAL IMAGE LAKELAND	20-1345236
OASIS	EXTREME INFRASTRUCTURE SERVICES, LLC	83-3367282
OASIS	ALPHA OPTICAL DOYLESTOWN, LLC	82-4475102
OASIS	DNJ AIR CONDITIONING SERVICES INC.	83-3258242
OASIS	PALADIN WEALTH PARTNERS LLC	81-4031278
OASIS	ORCHARD PARK AT SOUTHFORK, LLC	84-2876090
OASIS	1218 WISC. INC.	52-0899193
OASIS	AGAPE WEALTH, LLC	92-3058861
OASIS	WESTERN COLORADO INFUSION LLC	99-0590847
OASIS	UINTA INVESTMENT PARTNERS LLC	82-1591932
OASIS	GHR FOUNDATION	45-3996122
OASIS	JMC HOMES OF SC, LLC	26-4213388
OASIS	MORGAN GARRIS, LLC	36-4565693
OASIS	TECHNOCHEM INTERNATIONAL INC	42-1512274
OASIS	HIGH ROAD AUTO GROUP, LLC	82-3023739

OASIS	OAKLAND HOSPICE, INC.	85-3073808
OASIS	3I PEOPLE, INC.	03-0375372
OASIS	DANIEL MORGAN, DDS, INC, II	82-3409150
OASIS	STEWART-PETERSON GROUP, INC.	39-1526549
OASIS	RAMDO SOLUTIONS, LLC	46-3259455
OASIS	BC INDUSTRIAL SUPPLY, INC.	59-3332779
OASIS	ABILIT HOLDINGS EAGLE RIVER LLC	36-4880092
OASIS	CIRRASCALE CLOUD SERVICES, LLC	36-4856997
OASIS	HELVIC ENGINEERING AND CONSTRUCTION LLC	85-0908880
OASIS	LONG BEACH GROUP INC.	95-2794527
OASIS	MYERS CAPITAL ADVISORS, LLC	84-1739324
OASIS	41 NORTH LLC	80-0657502
OASIS	ROBERT F KNIGHT & ASSOCIATES	86-0688583
OASIS	MEDICAP PHARMACY - STORE 7	45-0514276
OASIS	K-SPACE IMAGING CORP.	85-3423264
OASIS	ZARONOLOGY INC.	47-3376139
OASIS	WALKMED TECHNOLOGIES, LLC	93-3503838
OASIS	TWIN FALLS DOWNTOWNER, LLC	92-3893825
OASIS	MAL-1 FINANCIAL, LLC	85-1608409
OASIS	CHICOWINGS, INC.	47-4828516
OASIS	GOPROCURE, INC.	81-1692534
OASIS	WEALTH PLANNING ADVISORS, INC.	37-1577880
OASIS	CHANGE COURSE	87-4559307
OASIS	LEE LEVY	88-4145265
OASIS	DENALI ADVISORS, LLC	33-0957285
OASIS	GREGORY B LEVETT AND SONS FUNERAL HOMES, INC	58-1865866
OASIS	281 BLUE OCEAN WEALTH SOLUTIONS	00-0000000
OASIS	PROFESSIONAL SKATERS ASSOCIATION	41-1125012
OASIS	SUM6 HOLDINGS LLC	84-2205568
OASIS	A KIDS PLACE CHILDRENS PROGRAMS, LLC	38-3976836
OASIS	SONA SENIOR LIVING MA LLC	84-4743513
OASIS	HIGHLAND WOODS GOLF AND COUNTRY	65-0563163
OASIS	AVANTIC RESIDENTIAL	82-3260818
OASIS	GREEN HILLS PHARMACY	62-0908816
OASIS	AEROBOTICS US, INC.	37-1908124
OASIS	METROPOLITAN ECONOMIC DEVELOPMENT ASSOCIATION	41-0977257
OASIS	TARRANT COUNTY HOMELESS COALITION	75-2331643
OASIS	LENDTRADE LLC	46-3456227
OASIS	ALCOSTA CAPITAL MANAGEMENT INC	81-0587139
OASIS	UNION SQ 4TH F & B MANAGEMENT LLC	81-2218986
OASIS	SABAL PALMS SENIOR LIVING, LLC	61-1830936
OASIS	TECHNETIX, INC	26-0700115
OASIS	HQ-PACK, INC	82-3645872
OASIS	SHAFER'S CLASSIC REPRODUCTIONS, INC.	59-2581833

OASIS	MUSTANG SEAL SOLUTIONS, LLC	45-5585734
OASIS	HEALTH DELEGATES, LLC	46-1268760
OASIS	CHAROLAIS STEAKHOUSE, INC.	84-2021166
OASIS	ETF AUTO 6 LLC	93-2447544
OASIS	ASSET PRESERVATION GROUP, LLC.	46-1763832
OASIS	STEPHANIE GANSKE, RN LLC	46-4071008
OASIS	DUNNIGAN FINANCIAL GROUP, LLC	27-1498238
OASIS	VALUE FINANCIAL ADVISERS, INC	84-0902767
OASIS	ADVISIUM WEALTH MANAGEMENT LLC	85-1746874
OASIS	DEVELOPMENTAL ENRICHMENT CENTERS	27-1569526
OASIS	PINEKNOLL PECAN PROPERTIES	26-3178179
OASIS	NEUMILLENNIAL, LLC	47-4266758
OASIS	GRAYSON COUNTY CHILDRENS ADVOCACY CENTER	30-0104345
OASIS	SOUTH LAKE DOWNTOWNER, LLC	88-2164978
OASIS	287 FORTIS LUX FINANCIAL	00-0000000
OASIS	D M KELLY AND COMPANY	42-1439008
OASIS	STREETBIRD NEWARK,LLC	81-4812768
OASIS	THE TODD CO.	26-4630777
OASIS	OAK HARBOR SENIOR LIVING LLC	47-3417638
OASIS	55 INC.	46-3502299
OASIS	OSP EMPLOYEES LLC	32-0519050
OASIS	DELTONA DONUTS, LLC	80-0868571
OASIS	DEH TOURING LLC	99-1720643
OASIS	OLIVA CIGAR CO.	58-2268398
OASIS	MAHASKA VETERINARY CLINIC, PLC	42-0807399
OASIS	ABILIT HOLDINGS EAU CLAIRE LLC	37-1871516
OASIS	PATRICK CAPITAL VENTURES LLC	93-2983661
OASIS	1ST COAST CARGO INC.	45-5286454
OASIS	ACRES MILL VETERINARY CLINIC, P.C.	58-2477701
OASIS	COLLIN COUNTY ASSOCIATION OF REALTORS, INC.	75-1164120
OASIS	SUMMIT BARIATRIC AND ROBOTIC SURGICAL SPECIALISTS	88-3533382
OASIS	WILSON WEALTH STEWARDSHIP, INC.	83-0738407
OASIS	LIVING HISTORY FARMS FOUNDATION INC.	42-6127198
OASIS	BEACON HILL PREPARATORY INSTITUTE	42-1624235
OASIS	HEARTLAND YOUTH FOR CHRIST	42-0845219
OASIS	VITAL WEALTH PARTNERS LLC	87-1176059
OASIS	IDAHO FALLS DOWNTOWNER, LLC	88-1772635
OASIS	D J MUELLER ENTERPRISES, INC.	46-1520532
OASIS	DANIEL B. GEEHAN DBA BRENTON PRIVATE WEALTH ADVISORS	47-4273446
OASIS	SWEET TOOTH PARTNERS LLC	87-4791924
OASIS	KIDZ KAROUSEL, LLC	35-2282942
OASIS	FUN TIME EARLY CHILDHOOD ACADEMY	59-1039978
OASIS	CFC PRINT SOLUTIONS, LLC	80-0170026
OASIS	THE LCO GROUP INC	26-4835316

OASIS	VIENTOS SERVICES, LLC	32-0526845
OASIS	MENTAL HEALTH PARTNERSHIP LLC	84-1924861
OASIS	CONTENTWISE INC.	32-0473391
OASIS	BRENDA M HOTALING	99-2178742
OASIS	PGN VILLAGE INN INC	36-3775050
OASIS	APU TAX, LLC	84-4147544
OASIS	OKSON CONSULTING, LLC	46-3601808
OASIS	RED LEAF CHICAGO, LLC	47-2075074
OASIS	SAGEBROOK TIRE & AUTO, INC.	85-2011300
OASIS	ASTON PROPERTIES, INC.	56-1371097
OASIS	IOWA SOUND, L.C.	26-3942139
OASIS	NRGIZED MEDIA LLC	82-0949713
OASIS	HEALTHBPM, INC.	27-1620013
OASIS	CONCERT WOODMORE LLC	46-1547235
OASIS	KIC MANAGEMENT GROUP, INC.	47-1402503
OASIS	SAOL THERAPEUTICS INC.	47-5206601
OASIS	VANSON TECHNOLOGY SERVICES, INC.	41-1888083
OASIS	SPAC ADVISORY PARTNERS LLC	87-2603937
OASIS	HAMILTON FAATZ PC	84-1157953
OASIS	KELLEY BUICK GMC, INC.	27-4428472
OASIS	BEGGINS ENTERPRISES, INC	59-3088528
OASIS	PCK GROUP, LLC	81-2827567
OASIS	HIGHLAND BANK	41-0627744
OASIS	INTEGRATIVE COUNSELING SOLUTIONS, INC.	27-0328749
OASIS	TRIANGLE GROUP LP	75-2953087
OASIS	ARCA SERVICES LLC	20-2487374
OASIS	PROGRESSIVE LABORATORIES, INC	75-1464885
OASIS	UNITED CAR CARE INC	84-1311879
OASIS	MOTEN LLC	20-3281353
OASIS	J. DOUGLAS PARKER CONSULTING, INC.	82-3411992
OASIS	THE RETROFIT COMPANIES, INC.	41-1716621
OASIS	RETIREMENT INCOME ADVISORY GROUP LLC	81-4901662
OASIS	FOUR LEAF TOWERS	76-0020687
OASIS	MONTESSORI CENTER SCHOOL AT SANTA BARBARA	95-2774847
OASIS	ARTEMIS WAX NORTH WALES, LLC	86-2781838
OASIS	1218 INC	26-3907497
OASIS	VEERAJ, LLC	47-4152773
OASIS	2PM SHARP, LLC.	99-4063917
OASIS	THE ALABAMA CENTER FOR ORAL SURGERY AND DENTAL IMPLANTS, PC	93-1348316
OASIS	TEAM PREHEIM FINANCIAL, INC	84-3305127
OASIS	HATCH AUTO CENTER INC.	87-3429222
OASIS	NAVION HOME CARE COMPANY LLC	83-4380285
OASIS	CHESAPEAKE FINANCIAL STRATEGIES, LLC	52-2247544

OASIS	UNIVERSITY LAKES HOTEL, LLC	82-2317724
OASIS	MEDCILLARY MED GROUP LLC	47-5412740
OASIS	WINTER PARK HEALTH FOUNDATION, INC	59-0669460
OASIS	D. LOTT, INC.	75-2519063
OASIS	EYECARE ADVISORS, INC.	81-1480578
OASIS	GROOMBRIDGE, WU, BAUGHMAN AND STONE LLP	92-0823838
OASIS	JENSEN INERT PRODUCTS	65-0065985
OASIS	AMPAC LLC	92-3405277
OASIS	CORONET MACHINERY CORP.	13-2761257
OASIS	ANTHROPEDIA, INC.	20-0623293
OASIS	HARD TIMES FARMS, LLC	83-3080703
OASIS	SILAS HARRINGTON	20-0049372
OASIS	GKI, INC. DBA CRANFORD HOSPITALITY	20-1984104
OASIS	BUFFET CRAMPON USA, INC	74-3144773
OASIS	WATER WATER WATER INC.	59-3800241
OASIS	CTA WEALTH ADVISORS, INC.	47-2785685
OASIS	PATRICK SQUARE, LLC	20-8078830
OASIS	COTHRAN PROPERTIES, LLC	57-1091918
OASIS	VITAL I/O, INC.	01-0454445
OASIS	JL BRIDGEWATER HOTEL, LLC	82-4839118
OASIS	WESTGATE HOME SALES, INC	59-3568154
OASIS	CONSTRUCTION RESEARCH LABORATORY, INC	59-1804247
OASIS	CORNERSTONE COMMERCIAL CONTRACTORS, INC.	42-1449149
OASIS	HOUSTON CHINESE SENIOR HOUSING CORPORATION	76-0627206
OASIS	SOUTH WOODSTOCK PROPERTY MANAGEMENT, INC	06-1454253
OASIS	PINNACLE RETIREMENT ADVISORS, LLC	83-3741388
OASIS	THE JOHNSON TEAM, LLC	83-2719654
OASIS	ROBERT D TRACY	82-3033098
OASIS	NEW YORK CITY CHESS INC	26-3699651
OASIS	ARTEMIS WAX GARWOOD LLC	87-3177997
OASIS	WHITAKER WEALTH MANAGEMENT SERVICES, LLC	92-1788054
OASIS	CCMO PF MANAGEMENT, LLC	45-3621035
OASIS	MILCO ENTERPRISES, INC.	56-2147953
OASIS	GREAT NORTHERN PRODUCTS, LTD	05-0444142
OASIS	IOWA AGRICULTURE LITERACY FOUNDATION	31-1672416
OASIS	TRUCKEE DOWNTOWNER LLC	88-2735182
OASIS	INLET WORLDWIDE OIL, INC	92-0142827
OASIS	SWIFT RESOLUTIONS INC	46-3629368
OASIS	CUBICLE SOLUTIONS, INC.	02-0535554
OASIS	ASB ENERGY SERVICES, LLC	82-3123390
OASIS	VHA SOUTHEAST, INC.	59-2550614
OASIS	BESPOKE LUXURY MARKETING LLC	81-5466462
OASIS	ECONOMY CARE ASSEMBLERS, INC.	47-4259820
OASIS	COVERAGE DIRECT CUSO, LLC	88-1445349

OASIS	TEXASRENTERS.COM, LLC	45-2765768
OASIS	ASIEN'S APPLIANCE, INC.	20-0736375
OASIS	GN3, INC.	82-2356480
OASIS	BUDGET PLUS INSURANCE AGENCY, INC	77-0044306
OASIS	JACKSAM CORPORATION	46-3566284
OASIS	AARON J EVANS OD PA	46-2847620
OASIS	920 NW 2ND AVENUE MIAMI LLC	99-2596841
OASIS	AMERICAN CAPITAL REALTY GROUP, INC.	95-4518319
OASIS	PINNACLE RETIREMENT INC.	86-0966285
OASIS	BIRCHWOOD WEALTH ADVISORS LLC	88-3346703
OASIS	NEW YORK GI CENTER, LLC	20-2562489
OASIS	CHASSE CONSULTING SALES STRATEGIES INC	43-1999026
OASIS	BERGEN POINT WEALTH MANAGEMENT	85-4067561
OASIS	ALPHA OPTICAL WYOMISSING, LLC	82-2605564
OASIS	TOPANGA ROSCOE CORP	95-2754078
OASIS	CONVEY SERVICES, LLC	46-2691602
OASIS	JEFFREY FRANK	84-1821304
OASIS	HOME-BASE USA LLC	26-0153695
OASIS	NIKAY ENTERPRISES INC	84-1444534
OASIS	CLARUS MEDICAL, LLC	41-1965917
OASIS	LUCKY START SOUTH LIMITED LIABILITY COMPANY	87-0829562
OASIS	WILCO ITS LLC	81-2518165
OASIS	ENVIRONMENTAL OFFICE SOLUTIONS, INC.	06-1459730
OASIS	DENVER JEWISH DAY SCHOOL	84-1476467
OASIS	VUKOTA CAPITAL MANAGEMENT LLC	46-3436969
OASIS	CLEANING SERVICES GROUP, INC.	04-3168372
OASIS	RADHA BEAUTY PRODUCTS LLC	47-2320907
OASIS	041 MASSMUTUAL MIDWEST	00-0000000
OASIS	INSIGHT ASSURANCE LLC	85-4026395
OASIS	FUQUA CAPITAL CORPORATION	58-1269725
OASIS	MARK A. ISAEFF, M.D., P.A.	27-3652809
OASIS	RCLALC, LLC	47-5530951
OASIS	TOWN CENTER LLC	26-2442500
OASIS	EST ELECTRA SALES, LLC	83-0683098
OASIS	MANCI GRAPHICS, INC.	59-3398701
OASIS	FAIRWAY PARK LLC	95-4722804
OASIS	DOUGLAS DAVID HORNE	74-2866616
OASIS	DF ADVISORS LLC	82-3768798
OASIS	ESL SD VICTORIAN OPERATIONS LLC	82-1461995
OASIS	PALM COAST PARKWAY DONUTS, LLC	61-1730588
OASIS	THOMSON BIKE PRODUCTS	90-0910814
OASIS	OPEN SOURCE CONTROLS, LLC	85-1998469
OASIS	BOSTON HUMAN CAPITAL PARTNERS, INC.	45-0614852
OASIS	CALLPOINT LLC	82-1467795

OASIS	OPTIC PLANET LLC	92-1291850
OASIS	GENERAL ENERGY SERVICES, INC.	88-2874326
OASIS	INTERCONNECT, INC	20-5755002
OASIS	AMERICAN MANAGEMENT SERVICE OF SC, LLC	82-5241302
OASIS	EDGE AG SOLUTIONS LLC	82-1042666
OASIS	SARASOTA KENNEL CLUB, INC.	59-0436070
OASIS	PARADIGM WEALTH MANAGEMENT, LLC	47-2603383
OASIS	AUTOMATED GASKET CORP	83-3701886
OASIS	CONSIDINE ASSOCIATES LLC	83-2580192
OASIS	TPPJ S. PASADENA, LLC	46-3265118
OASIS	DAIICHI JITSUGYO (AMERICA), INC.	13-2705494
OASIS	HOEVEN, INC	84-1581423
OASIS	WAKEMED SURGERY CENTER - NORTH RALEIGH, LLC	92-1525905
OASIS	WBF GIG WORKER SERVICES LLC	93-4683878
OASIS	STANTON CHASE OF TENNESSEE, LLC	41-2224845
OASIS	WENDY EDDY DBA EDDY INVESTMENT GROUP	86-2791790
OASIS	THE FLOORING PRO'S INC	26-2637195
OASIS	MY FAIR LADY TOURING	88-0640663
OASIS	PCD SENIOR #1, LLC	46-5255199
OASIS	BETTER BUSINESS BUREAU OF PALM BEACH COUNTY , INC.	59-1261763
OASIS	MILLER HOMES, LLC	27-0969542
OASIS	DICKERSON, BAKKER & ASSOCIATES LLC	27-2721049
OASIS	SC & A, INC.	54-1183001
OASIS	SEARCH INSTITUTE	41-0811842
OASIS	C. FUENTE HOLDINGS, INC.	59-1978963
OASIS	LEGACY COMMUNITIES III, LLC	86-2993742
OASIS	LONGPOINT PROPERTY GROUP LLC	82-4993529
OASIS	MICHAEL ROSENTHAL INVESTMENT COMPANY, INC.	93-4790841
OASIS	B AND G FIELD SALES AND MARKETING LLC	87-2000772
OASIS	WILKINS FINANCIAL AND INSURANCE SERVICES	15-7380207
OASIS	ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA INC.	65-0260360
OASIS	TOTEM VC, INC	82-1704264
OASIS	ARTEMIS WAX NJ, LLC	85-3953750
OASIS	BING BANG LLC	47-1314612
OASIS	ATADEX EDI LLC	82-2573417
OASIS	ASCEVIA LLC	82-4342287
OASIS	MALONEY CONSULTING SERVICES LLC	94-3488067
OASIS	SCOTT ROSE INVESTMENT COMPANY, INC.	93-4790547
OASIS	GSI INDUSTRIAL SOLUTIONS INC.	27-2387288
OASIS	TRINITY HEALTH OOS, LLC	92-0493659
OASIS	DIXON CONSTRUCTION CO	73-1382260
OASIS	SURF HARDWARE INTERNATIONAL - USA, INC.	33-0740494
OASIS	QUANTWORKS, INC.	47-5017595
OASIS	LEMARS PHYSICAL THERAPY, LLC	26-2723565

OASIS	FLAIR DIVERSIFIED PROPERTIES, LLC	94-3129446
OASIS	PIC GLOBAL INC.	42-1768385
OASIS	IDEAL MANAGEMENT SERVICES CELEB, INC.	20-1873802
OASIS	BELLAK COLOR CORPORATION	59-1297505
OASIS	ALL STATES TITLE SERVICES, INC.	20-5470807
OASIS	QUALITY FOOD RESTAURANT PAYROLL,LLC - FL	82-1311963
OASIS	MANAGEMENT HQ, LLC	46-3183137
OASIS	LOGAN PROPERTY MANAGEMENT, INC.	20-1902673
OASIS	OLSON CONTRACTING, LLC	81-1568898
OASIS	COMPASS TREE LLC	27-1967257
OASIS	HUMANE SOCIETY OF BROWARD COUNTY	59-6002321
OASIS	SOUTH VALLEY CLAIMS, INC.	77-0097629
OASIS	STS FEDERAL, LLC	20-4234746
OASIS	CALLBOX STORAGE LLC	81-1994756
OASIS	HUELLMANTEL AND AFFILIATES	14-1955783
OASIS	SUMMIT THERAPY GROUP	27-0835947
OASIS	ENTERPRISE RADIOLOGY, P.C.	46-0797624
OASIS	BARCOMB ASSET MANAGEMENT, LLC	65-1129969
OASIS	MEIDH CORPORATION	45-2947866
OASIS	GLOBAL GARAGE FLOORING OF THE NORTHEAST LLC	82-4207724
OASIS	YOUR BEST CREDIT UNION	62-0787251
OASIS	VIKING PRODUCTS INC	33-0090228
OASIS	GRAYLARK FINANCIAL, LLC	92-2991461
OASIS	HANGAR OF WESTFIELD INCORPORATED ENTERPRISE	46-2027081
OASIS	VENUWORKS OF TOPEKA, LLC	48-1261748
OASIS	GENESIS INC.	80-0965193
OASIS	URDANG & COMPANY, LLC	20-2907242
OASIS	ORCHARD PARK AT VICTORY LAKE LLC	36-4925716
OASIS	COURAGE CAPITAL MANAGEMENT LLC	62-1746134
OASIS	BRIGADIER CAPITAL GROUP LLC	47-1852127
OASIS	AMER - MCCOY, MIKE B.	56-2943741
OASIS	ANKENY SOCCER CLUB DBA IOWA RU	42-1493872
OASIS	SEACREST NAPLES, LLC	83-2428773
OASIS	VERNE Q. POWELL FLUTES, INC.	04-2822087
OASIS	AMER - O'HARA, KEVIN	38-0828623
OASIS	THE MEYERS PRINTING COMPANIES, INC.	41-0760489
OASIS	SHEPARD LAW PLLC	81-4744192
OASIS	SEMPER FI ELECTRIC AND TECHNOLOGIES LLC	46-3487419
OASIS	DARIN SPILMAN	87-4538596
OASIS	POLK COUNTY CREDIT UNION	42-6064396
OASIS	FLEENOR BROS ENTERPRISES, INC.	43-1613243
OASIS	GLOBAL MOBILITY SOLUTIONS, LLC	20-3966581
OASIS	SCR PRECISION TUBE BENDING, INC.	59-3040419
OASIS	HEARTWOOD REAL ESTATE GROUP, INC.	87-2348891

OASIS	S-ACCRUE, LLC	99-0441419
OASIS	SAPFO, INC.	27-0823270
OASIS	ROBINSON SPORTS, INC	14-1952328
OASIS	ORCHARD PARK OF KYLE LLC	37-1925753
OASIS	TRIDENT LAND TRANSFER COMPANY, LLC	46-3298087
OASIS	SIMPLEPATH RETIREMENT, LLC.	47-3113299
OASIS	COACHELLA VALLEY LIGHTHOUSE	83-2843199
OASIS	HAPPY DOG AUTOMOTIVE COMPANY	87-2970949
OASIS	DOCAUTO, INC.	58-2295848
OASIS	SQM NORTH AMERICA CORP	13-4995710
OASIS	POLO CLUB, L.L.C.	71-0977402
OASIS	DIVERSIFIED MEDICAL ENTERPRISES, INC.	99-0142791
OASIS	CHAPTER & VERSE LLC	81-4302016
OASIS	G3 AEROSPACE LLC	86-1646891
OASIS	ARIA SERVICE GROUP	86-2628312
OASIS	ARMOR HOME SERVICES, LLC	47-1990912
OASIS	RSS KENNESAW PLACE MANAGER LLC	93-1441210
OASIS	ACTION MACHINERY LLC	20-409-7425
OASIS	OCEANSIDE INDEPENDENT LIVING, LLC	86-3286963
OASIS	GROUP 10 TOTAL WEALTH MANAGEMENT LLC	82-2606813
OASIS	IDEAL IMAGE MELBOURNE	20-2337690
OASIS	DR. SPD, LLC	82-2654862
OASIS	SHIPIUM, LLC	87-0900440
OASIS	ORAL AND FACIAL SURGERY CENTER OF TALLAHASSEE, P.A.	61-1538348
OASIS	MERITAGE FINANCIAL STRATEGIES, LLC	20-5014960
OASIS	NATIONAL STANDARD PARTS ASSOCIATES, INC.	59-1984545
OASIS	CISTECH, INC.	56-2144551
OASIS	ADVANTIX SOLUTIONS GROUP, INC.	75-2966741
OASIS	TechGenies LLC	47-4039064
OASIS	EXECUTE TO WIN LLC	45-2531637
OASIS	BARDACH AWARDS, INC.	35-1377046
OASIS	JK HUARD HOLDINGS LLC	85-4022073
OASIS	FERRUCO VAIL OPERATIONS CORPORATION	27-1653912
OASIS	CHAMPIONS HELP L.L.C.	82-4009856
OASIS	DEBARY DONUTS, LLC	47-1762185
OASIS	ZEIGEN CPA LLC	47-2675408
OASIS	LONE STAR DISTILLERY, LLC	71-1032522
OASIS	SWISSTO12	84-1941564
OASIS	HEALTHY BIRTH DAY, INC.	26-3998964
OASIS	LS CAPITAL FINANCE	93-2689810
OASIS	SUMMIT DIRECT SALES LP	20-1214114
OASIS	HOMETOWN PHYSICAL THERAPY HOLDING COMPANY, LLC	45-5592376
OASIS	VISTA PRADO, INC.	82-1222611
OASIS	PROVIDENCE DATA TECHNOLOGIES, LLC	84-2210538

OASIS	WEALTH MANAGEMENT	04-3782664
OASIS	JL AIRPORT HOTEL, LLC	82-2353872
OASIS	WIVH LLC	83-0936663
OASIS	ALL WORLD VENTURES, LLC	38-4098052
OASIS	IOWA CATTLEMEN'S ASSOCIATION	42-0924739
OASIS	MARTIN MARTIN RENOVATIONS, INC.	68-0534762
OASIS	RIVER POINT KERRVILLE SENIOR LIVING LLC	30-1147559
OASIS	PBACO HOLDING LLC	82-5527199
OASIS	METRO TI LLC	45-3952743
OASIS	KEY POLYMER, LLC	87-3032968
OASIS	FOUNDRY LA LLC	87-2373060
OASIS	EASYFISH MARKETING, LLC	26-4411295
OASIS	CARDINAL METAL FINISHING, LLC	82-4449870
OASIS	CORUM MANAGEMENT, LLC	82-5016839
OASIS	SITZER AND SPURIA STUDIOS, INC.	56-1900346
OASIS	PALOS VERDES CAPITAL LAND GROUP, LLC	47-1468928
OASIS	FIRST GUARANTY MANAGEMENT CORP	58-1374623
OASIS	WILBERT BURIAL VAULT CO.	42-0621290
OASIS	EVANS MACHINE CO., INC.	04-2671474
OASIS	THE FLEXX USA, LLC	26-4729731
OASIS	ENGLHARD CONSULTING LLC	82-5477005
OASIS	TINA ON TOUR LLC	92-3687498
OASIS	PENINSULA CLUB, INC	56-1696630
OASIS	FOUR M FOOD SERVICE OF DANBURY, LLC	27-0965878
OASIS	SENIOR HOUSING CONSULTANTS INC	76-0741352
OASIS	EFC WEALTH GROUP INC	27-2245758
OASIS	SUN DEVIL HEATING & COOLING, INC.	26-0824214
OASIS	DANIEL MORGAN DDS, INC	45-5417739
OASIS	THE ISLAMIC SOCIETY OF ORANGE COUNTY	95-3693522
OASIS	525 EDGEWOOD AVENUE SE ATLANTA LLC	99-2402109
OASIS	THERAMEDIC REHAB INC.	27-5276102
OASIS	JACKSON-SHAW COMPANY	75-1392561
OASIS	BMG LOANSATWORK, LLC	81-2676738
OASIS	SMITH, G PHILLIP AND SMITH, A ELIZABETH	93-1284843
OASIS	GLOBAL INSURANCE ACCELERATOR	81-1326138
OASIS	HOFFMAN PARTNERS, LLC	26-2094307
OASIS	NIXSYS, INC.	03-0587678
OASIS	GARDENS OF MODESTO EMPLOYEES, LLC	88-2924590
OASIS	AYO CONTRACT MANUFACTURING LLC	93-4519113
OASIS	COLEMAN FINANCIAL ADVISORY GROUP LLC	85-1294836
OASIS	GENERATIVITY	84-1690757
OASIS	THE PEAK SCHOOL	90-0762947
OASIS	ABILIT HOLDINGS PRAIRIE MEADOWS LLC	81-3014403
OASIS	MARKS CUSTOM SIGNS, INC.	48-1144054

OASIS	JRS FINANCIAL SERVICES, LLC	11-3376499
OASIS	VENUWORKS OF WICHITA, LLC	46-1243817
OASIS	CHILTON CAPITAL MANAGEMENT LLC	76-0488937
OASIS	JWIN ELECTRONICS CORPORATION	13-3938051
OASIS	VINEYARD RANCH AT TEMECULA, LLC	30-0958066
OASIS	INDUSTRIAL TECHNOLOGY CORPORATION	42-1145340
OASIS	KIMBALL CIRCULATOR LLC	82-1641779
OASIS	HOUSTON CHINESE SENIOR ESTATE INC.	76-0520297
OASIS	R-5 METAL FABRICATORS INC	75-2185263
OASIS	HIGHMARK MANAGEMENT, LLC (DBA EDENCREST AT TIMBERLINE)	93-2999035
OASIS	YLC VENTURES, INC	83-1118046
OASIS	BAKER HILL INDUSTRIES INC	59-1168934
OASIS	EHR REAL ESTATE SERVICES INC	85-2214397
OASIS	ALPINAIRE HEALTHCARE, INC.	84-1530404
OASIS	APPEPROPO, INC.	46-1612095
OASIS	DWEBWARE, LLC	47-5278107
OASIS	ENVISION NETWORKS, INC.	43-1990979
OASIS	UPWISE CAPITAL LLC	84-4426616
OASIS	ENOS CONSULTING GROUP, INC	99-2598512
OASIS	GLM DEVELOPMENT COMPANY, LLC	27-2779224
OASIS	DARIEN GROUP, LLC	47-3648549
OASIS	FAMOUS RECIPE FRIED CHICKEN OF LIMA INC.	34-1014918
OASIS	ASTUS-FABER ASSOCIATES, INC.	26-4105235
OASIS	RAINBOW BRIDGE MANAGEMENT	47-4847122
OASIS	LUXUS BUILD LLC	83-0521958
OASIS	JIM CAMPEN TRAILER SALES INC	56-1786492
OASIS	ON DECK SOLUTIONS LLC	83-4586189
OASIS	HHG CEDAR PARK LLC	82-0729755
OASIS	SUNBOW-MONTEVIDA, LLC	20-3770277
OASIS	BURKHEAD ELECTRIC, LLC	42-1466681
OASIS	CENTER FOR ANTI-AGING, P.C.	46-2705416
OASIS	ENVIROS, LLC	26-4395400
OASIS	BRANDENBURG CONSULTING LLC	83-1828151
OASIS	PCS TELECOM, INC.	26-3423055
OASIS	TPD RIVERVIEW, LLC	85-0777877
OASIS	GWN SECURITIES, INC	65-0939556
OASIS	ALPHA OPTICAL BETHLEHEM, LLC	84-4014181
OASIS	UNION PACIFIC STREAMLINER FEDERAL CREDIT UNION	47-0383564
OASIS	NEW DIRECTIONS COUNSELING SERVICES PLLC	27-0391983
OASIS	INFINITE FINANCIAL SOLUTIONS, LLC	46-3515763
OASIS	DUNKERTON TELEPHONE COOPERATIVE	42-1146330
OASIS	RSS HIGHLANDS PLACE MANAGER LLC	93-1395006
OASIS	POST SUNSHINE RANCH ENTERPRISES, INC	20-0209191

OASIS	HARMSCO, INC	59-1087463
OASIS	REL PRODUCTIONS	81-4587673
OASIS	HEARTLAND PHARMACY SERVICES LLC	88-4088451
OASIS	AFTERBURNER, INC.	04-3479856
OASIS	BROWN DEER PLACE, LLC	47-5640261
OASIS	CASTLE HILL CAPITAL PARTNERS, INC.	16-1535466
OASIS	KENTWOOD, LLC	26-0176956
OASIS	GARAGE FLOOR COATING FRANCHISE SYSTEM, INC.	20-5682805
OASIS	ARLINGTON PLACE OF GRUNDY CENT	41-1979586
OASIS	TROPICAL IMAGING CENTERS, L.L.C.	82-1343440
OASIS	39TH ST F AND B MANAGEMENT LLC	87-1139103
OASIS	CONCERT PLAYERS CLUB, LLC	87-4503226
OASIS	LFRC FT WAYNE LLC	92-0317684
OASIS	ALPHAGEN LABORATORIES, INC.	58-2019517
OASIS	BALMVILLE WEALTH GROUP LLC	85-3375111
OASIS	HECKMAN FINANCIAL AND INSURANCE SERVICES, INC.	20-3153658
OASIS	FARMERS RISK INC.	85-0739507
OASIS	VISIT US, INC.	65-0281620
OASIS	DUCAT INVESTMENTS LLC.	65-1165933
OASIS	FLANAGAN LAW FIRM, LLC	27-1785837
OASIS	AUGUSTA AUTO SALES, INC	57-1175978
OASIS	RIVER VALLEY WEALTH MANAGEMENT, L.L.C.	47-3832087
OASIS	SUITT DMD LLC	84-2139384
OASIS	ANNIE ON TOUR, LLC	87-4801090
OASIS	DB HOLDINGS OF GEORGIA, LLC	85-3004314
OASIS	LONGBOAT HARBOUR OWNERS ASSOCIATION, INC.	59-1390793
OASIS	INTERLINC FINANCIAL ADVISORS, INC.	81-4342916
OASIS	IOWA VALLEY RESOURCE CONSERVATION AND DEVELOPMENT	42-1481272
OASIS	TIEMPO ESCROW, INC	95-3628072
OASIS	CHILDRESS FAMILY PARTNERSHIP	84-4287538
OASIS	ACE TICKET WORLDWIDE, INC.	04-3551312
OASIS	INFECTIOUS DISEASE SPECIALISTS OF ATLANTA, P.C.	58-1899309
OASIS	BANESCO AMERICA CORPORATION	83-2454980
OASIS	PHOENIX EDUCATION NETWORK, INC	84-2276904
OASIS	LRM TRUCK REPAIR, INC.	81-4489757
OASIS	277 RED RIVER WEALTH STRATEGIES	00-0000000
OASIS	ESA ELECTRA SALES, LLC	82-3612028
OASIS	PRIMEDINA LLC.	86-3858861
OASIS	RED ROOSTER HARLEM LLC	27-2386120
OASIS	ZION CLOUD SOLUTIONS LLC	81-2233356
OASIS	READ USA, INC	47-4729513
OASIS	SIERRA HOMES INC.	26-2777647
OASIS	IOWA-ILLINOIS SAFETY COUNCIL	42-1087375
OASIS	MERCHANTS ADVANCE LLC	20-1743518

OASIS	DENCO SOLUTIONS, LLC	84-3622192
OASIS	CONFLUENCE, INC.	42-1475404
OASIS	IVD RESEARCH, INC.	93-1227019
OASIS	SOUTH SHORE EYE CENTER PLLC	76-0618388
OASIS	SUMMERSET LINCOLN ASSISTED LIVING LLC	82-4389255
OASIS	JETALL COMPANIES, INC.	54-2182089
OASIS	LPFG OF PALM BEACH, INC.	26-0770497
OASIS	COLUMBUS HOSPITALITY LLC	31-1751326
OASIS	AQIMERO OF PHILADELPHIA, LLC	81-1596587
OASIS	HOMKOR OF MISSOURI, INC.	43-1583937
OASIS	TOTAL REHAB-ORTHOPEDIC AND SPORTS SPECIALIST, PC	20-2320544
OASIS	RSS KEOWEE PLACE MANAGER LLC	93-1463546
OASIS	ALUMINUM & GLASS DOOR, INC.	65-0615858
OASIS	FREIGHTJOY LOGISTICS, INC.	81-2597481
OASIS	LA PALESTRA INC	13-3731004
OASIS	HEARTLAND PROPERTIES, INC.	42-1320096
OASIS	ENGINUITI, INC.	54-1958984
OASIS	ESW ELECTRA SALES	20-2249734
OASIS	CLEAN THE WORLD GLOBAL LLC	45-1826800
OASIS	ONEFORCE RESTORATION CROSSROADS, LLC	84-4733661
OASIS	JACK BERNSTEIN INJURY LAWYERS, PLLC	92-3929591
OASIS	NOTIONAL DEVELOPMENT PARTNERS LLC	80-4936580
OASIS	MEDICAP PHARMACY - STORE 29	39-1886478
OASIS	PIKE & 7TH F&B MANAGEMENT LLC	92-1425054
OASIS	36TH AND A STREET HOTEL	82-2837741
OASIS	ATTORNEY BRIAN WHITE AND ASSOCIATES, P.C.	27-1695245
OASIS	INTO THE WILD OVERLAND, LLC	47-5024074
OASIS	ACTIVAIRE, LLC	11-3524189
OASIS	OPTIMAED, LLC	86-2330036
OASIS	ABILIT HOLDINGS HILLSBORO LLC	61-1858354
OASIS	SSG GLOBAL LLC	83-3169610
OASIS	HOLBERT TRAILER SALES AND SERVICE, INC.	59-1390415
OASIS	CLARIM HOLDINGS, LLC	82-2872679
OASIS	MILITELLO WEALTH MANAGEMENT, LLC	26-3333197
OASIS	INNOVATIVE RESEARCH OF AMERICA	65-0604295
OASIS	MAINSPRING ACADEMY, INC.	47-3046264
OASIS	OAKWOOD DENTAL ARTS FREEHOLD, LLC	27-2550552
OASIS	GOALVEST ADVISORY LLC	81-1845290
OASIS	THREE BRIDGES FINANCIAL GROUP, LLC	47-2175376
OASIS	COUNCIL FOR AGRICULTURAL SCIENCE & TECH	23-7186154
OASIS	AARON J EVANS OD PA	27-0475251
OASIS	DIKIS DAY CARE CENTER, INC.	42-1683591
OASIS	TOMATO PIE PIZZA JOINT SILVER LAKE, INC.	26-1317998
OASIS	ASHLAR INTERESTS, LLC	87-3040518

OASIS	ABILIT HOLDINGS FARIBAULT LLC	36-4881690
OASIS	VOLUNTEER LOCAL LLC	27-1382563
OASIS	US TAMEX CORP	95-4654449
OASIS	RSS MANNING PLACE MANAGER LLC	93-1518718
OASIS	NEPONSET BAY CAPITAL LP	82-2032471
OASIS	EKINOPS CORPORATION	52-2344386
OASIS	INTERIOR WOODS INC	56-2208001
OASIS	HHA MANAGEMENT SERVICES, INC.	87-4221266
OASIS	IOWA BEEF CATTLE PRODUCERS ASSOCIATION	42-0931773
OASIS	JMK HOLDINGS, LLC	26-0702227
OASIS	WRIGHT BROTHERS GLASSWORKS, INC.	06-1501242
OASIS	ARTIANO & ASSOCIATES, A PROFESSIONAL CORPORATION	26-0780124
OASIS	FINN DANIELS, INC.	41-1772171
OASIS	BRIDGE SENIOR LIVING	20-1457828
OASIS	PRIMPLYMOUTH, LLC.	86-3859265
OASIS	SERVING CHILDREN AND REACHING FAMILIES, LLC	46-2975165
OASIS	DTLA F & B MANAGEMENT LLC	99-1777538
OASIS	C-ACCRUE, LLC	87-4112205
OASIS	AVANSIGHT, INC	85-3883526
OASIS	GREENFIELD EMPLOYEES, LLC	85-0783307
OASIS	MICHIANA INTERVENTIONAL AND VASCULAR SERVICES, LLC	88-2915468
OASIS	THE BURZYNSKI GROUP, INC.	20-4274113
OASIS	VENUWORKS OF BURNSVILLE	37-1539609
OASIS	MM COMPOSITE, INC.	39-2080075
OASIS	AMIGO TRUCK, LLC	76-0277108
OASIS	CENTRAL FLORIDA URBAN LEAGUE INC	59-1766368
OASIS	CONNECT YOUR HOME, LLC	90-0959759
OASIS	TOP TIER SECURITY SOLUTIONS LLC	92-0527719
OASIS	BAYWALK TITLE INC.	75-3062396
OASIS	OBVIO HEALTH USA, INC.	81-0916341
OASIS	WARD AND ASSOCIATES	33-0887940
OASIS	NAV-TECH INC	76-0778700
OASIS	VENUWORKS OF PADUCAH, LLC	83-3645806
OASIS	MYSICA PROGRESSIVE COMPANY, L.L.C.	58-2236597
OASIS	TRUSTPOINT CYBER, LLC	87-4033806
OASIS	78R HOLDINGS COMPANY	81-4333479
OASIS	ARMEL JEWELERS, INC.	59-1212317
OASIS	EMERY PLACE, LLC	46-4496573
OASIS	SUMMERSET RENO ALMC LLC	85-0561227
OASIS	AGRONOMIC LEADERS LLC	84-3201653
OASIS	HERITAGE GROUP, LLC	43-1961449
OASIS	ZIP BONDS, LLC	86-1286835
OASIS	ATLAS SENIOR LIVING II, LLC	83-4534978
OASIS	JAYSTAR GROUP,INC.	56-2299776

OASIS	ARLINGTON PLACE OF RED OAK	41-2003747
OASIS	WAREHOUSE SOLUTIONS, INC.	26-2043157
OASIS	NAVALENT LLC	46-0798946
OASIS	PARTNERS CAPITAL SOLUTIONS, INC.	80-0345959
OASIS	AAARK HEATING & AIR CONDITIONING INC.	84-0946230
OASIS	RSS/WINSTON SALEM OPERATIONS LLC	87-3094777
OASIS	IDEAZ, LLC	06-1540733
OASIS	PELORUS CAPITAL MANAGEMENT, LLC	81-2645490
OASIS	ADVENTURE SPORTS PARKS, LLC	84-2748690
OASIS	CARE SENIOR MANAGEMENT, INC.	81-2004856
OASIS	CREATIVE WEALTH MANAGEMENT, LLC	74-3059499
OASIS	MELLACE FAMILY BRANDS CALIFORNIA, INC	27-4749227
OASIS	RSS PINEWOOD PLACE MANAGER LLC	93-1562670
OASIS	EVERGLADE SOLUTIONS, INC.	73-1728465
OASIS	ABILIT HOLDINGS WOODRUFF LLC	61-1856937
OASIS	WORKHORSE BREWING COMPANY, INC.	86-2796724
OASIS	SENTECH INCORPORATED	23-2525891
OASIS	JTL ENTERPRISES INC	65-0171687
OASIS	SINGH INVESTORS, LLC	46-1272545
OASIS	CHRYSALIS FOUNDATION	42-1337635
OASIS	ABILIT HOLDINGS (HOLSTEIN) LLC	37-1880268
OASIS	CLIPPER TREE, INC.	46-5599211
OASIS	ESCRIBERS, LLC	20-3656767
OASIS	CLINICAL DIAGNOSTIC SOLUTIONS INC	20-1792965
OASIS	273 MASSMUTUAL ILLINOIS	00-0000000
OASIS	GROTHE PARTNERS LLC	81-1337778
OASIS	COLUMBUS HOSPITALITY, LLC	31-1751326
OASIS	HUGGINS LAW FIRM, LLC.	83-2943018
OASIS	GALILEO SCHOOL FOR GIFTED LEARNING	27-3272719
OASIS	KUSHLAN PRODUCTS, LLC	27-1484286
OASIS	ADDISON INTERNAL MEDICINE PA	46-2447425
OASIS	ARIOSO LOFTS, LLC	86-1719405
OASIS	N2O2 BRANDING INCORPORATED	26-0723802
OASIS	MCKINLEY ADVERTISING COMPANY	42-1374911
OASIS	THE GOOD VIBE COMPANY	82-2288841
OASIS	R U LEADERSHIP LLC	93-4528787
OASIS	ABILIT HOLDINGS SUNSET PARK PLACE LLC	36-4929623
OASIS	IOWA ELEVATOR SYSTEMS AND SERVICE, INC	42-1344964
OASIS	TNL ASSET MANAGEMENT LLC	61-1493638
OASIS	VENUWORKS OF VICKSBURG, LLC	55-0790819
OASIS	1 AD WAY LIVE LLC	87-1735741
OASIS	MOBILE TINT LLC	74-2996646
OASIS	PGA TOURNAMENT CORP, INC.	65-0394725
OASIS	ABILIT HOLDINGS (MANNING) LLC	36-4889790

OASIS	LRM LEASING COMPANY, INC.	65-0412356
OASIS	IVY F AND B MANAGEMENT LLC	92-2978390
OASIS	ELEVATE ARCHITECTURE STUDIO, LLC	82-2884395
OASIS	LUXURY AIRCRAFT LLC	83-3939077
OASIS	RSS/NEW BERN OPERATIONS LLC	93-3875277
OASIS	TIMBERS RESORT MANAGEMENT, LLC	46-0516124
OASIS	MONEY CONCEPTS CAPITAL CORP	59-2268067
OASIS	FIRST GENERAL SERVICES OF DENVER LLC	27-2140226
OASIS	CRP MS, LLC	87-3758265
OASIS	QUANTUM FORMULA DIAGNOSTICS LLC	85-4205837
OASIS	BARON INTERNATIONAL LLC	37-1904753
OASIS	ABILIT HOLDINGS CLOVER RIDGE PLACE LLC	37-1947499
OASIS	PSP.US INC.	37-1961293
OASIS	ILLUMIS, INC.	58-2227307
OASIS	DLENA DC, LLC	86-1847540
OASIS	RICOLA USA INC	22-2775838
OASIS	CENTER FOR PHYSICAL MEDICINE AND REHABILITATION P.C.	86-0779878
OASIS	PREMIER REVENUE SOLUTIONS LLC.	46-4590921
OASIS	SIOUXLAND YOUTH FOR CHRIST, INC.	42-1108779
OASIS	ABILIT HOLDINGS TOMAHAWK LLC	32-0544076
OASIS	RSS HELENA PLACE MANAGER LLC	93-1368569
OASIS	SPECTRUM INSTALLATION, INC.	59-3563150
OASIS	CRYSTAL LAKE TAX AND FINANCIAL, INC.	82-4031042
OASIS	SIGNIFICANT WEALTH MANAGEMENT, INC.	20-0089584
OASIS	BUSINESS CREDIT REPORTS, INC.	27-1443519
OASIS	CONNECTED CARDIOVASCULAR CARE ASSOCIATES PLLC	83-4154234
OASIS	POWDER RIDGE MOUNTAIN PARK RESORT, LLC	45-5022895
OASIS	COLLECTIVE RCM, LLC	83-4159598
OASIS	ONE TON WELDING, INC.	42-1506430
OASIS	PROGRESSIVE TURNOUT PROJECT	47-4414152
OASIS	METRO DEVELOPMENT GROUP, L.L.C.	81-0596741
OASIS	PENSION PROFESSIONALS	52-8045822
OASIS	PARO SOUTH, LLC	26-0647619
OASIS	REVERT INC.	84-1543344
OASIS	TRENCHLESS TODAY LLC	83-2940341
OASIS	LLOYD AND COMPANY ADVERTISING, INC.	13-3889359
OASIS	BENTLEY GLOBAL RESOURCES, LLC	20-8140457
OASIS	JMC DEVELOPMENT CORPORATION	59-1407299
OASIS	VETERAN EROSION SERVICES, LLC	27-2864857
OASIS	PACIFIC LENDING, LLC	45-3726636
OASIS	SAWTOOTH CAVERNS, LLC	61-1702664
OASIS	PLEASUREBOWL, INC.	75-3036089
OASIS	FORTUNE PHI, PA	20-4495256
OASIS	SINCERA SOLUTIONS, INC.	26-0141901

OASIS	AH DESIGN STUDIO, INC	47-1237847
OASIS	LONGPOINT REALTY PARTNERS LP	35-2536618
OASIS	GOLDEN GLOBAL GOODS, INC	84-1487840
OASIS	MAXXIM INDUSTRIES USA II, LLC	87-4668063
OASIS	ROCOCO STEAK, LLC	37-1730192
OASIS	SUNBOW-REDHAWK LLC	20-2935867
OASIS	HOTEL HERRINGBONE LLC	88-1361891
OASIS	MID IOWA SOCCER ACADEMY	84-2468024
OASIS	DOGWOOD INVESTMENT PARTNERS, LLC	27-5468862
OASIS	ARLINGTON PLACE OF POCAHONTAS	41-1946166
OASIS	JOHN SENA AGENCY, INC	65-0595073
OASIS	REAGAN AND ANDRE ARCHITECTURE, INC.	20-4498692
OASIS	255 MASSMUTUAL GREATER PACIFIC	00-0000000
OASIS	ABILIT HOLDINGS RHINELANDER LLC	30-1007032
OASIS	WOLO MFG CORP	11-2130230
OASIS	KINGSTOWNE RESIDENTIAL OWNERS CORPORATION	54-1449949
OASIS	ABILIT HOLDINGS GLENWOOD PLACE LLC	32-0595245
OASIS	SOESTERN PACKAGING INC.	83-3628999
OASIS	CHARLES M. KAMIYA AND SONS, INC.	33-0643724
OASIS	WILDBOOM CORPORATION	81-1119069
OASIS	REUNITE RX LLC	82-3920485
OASIS	EZ COMFORT AIR CONDITIONING AND HEATING LLC	47-3795705
OASIS	MOTION TRANSIT LLC	81-3138574
OASIS	H.Z.S. INC	11-3023883
OASIS	VELOCITY AUTOMOTIVE HOLDINGS WISCONSIN, LLC	93-3933006
OASIS	WORTH ACQUISITION GROUP LLC	83-1059266
OASIS	COMMERCIAL FINANCE OF ATLANTA, INC	58-2079581
OASIS	BEGONIA REAL ESTATE DEVELOPMENT LLC	86-2571200
OASIS	RIVERHEAD DODGE INC.	11-2389465
OASIS	RODRIGUES MANAGEMENT, INC.	06-1319589
OASIS	KEYSTONE IT, INC.	20-8180274
OASIS	GUARDIAN ONE, LLC	87-0893207
OASIS	FSR CERTIFIED PUBLIC ACCOUNTANTS, LTD.	20-2176851
OASIS	LFRC ST. LOUIS LLC	99-1607605
OASIS	CRAWFORD COMPOSITES LLC	61-1699578
OASIS	TEAMINGSOLUTION FOR EDUCATION, INC.	46-5239160
OASIS	REGIS FINANCIAL PARTNERS LLC	20-8083708
OASIS	BL3NDLABS, LLC	47-4978122
OASIS	PASADENA INTERFAITH HOUSING FOUNDATION, INC.	74-1999427
OASIS	PRETTY WOMAN LLC	92-2146507
OASIS	SPECTRUM LIGHTING MAINTENANCE CORPORATION	84-1119904
OASIS	FRIENDLY DENTAL MANAGEMENT, INC.	47-1129504
OASIS	CAROLINA INNOVATIONS, LLC	06-1521366
OASIS	GENESIS CONSULTING PARTNERS, LLC	26-3381480

OASIS	MTAD SOLUTIONS, LLC	47-4758780
OASIS	1RLP, LLC DBA REALTY 1 PARTNERS	46-2295767
OASIS	CORE PHYSICAL THERAPY INC	76-0808769
OASIS	ECHO QUALITATIVE PROJECT SUPPORT	82-0776174
OASIS	RSS CAMDEN OPERATIONS LLC	87-1985817
OASIS	THE MACRO GROUP INCORPORATED	41-1583520
OASIS	METCO CREDIT UNION	42-0835734
OASIS	VENUWORKS OF JOLIET, LLC	81-5238748
OASIS	GRETCHEN J. BREWER, O.D. AND ASSOCIATES, INC.	94-3417856
OASIS	THE TRUCK WORKS, INC.	59-3548044
OASIS	RSS CYPRESS PLACE MANAGER LLC	92-3964602
OASIS	ELECTRONIC SERVICES SYSTEM	87-3108841
OASIS	JMAC SUPPLY, LLC	92-1349034
OASIS	THE FLYING LOCKSMITHS, INC	04-2834677
OASIS	RICHLAND DEVELOPERS - FLORIDA, INC.	86-3704580
OASIS	ABILIT HOLDINGS MEADOW LAKES LLC	83-2580206
OASIS	WATSON INSTALLATIONS INC	75-3141540
OASIS	NWK GROUP, INCORPORATED	20-2154904
OASIS	CASEY D. SHOMO, PA	20-1080235
OASIS	LIBERTY JET MANAGEMENT CORP.	20-4607991
OASIS	VISTA AT SIMI VALLEY LLC	81-4191795
OASIS	LARSON PLUMBING INC.	41-1457513
OASIS	ANB MEDIA, INC.	47-2884564
OASIS	AGRISMART INFORMATION SYSTEMS, LLC	26-1861507
OASIS	PATRIOT LEASING COMPANY, LLC	82-1277286
OASIS	WAVPV LLC	80-0960175
OASIS	DREAMWORKS REMODELING, LLC	90-0636108
OASIS	TIMBERS SOUTH SEAS EMPLOYEES, LLC	87-1943121
OASIS	WBF HOLDINGS CORP	93-4683043
OASIS	MAGIC SCIENCE SUPPLY LLC	99-3009922
OASIS	PARAMOUNT HOUSE, LLC	82-1106930
OASIS	JL-FX HOTEL DEVELOPMENT, LLC	46-4178544
OASIS	NEPTUNE DENTAL MANAGEMENT PARTNERS LLC	88-2631481
OASIS	NEWGEN WORLDWIDE LLC	47-0971696
OASIS	CHEERSYOU INTERNATIONAL CONSULTING INC.	81-1300838
OASIS	RUBBLE FLOORING, LLC	45-5290233
OASIS	CEDAR VALLEY HABITAT FOR HUMANITY	42-1320296
OASIS	FREIGHTLOGIX, INC.	27-3848406
OASIS	BGB GROUP LIMITED	85-0810705
OASIS	AGEIS COASTAL PROVISIONS INC.	82-5133498
OASIS	THE HOLBEN GROUP LLC	20-4283396
OASIS	FIRST GENERAL SERVICES FRONT RANGE LLC	82-3543270
OASIS	ISE DATA SYSTEMS INC	20-3721260
OASIS	WBF SHARED SERVICES LLC	93-4683608

OASIS	TAHOE DOWNTOWNER, LLC	83-2301479
OASIS	P FINANCIAL SERVICES COMPANY LLC	85-2849313
OASIS	LUCKY START/BEST UNION MANAGEMENT, CO.	65-0713084
OASIS	MEDVUE HOLDINGS LLC	27-3229513
OASIS	NAVION BKE PADUCAH LLC	83-4454047
OASIS	257 CREATIVE FINANCIAL STRATEGIES	00-0000000
OASIS	SANTA MONICA NEUROLOGICAL CNST	95-4890095
OASIS	MEDIA 360 LLC	84-1993060
OASIS	A JOY WALLACE CATERING PRODUCTION, INC.	65-0085041
OASIS	NV DISTRIBUTION LLC	74-3100496
OASIS	NORTHWEST COLORADO VISITING NURSE ASSOCIATION	84-0564998
OASIS	RSS LEXINGTON OPERATIONS LLC	87-2062489
OASIS	MEALS FROM THE HEARTLAND	26-3443290
OASIS	ALVEAN AMERICAS, INC.	47-2561130
OASIS	TRAFFIC LAW CENTER OF SULLIVAN AND ASSOCIATES, LLC	90-0808400
OASIS	RSS DUBLIN PLACE MANAGER	92-4008844
OASIS	JOPPA	27-0216625
OASIS	BIOTHERM HYDRONIC INC	68-0178012
OASIS	QUIGLEY HEATING AND AIR CONDITIONING COMPANY OF DALLAS	75-1050015
OASIS	BDP MANAGEMENT, LLC	81-0904989
OASIS	BUCCANEER BROKERAGE	58-1050517
OASIS	CONCERT WALDEN CONROE, LLC	93-3017809
OASIS	ABILIT HOLDINGS (LAWTON) LLC	61-1867110
OASIS	REDSTONE VILLAGE	63-1169107
OASIS	DUPREE & PHILLIPS ENTERPRISES	58-1341441
OASIS	THE J. GREGORY MYERS LAW FIRM, P.C.	26-3731523
OASIS	CLEAR SOLUTIONS, LLC	42-1604346
OASIS	K.P. MILLER CONSTRUCTION LLC	88-3261501
OASIS	DURICK TUTTLE SMITH PLC	99-2061736
OASIS	LINVILL PROPERTIES, INC.	41-1554734
OASIS	CAREER LINKS, LLC	99-0620289
OASIS	YONDER MEDIA MOBILE INC.	83-1356727
OASIS	NULIV SCIENCE USA INC.	20-0290584
OASIS	J4 ASSET MANAGEMENT INC.	27-0593247
OASIS	SAL ASSET MANAGEMENT, LLC	82-2468846
OASIS	OUTREACH, INC	20-0636360
OASIS	11-26 LLC	86-2077019
OASIS	RSS/PRINCETON OPERATIONS LLC	87-2797061
OASIS	PALM VISTA EMPLOYEES LLC	87-1099270
OASIS	EnerCom, Inc.	84-1369698
OASIS	PH SENIOR CARE, LLC	82-3445654
OASIS	R.S. OF DENVER, INC.	84-1578280
OASIS	SIMPLIIGENCE INC.	84-3082252

OASIS	CENTER POINT DEVELOPMENT GROUP INC	85-3279128
OASIS	REGENCY PLACE ACQUISITION, LLC	84-4668700
OASIS	MCG INNOVATIONS INC.	87-4725445
OASIS	SADDLE UP!	58-1930303
OASIS	BLUE ROC PREMIER PROPERTIES, LLC	47-5374174
OASIS	SECURE ONE FINANCIAL INC.	84-4678539
OASIS	MSI TEC, INC.	20-0252039
OASIS	SOMERFORD PLACE OF ROSEVILLE EMPLOYEES LLC	87-2497440
OASIS	MC OFFSHORE PETROLEUM	56-2647548
OASIS	VIGIRON, LLC	87-3413196
OASIS	RSQ FOODS, LLC	84-2123285
OASIS	LIFETIME EYECARE ASSOCIATES	20-1827468
OASIS	PRECON INDUSTRIES USA II LLC	87-4656061
OASIS	YAN KALIKA DENTAL CORPORATION	20-2732530
OASIS	PIVOTAL FITNESS MANAGEMENT, LLC	38-3984850
OASIS	PERIGEE CAPITAL PARTNERS LLC	45-4820253
OASIS	GREATER BOCA RATON CHAMBER OF COMMERCE	59-0667561
OASIS	WALSH MANAGEMENT, LLC	84-3580375
OASIS	NATIONAL OKC F AND B MANAGEMENT LLC	85-4150542
OASIS	SPINE DFW PA	84-2946000
OASIS	GREENBRIER SENIOR LIVING	61-1744704
OASIS	RSS ASHLEY PLACE MANAGER LLC	92-3940048
OASIS	TRINITY PHYSICS CONSULTING, LLC	38-3657574
OASIS	MIDWEST FINANCIAL CONSULTANTS, INC.	20-2933863
OASIS	MINIMALLY INVASIVE PROCEDURE SPECIALISTS	81-2783079
OASIS	HOBNOB ATLANTIC STATION INC.	82-5493643
OASIS	JDP PARTNERS, INC	27-1504673
OASIS	DIGITALJ2, LLC	46-4542273
OASIS	TRINAM DRAFTING AND DESIGN INC.	81-1700021
OASIS	MARKETING ADVERTISING PROMOTIONS, INC.	65-0278916
OASIS	SAN JOSE CARE HOSPICE	85-3499380
OASIS	WAKEMED SURGERY CENTER-CARY, LLC	87-4584595
OASIS	MONACO PROPERTY INVESTMENTS CORPORATION	84-1252967
OASIS	RSS/SHELBY OPERATIONS LLC	93-3918207
OASIS	HILTON HEAD MEMORY CARE, LLC	93-2355400
OASIS	STONES RIVER GROUP, LLC	47-4679782
OASIS	ABILIT HOLDINGS STOUGHTON LLC	30-1007188
OASIS	BRIARWOOD MEMBERSHIP ASSOCIATION	82-5090406
OASIS	SUMMERSET RENO MEMORY CARE LLC	93-2003917
OASIS	AMERICAN CONSTRUCTION SUPPLIES, INC.	38-4043623
OASIS	TOWN AND COUNTRY CREDIT UNION	42-0664336
OASIS	NAVION BKE CHANDLER PLACE LLC	84-1779577
OASIS	THE CLARUS GROUP, INC.	20-3116742

OASIS	YOUNG AND ASSOCIATES LAND SURVEYING, ENGINEERING AND GEOLOGY PLLC	92-0436398
OASIS	FLEMING TECHNICAL RESOURCES, LLC	84-3548890
OASIS	CONCERT NORTHGATE LLC	93-2999109
OASIS	IOWA PORK PRODUCERS ASSOCIATION	42-6123593
OASIS	MONROE RESTORATION & CLEANING INC	35-1910360
OASIS	CBO LEAD CLIENT, LLC	54-2107535
OASIS	RSS/KERNERSVILLE I OPERATIONS LLC	87-3113770
OASIS	BISCAYNE ENGINEERING COMPANY, INC.	59-0165220
OASIS	PROMO DEPOT, INC.	43-1768849
OASIS	COMMERCIAL PARTNERS EXCHANGE COMPANY, LLC	20-2447273
OASIS	SALCO PROPERTIES, LLC	20-5976618
OASIS	WINDSMART, LLC	81-1075008
OASIS	AK QOZB, LLC.	84-2712259
OASIS	LFRC SPRINGFIELD LLC	87-4395382
OASIS	KIRON CAPITAL PARTNERS, LLC.	93-4667337
OASIS	AMBLITEL, LLC	27-0757675
OASIS	MOVING FORWARD INVESTMENTS LLC	45-2854682
OASIS	PRODO LABORATORIES INC	20-5534494
OASIS	CROWN FIBER OPTICS CORP	92-1439001
OASIS	STERLING RIDGE OPERATOR LLC	99-2705710
OASIS	COYOTE HVAC LLC	82-2237578
OASIS	VILLAGE OF OAKCREEK ASSOCIATION	86-0259271
OASIS	CONCERT WISCONSIN COUNTRY CLUB, LLC.	92-3774197
OASIS	COMMAND SOUTH, INC	59-2019141
OASIS	TCBB LLC	82-1601623
OASIS	MODERN MEXICAN RESTAURANTS, INC.	03-0537832
OASIS	VENUWORKS OF AMES, LLC	47-4306839
OASIS	RESTAURATEUR GROUP, INC.	20-5740847
OASIS	KINETIC TECHNOLOGIES, L.L.C.	87-3618709
OASIS	TURBOFIL PACKAGING MACHINES, LLC	59-3787048
OASIS	J WASSER AND CO	26-1331749
OASIS	TROGON MACHINING LLC	88-2462680
OASIS	PULSEFORGE, INC.	87-4682857
OASIS	258 CREATIVE FINANCIAL GROUP	04-2708937
OASIS	DUAL DRAW A LIMITED LIABILITY COMPANY	84-1525885
OASIS	CREDIT BENCHMARK, INC.	36-4796872
OASIS	SUMMER BREEZE OPERATING, LLC	47-5299839
OASIS	DIALECTIC CAPITAL MANAGEMENT, LIMITED PARTNERSHIP	20-0038352
OASIS	GREATER FORT LAUDERDALE CHAMBER OF COMMERCE, INC.	59-0250255
OASIS	EPILOGUE SYSTEMS INC	27-2488239
OASIS	DIGITOPIA, INC.	45-1633648
OASIS	BLUEWATER BUILDERS CONSTRUCTION SERVICES, LLC	92-0360769
OASIS	PARADIGM CHEMICAL & CONSULTING	06-1683661

OASIS	MITCHELL RETIREMENT GROUP LLC	46-4748510
OASIS	NAYO TECHNOLOGIES, LLC	33-1146958
OASIS	PURITY COSMETICS	20-0817435
OASIS	OASIS TOWNHOMES, LLC	33-0686278
OASIS	WINDSOR HILLS MASTER COMMUNITY ASSOCIATION	32-0116471
OASIS	HTH ACQUISITION LLC	84-3645248
OASIS	KYMA SHIP MANAGEMENT, INC.	06-1505775
OASIS	ROYALTY ITEMS INC.	20-2271727
OASIS	VILLAS AT CAMELBACK CROSSING, LLC	27-1423327
OASIS	GUARDTIME USA, INC.	46-3112102
OASIS	CONCERT BLUE HILL, LLC.	47-5077295
OASIS	PONDEROSA CONSTRUCTION INC	84-1525827
OASIS	FLEUR DENTISTRY, LLP	01-0722305
OASIS	AMPLIO ECONOMIC DEVELOPMENT CORPORATION	41-1577185
OASIS	FERN GARDENS MEMORY CARE, LLC	26-4422606
OASIS	NORWOOD, ARMSTRONG AND STOKES PLLC	47-2761403
OASIS	SERVE CREDIT UNION	42-0773825
OASIS	SUMMERSET ASSISTED LIVING LLC	45-1114230
OASIS	VISUAL EYES II, LLC	27-0888461
OASIS	WEISS AND ASSOCIATES, P.C.	13-4144622
OASIS	THOMPSON-WEILER ENTERPRISES LLC	13-3993560
OASIS	EQUITABLE REAL ESTATE LLC	87-4185489
OASIS	WE WRITE CODE INC	81-4984585
OASIS	MEALS ON WHEELS NORTH CENTRAL TEXAS, INC.	75-1555153
OASIS	ART AND COOK INC	20-2001398
OASIS	SINGER WEALTH ADVISORS, LLC	46-4915730
OASIS	INTELLPRO, INC.	84-2185163
OASIS	K AND M TRUCK REPAIR, INC.	58-2520257
OASIS	SOMERFORD PLACE OF REDLANDS EMPLOYEES LLC	87-2436921
OASIS	RSS DALTON PLACE MANAGER LLC	92-3988232
OASIS	INNOVATIVE UNDERWRITING SOLUTIONS LLC	85-1222032
OASIS	SIOUX VALLEY COMMUNITY CREDIT UNION	42-0837840
OASIS	LIVETILES CORP	46-5181168
OASIS	MVENTIX, INC.	20-1153171
OASIS	INTERIM HEALTHCARE OF DELAWARE, LLC	27-3509554
OASIS	RSS/ROCKY MOUNT OPERATIONS LLC	93-3895225
OASIS	DAVENPORT GROUP, INC.	56-2361678
OASIS	GLASSICAL DESIGNS, INC.	33-0941802
OASIS	AIR ACCESSORIES AND AVIONICS, INC.	65-0311444
OASIS	BAY BREEZE FARMS, LLC	82-0939900
OASIS	OBIE MECHANICAL SERVICES, INC.	26-3844695
OASIS	DENTAL CARE MANAGEMENT SERVICES, LLC	83-2840946
OASIS	TEAM ABC, LLC	46-4246564
OASIS	COMMUNITY FOUNDATION OF NE IA	42-6060414

OASIS	KUPER SMITH DAVIS & KALIKA DENTAL PARTNERSHIP	85-1479228
OASIS	DISTRIVALTO U.S.A., INC.	65-0881198
OASIS	ALEGIANT SERVICES, LLC	20-0086009
OASIS	CONCERT HIWAN, LLC	88-0951230
OASIS	RSS ORANGEBURG OPERATIONS LLC	87-1966340
OASIS	TASHA'S TRAINING AND CONSULTING, LLC	47-1768455
OASIS	SEA FAIR USA LLC	27-5102329
OASIS	DFW CENTER FOR SPINAL DISORDERS PA	27-2854836
OASIS	PERFORMANCE WEALTH PARTNERS, LLC	86-1241865
OASIS	JL HOSPITALITY MANAGMENT, LLC	82-1514347
OASIS	HG GLOBAL SERVICES INC	81-1452853
OASIS	QUALITY HEALTH SERVICES CORPORATION	95-4564070
OASIS	UNIVERSAL LOGISTICS GROUP, LLC	81-3982961
OASIS	ELEVATE USA	46-3637392
OASIS	AHUS INC	65-0979544
OASIS	VILLA DE SAN ANTONIO EMPLOYEES, LLC	87-4486270
OASIS	SOLID ROCK ASSET MANAGEMENT, LLC.	30-0857931
OASIS	RSS SEVEN HILLS PLACE MANAGER LLC	93-1617713
OASIS	TRUSTPOINT IT STAFFING, LLC	87-3991723
OASIS	CIRCUIT SEVEN, LLC	81-5331018
OASIS	MARTINSEN WEALTH MANAGEMENT, LLC	30-0833011
OASIS	CONCERT JASNA POLANA, LLC	99-3572239
OASIS	BLOCK 13 HOTEL, LLC	92-0169802
OASIS	ENERGY PROFESSIONALS, LLC	26-1539589
OASIS	OCEANSIDE SENIOR LIVING LLC	36-4907280
OASIS	GURKHA CIGARS	58-2287798
OASIS	ACTA LABORATORIES, INC.	33-0387243
OASIS	KINGSMEN PROJECTS US, INC.	46-5623933
OASIS	OAKSTEAD INFUSION PHARMACY, LLC	47-5399800
OASIS	TOOLOTS, INC.	47-4881511
OASIS	DOWNTOWNER HOLDINGS LLC	81-2193711
OASIS	CENTRAL IOWA DERMATOLOGY	83-2668062
OASIS	AMERICAN INSTITUTE OF RESEARCH, INC.	20-8940081
OASIS	AFI SYSTEMS, LLC	26-3963305
OASIS	HERITAGE WOODS EMPLOYEES LLC	87-4196355
OASIS	MOORE INTELLECTUAL PROPERTY LAW, PLLC	84-3169308
OASIS	FINANCIAL INSTITUTION INFORMATION SECURITY COMPLIANCE, LLC	80-0406827
OASIS	CONCERT SAGAMORE, LLC	87-4086054
OASIS	CONCERT AMELIA OPCO, LLC.	35-2728344
OASIS	CONCERT CRESTVIEW, LLC	81-2886043
OASIS	MANCHESTERSTORY FUND MANAGEMENT	81-5033568
OASIS	RSS/COLONIAL GARDENS MANAGER, LLC	99-2036694
OASIS	RSS HITCHCOCK PLACE MANAGER LLC	93-1418916

OASIS	HPBC, INC.	47-2711339
OASIS	POISET DENTAL CORPORATION	33-0784291
OASIS	RONALD MCDONALD HOUSE	62-1310717
OASIS	SUNDIAL ASSISTED LIVING EMPLOYEES LLC	87-4238038
OASIS	LINCOLN SUMMERSET ALMC LLC	47-3735052
OASIS	BAILEY AND SMITH	56-2148498
OASIS	DIGITAL VECTOR SOLUTIONS LLC	93-4330144
OASIS	XPOWER MANUFACTURE, INC.	80-0710178
OASIS	VENUWORKS OF CHESAPEAKE, LLC	46-3870165
OASIS	ENCORE ESCROW COMPANY	95-4203252
OASIS	SWIFT PROPERTIES LLC	47-3617933
OASIS	VENUWORKS OF OTTUMWA, LLC	45-3069374
OASIS	PARAMOUNT COUNTRY CLUB, LLC	26-4785048
OASIS	RSS/GREENVILLE OPERATIONS LLC	93-3851598
OASIS	BARFRESH CORPORATION, INC.	45-4636814
OASIS	GRIDMARKET, LLC	47-3566581
OASIS	HLM ENVIRONMENTAL REMEDIATION, INC	46-1745742
OASIS	ASCENT LEADERSHIP NETWORKS, LLC	82-4940965
OASIS	JL DENALI HOTELS, LLC	87-2168572
OASIS	PORTABLE STORAGE SOLUTIONS LLC	93-3882915
OASIS	AHQ LLC	45-4243238
OASIS	MOVIRI INC.	42-1770029
OASIS	INTROWORKS, INC.	41-1714266
OASIS	ONEFORCE RESTORATION WASHINGTON DC, LLC	88-2370872
OASIS	NORTHERN RIGHT CAPITAL MANAGEMENT, L.P.	20-1718136
OASIS	SOUTH WOODSTOCK COMMUNITY PARTNERS	82-1948189
OASIS	SOMERFORD PLACE OF ENCINITAS, LLC	87-2363945
OASIS	LEGACY CLOVER MGMT, LLC	92-1482007
OASIS	SOMERFORD PLACE OF FRESNO EMPLOYEES LLC	87-2389776
OASIS	ELECTRICITY RATINGS LLC	27-1446702
OASIS	ANDERSON PROPERTIES INC	42-1384268
OASIS	CONCERT SAND CREEK, LLC	47-1666353
OASIS	CHAPARRAL HONEY, INC	33-0218933
OASIS	OPTHALMIC PLASTIC SURGERY	35-1519721
OASIS	OPT-INTELLIGENCE, INC.	37-1469578
OASIS	RAM PLUMBING INC.	86-0808475
OASIS	YOUR CONFERENCE CONNECTION, INC.	56-1947454
OASIS	AUTHENTIKOS FINANCIAL AND INSURANCE SERVICES LLC	26-4798771
OASIS	PREMIER SPECIALTY NETWORK, LLC	20-5692297
OASIS	YEADON FABRIC DOMES, LLC	20-4966829
OASIS	GLOBAL MARKETING SERVICES, INC.	59-3383429
OASIS	SEAVIEW SENIOR LIVING HOUSING DEVELOPMENT FUND CORPORATION	45-1966147
OASIS	1847 HQ, INC.	86-3897320

OASIS	EXCEL APPAREL CORP.	11-3296115
OASIS	ALASKA CHILDRENS TRUST	91-1765129
OASIS	ATMOSPHERIC ANALYSIS AND CON II	77-0409154
OASIS	FULTON AND GREENWICH LLC	92-2941397
OASIS	FCC PRODUCTS, INC	22-2562483
OASIS	TN CHARTER SCHOOL CENTER	27-1799465
OASIS	ATLANTIC PC, INC.	55-0793669
OASIS	SYMBRIUM, INC.	46-3166714
OASIS	VENUWORKS OF SKOKIE LLC	88-1875471
OASIS	JL 35TH AVENUE HOTEL, LLC	82-2339025
OASIS	A AND R ULTIMATE MANAGEMENT LLC	75-3241396
OASIS	LEGACY BUILDERS WEALTH MANAGEMENT LLC	87-4119351
OASIS	ABILIT HOLDINGS GARNETT PLACE LLC	37-1932264
OASIS	MANUEL ZEITLIN ARCHITECTS, LLC	46-1658916
OASIS	IDEAL MANAGEMENT SERVICES, INC.	20-0899216
OASIS	DNJ INDUSTRIES, INC.	46-3864724
OASIS	WARRIOR OPERATING INC	84-3079090
OASIS	CONCERT WEST LAKE, LLC	47-3590698
OASIS	APEX BUILDING COMPANY INC.	13-3968630
OASIS	MIDDLE GEORGIA MANAGEMENT SERVICES, INC	58-0828801
OASIS	MARK CUNNINGHAM INC.	20-3339638
OASIS	CONCERT INDIAN SPRING OPCO, LLC.	87-2922562
OASIS	NASHVILLE TEACHER RESIDENCY	47-1461324
OASIS	HEALTHCARE PARTNER ASSOCIATES, LLC	92-1183385
OASIS	DRY EYE RESCUE, LLC	84-4019037
OASIS	C5 INSIGHT	04-3609270
OASIS	1201 SEATTLE F AND B MANAGEMENT LLC	88-1584928
OASIS	HEARING ASSOCIATES, P.C.	42-1397546
OASIS	HARLOW WEALTH MANAGEMENT, INC.	20-3317043
OASIS	THE CO-OP SOURCE, INC.	22-3106341
OASIS	GARDENS OF SUN CITY EMPLOYEES LLC	87-2966075
OASIS	FRANK LOWE RUBBER AND GASKET CO., INC.	11-2940171
OASIS	ASM ACQUISITION CORPORATION	20-5430594
OASIS	OAKWOOD DENTAL ARTS MANAGEMENT, LLC	81-5362790
OASIS	LARGEFOOT, LLC	46-2160011
OASIS	THE FORD GROUP, INC.	76-0353976
OASIS	NAVION BKE SPRING ARBOR LLC	84-1843395
OASIS	BUSINESS DEVELOP BOARD OF PB	59-2169828
OASIS	TRIARC CONSTRUCTION, LLC	30-0804388
OASIS	RSS/WEST JEFFERSON OPERATIONS LLC	87-3072572
OASIS	EXECTRAS, INC.	27-1846223
OASIS	TSC EMPLOYEES, LLC	82-3506738
OASIS	SEARCH ENGINE OPERATOR, INC DBA EXULTS	30-0335507
OASIS	254 BAYSTATE FINANCIAL	00-0000000

OASIS	RSS LANGSTON PLACE MANAGER LLC	93-1498265
OASIS	BLAKE MANAGEMENT GROUP, LLC	26-2991559
OASIS	MARSHALLTOWN YMCA - YWCA	42-1478611
OASIS	RSS NORTHSTAR PLACE MANAGER LLC	93-1540612
OASIS	RSS/CARTERSVILLE OPERATIONS LLC	87-4410859
OASIS	THE GENESIS GROUP INC	83-4326065
OASIS	DEALER IMPACT SYSTEMS, LLC	39-1946535
OASIS	MONARCH REALTY GROUP HOLDINGS LLC	84-2619354
OASIS	HARBINGER PARTNERS, INC.	41-1927362
OASIS	IOWA HEALTH CARE ASSOCIATION	42-6067903
OASIS	HOUSEHOLDER GROUP ESTATE AND RETIREMENT SPECIALIST, LLC	46-3565813
OASIS	LA LIFT SERVICES, LLC	82-1363969
OASIS	VERDAD OIL & GAS CORPORATION	75-1965015
OASIS	BELWIN CONSERVANCY	41-0967891
OASIS	RSS/CHAPEL HILL OPERATIONS LLC	87-2955738
OASIS	CONCERT PHILMONT, LLC	36-4998083
OASIS	DMI INSURANCE SERVICES, INC	77-0097628
OASIS	GREEN MILE LOGISTICS	87-1218666
OASIS	RSS HAMMOND PLACE MANAGER LLC	93-1339169
OASIS	ACTIVERX INC	26-3618037
OASIS	ADVANCED OVERHEAD CRANE SERVICES	93-3290647
OASIS	COHEN EQUITIES NY LLC	46-4429105
OASIS	CKT ASSET MANAGEMENT COMPANY	59-3576980
OASIS	FRAMEWORKS OF TAMPA BAY, INC.	20-8776228
OASIS	CAROLINA FABRICATORS, INC.	57-0968592
OASIS	RIVER VALLEY CREDIT UNION	42-6061323
OASIS	RSS/CHARLOTTE OPERATIONS LLC	87-2990964
OASIS	CHATEAU DEL MAR, INC.	36-4205169
OASIS	FORTUNE GROWERS, LLC	20-3255470
OASIS	VENUWORKS OF PELHAM LLC	87-2465750
OASIS	DA CAMERA SOCIETY OF TEXAS	76-0232578
OASIS	MINT, INC.	61-1169600
OASIS	RSS HARTSVILLE OPERATIONS LLC	87-2010501
OASIS	CROPPER NOGALES AUTO CENTER	86-0681096
OASIS	PHILIP SCOTT, INC.	95-4364349
OASIS	RICHLAND DEVELOPERS, INC.	32-0167767
OASIS	PATRICK EXPRESSIONS, LLC DBA E	26-4424481
OASIS	CHRISTOPHER'S FINE JEWELRY AND RARE COINS LTD	42-1481142
OASIS	PPRC, LLC	26-2397457
OASIS	FAMILIES FORWARD	42-1258470
OASIS	WEALTHPOINT BUSINESS ADVISORY SERVICES, LLC	87-4008879
OASIS	TALAY TRAILER SALES AND RENTAL INC	11-2397368
OASIS	WILLIAM DOUGLAS MANAGEMENT, LLC	58-2667208

OASIS	NARA CAPITAL, LP	81-3502780
OASIS	OAKCREST MANAGEMENT, INC	74-2451701
OASIS	KELLOGG MIDWEST FEDERAL CREDIT UNION	47-0386189
OASIS	CLOUD NINE CLOTHING, LLC	46-3816859
OASIS	C.O.R.E. MARKETING, INC	86-1038040
OASIS	RED ROCK MANAGEMENT AGENCY LLC	27-1523109
OASIS	305 CONCEPTS PAYROLL LLC	84-3126186
OASIS	CORP PCS LLC	95-4653877
OASIS	DCM TRAVEL, LLC	81-2897362
OASIS	TECHMASTER ELECTRONICS LLC	33-0932426
OASIS	RSS DURHAM OPERATIONS LLC	82-3282299
OASIS	SANDERS LAW FIRM, PLLC	11-3556461
OASIS	LYNCH CREEK SERVICES, LLC	92-1984580
OASIS	GARMANY OF RED BANK, INC.	22-2990248
OASIS	ORDINO, INC.	85-4020090
OASIS	RSS MANCHESTER OPERATIONS LLC	85-2346373
OASIS	GIULIANTE MACHINE TOOL INC.	13-3057029
OASIS	SKS MANAGEMENT, LLC	94-3317763
OASIS	HGCC LENDER, LLC	47-2045087
OASIS	HEALTH AID COMPANY, INC.	59-1533206
OASIS	D & F LEVITTOWN A.L., LLC	81-3006899
OASIS	EXCEL FINANCE HOLDING COMPANY	26-2195538
OASIS	DATALINE INC	52-2223034
OASIS	SCHOLASTICA INC	82-1100737
OASIS	CAPITAL PACIFIC HOLDINGS INC	95-2956559
OASIS	MIDLAND CREDIT UNION	42-0816632
OASIS	MWA INVESTMENTS LLC	37-1843684
OASIS	GTL CONSTRUCTION, LLC	13-4091261
OASIS	WHITEWATER MAINTENANCE CORPORATION	95-4557477
OASIS	RETAIL CONSTRUCTION AND SIGNAGE, LLC	22-3763773
OASIS	CONCERT MUTTONTOWN, LLC	82-2761227
OASIS	RSS/CALHOUN OPERATIONS, LLC	87-4432552
OASIS	MKR GROUP LLC	82-3805030
OASIS	ALVIN I MALNIK	65-0564774
OASIS	CONCERT FOUNTAINS OPCO, LLC.	87-2863788
OASIS	EVOKE MEDICAL CARE LLC	82-3466759
OASIS	TRANSCE3ND LLC	32-0817014
OASIS	PINPOINT IT SERVICES, LLC	20-3138073
OASIS	CAPSTONE HOSPITALITY LLC	47-3218031
OASIS	ATTICUS FRANCHISE GROUP, LLC	47-4423569
OASIS	WITNESS RESOURCES, INC.	65-0651867
OASIS	GCC LENDER, LLC.	46-4673164
OASIS	SIMPLE SCIENCE LLC	46-1847500
OASIS	WIREDHIVE LLC	37-2054676

OASIS	MAXXIM ENERGY SOLUTIONS LLC	93-2072171
OASIS	BAHAMA BOAT WORKS, LLC	16-1705806
OASIS	RUSSELL E SWANN MD PA	74-2336149
OASIS	KC HEALTHY KIDS	20-4613795
OASIS	HVAC SOLUTIONS, INC.	27-0043270
OASIS	METROLINA ASSOCIATION FOR THE BLIND, INC.	56-0529998
OASIS	AVLINO INC	46-4445802
OASIS	THE COUNTRY CLUB OF SAPPHIRE VALLEY, INC.	56-1313779
OASIS	GLOBALVETLINK	42-1514408
OASIS	OCEAN BAY MANAGEMENT	26-2115318
OASIS	MOBILE ACCORD, INC.	20-2939332
OASIS	LYON ENGINEERING & SURVEYING INC	86-0786985
OASIS	KYLE'S CUSTOM WOOD SHOP, INC.	82-0443694
OASIS	EVIATION AIRCRAFT, INC.	35-2635358
OASIS	KALAMA EXPORT COMPANY LLC	47-0811182
OASIS	A.C.T. LOGISTICS LLC	26-1885559
OASIS	RUDY'S PERFORMANCE PARTS, INC.	27-0842144
OASIS	WIXTED, INC.	20-0075025
OASIS	RSS HENDERSONVILLE OPERATIONS LLC	81-4902365
OASIS	FARMERS GRAIN, LLC	85-3923590
OASIS	CARGOTRANS INC.	11-2990915
OASIS	DEBT MANAGEMENT CREDIT COUNSELING CORP	65-0923483
OASIS	COTHRAN COMPANY, LLC	46-1000005
OASIS	ATLANTIC FURNITURE, INC.	04-2895603
OASIS	WATERMERE AT SOUTHLAKE CONDOMINIUM ASSOCIATION MANAGER, LLC	88-3941299
OASIS	RSS HENDERSONVILLE WEST OPERATIONS LLC	81-4913470
OASIS	IANET, INC.	86-1015059
OASIS	RSS/GOLDSBORO OPERATIONS LLC	93-3830055
OASIS	DYNAMIX WEB DESIGN, LLC	45-3322618
OASIS	VC5 PARTNERS LLC	45-3762101
OASIS	WHITE & RUSSELL, P.A.	59-1839299
OASIS	AMERICAN DONOR SERVICES	74-3091942
OASIS	NEURAGENEX TREATMENT CENTERS LLC	87-1468874
OASIS	WILLIAM KIMBERLEY DEVELOPMENT CORPORATION	42-1119589
OASIS	BIG SHOULDERS DIGITAL VIDEO PRODUCTIONS, INC.	36-4017366
OASIS	PRINCESS PRESERVE	65-0065159
OASIS	ASBURY MANAGEMENT GROUP, INC.	38-4125237
OASIS	GRAY & CREECH INC.	32-0283192
OASIS	BLACKHAWK MANUFACTURING GROUP INC.	46-2686948
OASIS	SPG GREEN GARDEN AND COUNTRY CLUB INC	45-4842247
OASIS	AGRO-IRON LLC	36-4861673
OASIS	THE L CORPORATION	27-4115862
OASIS	HARRELL HOSPITALITY GROUP, LLC	20-8630303

OASIS	VENUWORKS OF DODGE CITY, LLC	27-3991377
OASIS	INTERNATIONAL WAREHOUSE GROUP INC.	20-8511433
OASIS	C & A TRANSPORTATION & LOGISTICS INC.	20-2453432
OASIS	SUPPLY CHAIN RESOURCES GROUP, INC.	37-1695915
OASIS	PRO PLUS OF NEW YORK, INC	46-5741906
OASIS	OAKWOOD DENTAL ARTS, LLC	20-0643388
OASIS	GERBER AGRI INTERNATIONAL, LLC	58-2438846
OASIS	HILTON HEAD ASSISTED LIVING, LLC	93-2338250
OASIS	RSS RICHLAND PLACE MANAGER LLC	93-1598940
OASIS	PERDOMO SALES AND MARKETING, LLC	75-2982343
OASIS	MPRS GLOBAL INC.	86-1740091
OASIS	HHG WACO LLC	85-0969669
OASIS	HYDRAASSIST LLC	46-2315053
OASIS	COLLINS CAPITAL PARTNERS LLC	88-0712218
OASIS	HHG PFLUGERVILLE LLC	47-1040836
OASIS	OLSON SHARED SERVICES LLC	84-4038580
OASIS	GXC INC.	82-3897941
OASIS	ROBARE ASSET MANAGEMENT, INC	76-0651964
OASIS	APEX BUILDING GROUP INC.	46-1848550
OASIS	BETHEL CHURCH RETIREMENT COMMUNITY A CA LIMITED PARTNERSHIP	68-0140429
OASIS	ONEFORCE RESTORATION HTX, LLC	84-4675125
OASIS	SURF-TECH MANUFACTURING CORP.	11-2959283
OASIS	CIC COATINGS, LLC	27-0481918
OASIS	VERUM PARTNERS LLC	83-4337981
OASIS	STORAGE CONSTRUCTION TEAM, LLC	85-2405013
OASIS	ACTRONICS INCORPORATED	04-2372998
OASIS	CONCERT WHITMOOR	92-0881884
OASIS	BALLAST CAPITAL ADVISORS LLC	81-1916558
OASIS	PAW ACQUISITION I CORP.	30-1293500
OASIS	GTL CONSTRUCTION OF NJ, INC.	45-4047358
OASIS	SQUARE ONE STRATEGY GROUP, LLC	86-2312701
OASIS	TERRAPIN TECHNOLOGIES, INC.	41-1828817
OASIS	TROY ENTERPRISES, INC	74-2618206
OASIS	SIMPLYDIRECT, CORP	04-3106069
OASIS	TRUSTPOINT TRANSLATIONS, LLC	32-0509969
OASIS	PLUMBING SOLUTIONS LLC	20-4842135
OASIS	LOREAL TRAVEL RETAIL AMERICAS, INC	13-1247390
OASIS	TMB HOLDINGS, LLC	90-0395887
OASIS	CAPITAS FINANCIAL, INC	27-4386961
OASIS	TEXAS ENTERTAINMENT SERVICES LLC	27-0358666
OASIS	M&G FULFILLMENT LLC	82-5068737
OASIS	CHRIST COMMUNITY CHURCH	42-0946044
OASIS	SUPPRESSION TECHNOLOGIES, INC.	20-0932820

OASIS	ALPHA SOLUTIONS USA LLC	47-4220671
OASIS	WORTHPOINTE LLC	26-0373212
OASIS	MCKEE-NIX AND ASSOCIATES	58-0909172
OASIS	WATERS MEDICAL SYSTEMS, LLC	26-0727198
OASIS	BLUESTONE ENGINEERING, LLC	27-3138615
OASIS	ELECTRA SALES OF NORTH TEXAS, INC.	75-1543941
OASIS	AEROSWISS, LLC	06-1611199
OASIS	HARTY BUILT, LLC	81-3441484
OASIS	L AND N LABEL COMPANY, INC.	59-2970820
OASIS	OPERIS TAX CONSULTING, L.L.C.	47-4833671
OASIS	CONCERT RANCH, LLC	85-1212345
OASIS	WILDCAT LENDING LLC	47-2295287
OASIS	CROSSROADS LIVE NORTH AMERICA LLC	13-4072122
OASIS	XBK MANAGEMENT LLC	46-5311979
OASIS	SOFTWARE FOLKS, INC.	22-3657860
OASIS	DANVILLE MUTUAL TELEPHONE COMPANY	42-0207390
OASIS	VALLEY HIGH SCHOOL AND LEARNING CENTER, INC.	95-4146836
OASIS	RSS/KERNERSVILLE II OPERATIONS LLC	87-2971538
OASIS	MID VALLEY PROPERTIES	95-4383131
OASIS	ACTIONVEST MANAGEMENT CORP.	04-3134720
OASIS	SUN HOSPITALITY, LLC	20-1511975
OASIS	CTS DISTRIBUTING, LLC	84-1261889
OASIS	SAFEGUARD INVESTMENT ADVISORY GROUP LLC	45-0585640
OASIS	H&R COFFEE CO.	59-2893075
OASIS	KIER HOLDINGS, INC.	46-1792104
OASIS	UNBRIDLED CONNECT LLC	47-4654841
OASIS	RSS NORTH MYRTLE BEACH OPERATIONS LLC	87-2047981
OASIS	NICK'S CIGARS COMPANY	65-0630403
OASIS	S3 DESIGN GROUP, LLC	92-2528112
OASIS	HERONETTA MANAGEMENT, LP	26-1663463
OASIS	A C T DATA SERVICES, INC.	22-2677011
OASIS	SYNERGY INSURANCE GROUP, INC.	20-4860800
OASIS	4 CORNER RESOURCES, LLC	20-3042688
OASIS	SPRY DIGITAL LLC	27-2328821
OASIS	BESPOKE REAL ESTATE LLC	46-5191233
OASIS	BKJBOT INC.	68-0446521
OASIS	10FOLD ARCHITECTURE & ENGINEERING, LTD.	81-3619460
OASIS	C & T PUBLISHING, INC.	68-0375392
OASIS	LARGAY TRAVEL, INC.	06-0856006
OASIS	HEXT & ASSOCIATES, P.C.	75-2053526
OASIS	MICRO WORLD CORP	95-4402965
OASIS	RSS/KING OPERATIONS LLC	87-3030209
OASIS	LEGACY PHOENIX, INC.	86-1540281
OASIS	IGNITION, INC.	20-8160636

OASIS	TREADMILLDOCTOR.COM, INC	62-1805253
OASIS	PRODIGY BOATS LLC	46-3083937
OASIS	NAVION BKE OAKRIDGE LLC	83-4406393
OASIS	METRO ANESTHESIA AND PAIN MANAGEMENT, LLP	42-1431066
OASIS	QUAD CITIES COMMUNITY FOUNDATION	42-6122716
OASIS	NORTHWEST ORAL AND MAXILLOFACIAL SURGERY ASSOC, PC	58-1082393
OASIS	PROSE TECHNOLOGIES, LLC	46-2433135
OASIS	IMPACT BUSINESS TECHNOLOGY CORPORATION	42-1569248
OASIS	RARITAN BAY FEDERAL CREDIT UNION	22-1714045
OASIS	RSS/BOONE OPERATIONS LLC	87-2933384
OASIS	ABSOLUTE QUALITY MFG. INC.	41-1941845
OASIS	ARTEMIS WAX CORP	85-4132371
OASIS	COMMUNITIES IN SCHOOLS OF HIDALGO CO., INC.	74-2540616
OASIS	PERFECT CHOICE MANUFACTURERS INC.	86-3916095
OASIS	REGENCY MANAGEMENT SERVICES, LLC	27-2059558
OASIS	LONG BEACH ENTERPRISE, INC.	95-3286131
OASIS	HILL CENTER FOR DERMATOLOGY, P.C.	30-0271161
OASIS	HIFU PROSTATE SERVICES, LLC	47-5016880
OASIS	INTERLINK TRANSPORT LLC	87-2398998
OASIS	APPWARD LLC	86-1909813
OASIS	TAKE TWO TRAVEL SOLUTIONS LLC	87-3936554
OASIS	CONNOLLY MUSIC COMPANY, INC.	11-2210582
OASIS	OKTANA CORPORATION	47-1376634
OASIS	GREATER HOUSTON HEALTHCONNECT, INC	27-3360465
OASIS	RONMOE, LLC	85-1554470
OASIS	AMERICAN PRECISION PRODUCTS, LLC	88-3461044
OASIS	256 BARNUM FINANCIAL GROUP	13-5581829
OASIS	INNOVATIVE DOCUMENT IMAGING LLC	22-3776909
OASIS	FRANCISCO GRANDE USA, INC.	91-1354151
OASIS	ONEFORCE RESTORATION ATX, LLC	84-4620035
OASIS	K.L.H. PACKAGING CORPORATION	95-4621669
OASIS	GBG DENTAL SOLUTIONS, PLLC.	85-4222892
OASIS	COLORADO OUTDOOR, INC. DBA MILE HIGH OUTDOOR	86-0832912
OASIS	CONCERT CARROLLWOOD OPCO, LLC.	87-2815758
OASIS	INTERNATIONAL CAPITAL, LLC	80-0318787
OASIS	SPL DISTRIBUTION GROUP LLC	93-2687881
OASIS	GLOBAL GUARDIAN LLC	45-4919203
OASIS	CONCERT HEATHROW OPCO, LLC.	87-2807129
OASIS	STANTON CHASE OF TENNESSEE, INC.	92-3509112
OASIS	NEW WEST PAVING INC	84-1572026
OASIS	MAIN STREET HOLDINGS, INC.	81-1438635
OASIS	GIORDANO CO.	22-1853733
OASIS	I5LED, LLC	87-1793145
OASIS	SUPERIOR ENGINEERING INC	57-0912149

OASIS	RICHLAND VENTURES, INC.	65-0516647
OASIS	METROPOLITAN LEARNING INSTITUTE, INC.	11-3350641
OASIS	GRAMMAN PLUMBING AND HEATING CORP	11-2266833
OASIS	THE PART WORKS, INC.	91-1122926
OASIS	RSS/WALNUT COVE OPERATIONS LLC	87-2817983
OASIS	LARKMEAD VINEYARDS	94-1641954
OASIS	ALQUIST 3D LLC	85-3421492
OASIS	ARCHIPELAGO, INC.	95-4670440
OASIS	EXODUS DIRECT, L.L.C.	26-1910890
OASIS	COMFORTS OF HOME HEALTHCARE LLC	86-3325442
OASIS	REDLINE METALS, INC.	36-3962306
OASIS	R. F. WILKINS CONSULTANTS, INC.	47-3274575
OASIS	INSIGHT WEALTH GROUP	45-4556907
OASIS	TIFFANY COURT EMPLOYEES LLC	87-2561764
OASIS	K2 STAFFING LLC	93-3056745
OASIS	FAB-TEC MACHINING AND FABRICATION, LLC	93-1755874
OASIS	BY DESIGN LANDSCAPES, INC.	20-2665349
OASIS	BAILEY & COMPANY PARENT, LLC	45-5437191
OASIS	BIRCH CONTRACTING, LLC	84-3499996
OASIS	CONCERT PLANTATION OPCO, LLC.	87-2991498
OASIS	OVERTYME, INC.	20-5481570
OASIS	TENNESSEE SCORE	26-3670335
OASIS	SUITE RX, LLC	41-2274640
OASIS	THP PORTFOLIO RESOURCES, LLC	87-2322063
OASIS	KABLOOE, INC.	85-2394988
OASIS	THE DIZE COMPANY	56-1521484
OASIS	UNITED BRANDS PRODUCTS DESIGN DEVELOPMENT AND MARKETING, INC.	94-3325971
OASIS	ELECTUS HEALTH LLC	82-4882200
OASIS	NAVION SOUTHPOINTE OPERATIONS LLC	84-2797475
OASIS	MEDICAL DOCUMENT SOLUTIONS LLC	27-1612691
OASIS	DWA MANAGEMENT, LLC	46-3627105
OASIS	638 BREWING COMPANY, INC.	20-0433298
OASIS	OLSON RESTORATION II LLC	26-4216808
OASIS	CONCERT WHITE MANOR OPCO, LLC	30-1282436
OASIS	KINGSWOOD US HOLDINGS, INC	84-3999010
OASIS	HIALEAH METAL SPINNING	59-1309679
OASIS	THE MOTION REFINERY	47-1517775
OASIS	NEIGHBORHOOD CENTERS OF JOHNSON COUNTY IOWA	42-1060964
OASIS	TOMETICH INCORPORATED	42-1465106
OASIS	DAVEY BICKFORD USA INC.	72-1538349
OASIS	DOWN SOUTH BRANDS, LLC	84-1969260
OASIS	CONCERT MARSH LANDING, LLC.	88-1745233
OASIS	MARCUS SAMUELSSON GROUP LLC	27-1273578

OASIS	ROOT COMPANY	59-3133336
OASIS	CARDINAL WEB SOLUTIONS, LLC	27-2511188
OASIS	AAA MOUNTAIN WATERPROOFING, LLC	82-1841472
OASIS	POWERWRIGHT TECHNOLOGIES, INC.	20-3887951
OASIS	BELLAIRE MULTIFAMILY MANAGEMENT LLC	88-2525209
OASIS	C4 ADVANCED TACTICAL SYSTEMS, LLC	87-0736523
OASIS	CENTER ASSOCIATES	42-0805386
OASIS	PARADISE VALLEY FAMILY MEDICINE, PC	86-0996678
OASIS	SONDER MEDICINE INCORPORATED	83-4118466
OASIS	JME AND CO NYC LLC	93-1359529
OASIS	HIGH MOUNTAIN DOOR AND TRIM INC.	46-5635821
OASIS	BAYRAMOGLU LAW OFFICES LLC	46-3063131
OASIS	S & A CHEROKEE, LLC	26-3745970
OASIS	RMI DIRECT MARKETING, INC.	06-1461588
OASIS	PRESSURE BIOSCIENCES, INC.	04-2652826
OASIS	RSS/MEBANE OPERATIONS LLC	87-3050908
OASIS	BROOKE & DYLAN LLC	27-0406838
OASIS	ARIZE FEDERAL CREDIT UNION	25-1348220
OASIS	INTERNAL MEDICINE OF ARIZONA, INC.	86-1003718
OASIS	CLEAR VIEW BUILDING SERVICES INC.	11-3561469
OASIS	SENIOR HOUSING HEALTH CARE INC	20-3308829
OASIS	CAROLINA RECYCLE PARTNERS LLC	81-2943193
OASIS	YAYIN GADOL, LLC	46-2724777
OASIS	RICHLAND MANAGEMENT, INC	65-0242971
OASIS	PREMIER BIOTECH LABS, LLC	46-3105871
OASIS	SPEEDY CASH, INC.	35-2224417
OASIS	PYRAMID, INC.	42-6069350
OASIS	ARTO BRICK - CALIFORNIA PAVERS	20-1298968
OASIS	A-L FINANCIAL CORP	95-3191434
OASIS	ONE CLICK CONTRACTOR, INC.	92-3096666
OASIS	HUDSON GATEWAY ASSOCIATION OF REALTORS, INC.	13-1737022
OASIS	PREMIER BIOTECH, LLC	27-0962878
OASIS	MONARCH INVESTMENT & MANAGEMENT GROUP, LLC	20-1188057
OASIS	NEIGHBOR TO FAMILY INC	36-4354882
OASIS	HG CAPITAL MANAGEMENT LLC	27-4355469
OASIS	VONESSEN, INC	14-1466289
OASIS	IOWA COMMERCIAL ADVISORS LLC	20-4306190
OASIS	CONCERT ROSWELL, LLC	84-4111702
OASIS	CKL DISTILLING, LLC	81-3820723
OASIS	CJHORAK ENTERPRISES INC	83-1945150
OASIS	CIRCUIT ASSEMBLY CORP	82-2971206
OASIS	MCMANUS ATESHOGLOU AIELLO AND APOSTOLAKOS PLLC	47-5344171
OASIS	PC NETWORK INC.	22-3405334
OASIS	NAVION BKE CHANCELLOR'S VILLAGE LLC	84-2086150

OASIS	DECKER WEALTH MANAGEMENT LLC	88-2849701
OASIS	INTEGRITY CONTROL SERVICES LLC	27-3352545
OASIS	CARLISLE PATCHOGUE OPERATOR, INC.	46-3245617
OASIS	XPLOR EDUCATION, INC.	82-4524465
OASIS	SCEPTRE & KEY, LLC	27-3098205
OASIS	NATIONAL FORENSIC LEAGUE, INC.	39-0840589
OASIS	INTERLINK AUTO LOGISTICS LLC	87-2443484
OASIS	SPACE POLE, INC.	35-2509691
OASIS	CONCURRENT INVESTMENT ADVISORS, LLC	92-1819393
OASIS	SPRING LIGHTING GROUP INC	47-2471832
OASIS	LAZY PALM PRODUCTIONS INC.	26-3762917
OASIS	DUBUQUE OBSTETRICS & GYNECOLOGY, PC	42-1521368
OASIS	SLI INC	20-0244097
OASIS	ONWARD INVESTORS	45-4978556
OASIS	STAY CLEAN TREATMENT INC	46-2043814
OASIS	AKC MARKETING AND CONSULTING, INC.	20-8788126
OASIS	TRADENET ENTERPRISE INC	95-4647111
OASIS	COLORADO SENIOR RESIDENCES INC	27-1953892
OASIS	BORIE DAVIS, INC	58-1352183
OASIS	DOUD BTS, INC	83-0319799
OASIS	C E MEDICAL GROUP LLC	36-4609823
OASIS	ALLIED AUDIO SERVICE INC.	47-0852243
OASIS	ADVANCED VIDEO GROUP, INC.	57-0797194
OASIS	OTTNO INC.	27-2797174
OASIS	THE ENROLLMENT MANAGEMENT ASSOCIATION, INC.	06-6011774
OASIS	RAMSEY TUTORING LLC	47-2786316
OASIS	WHIPPERSNAP, INC.	86-2935720
OASIS	BOGHT & OAKWOOD VETERINARY CLINICS PLLC	45-2920796
OASIS	CHARLOTTE PLASTIC SURGERY	56-0944051
OASIS	LIGHTING SOLUTIONS INC	23-2905414
OASIS	PROPHARMA DISTRIBUTION, LLC	47-1520296
OASIS	LAW OFFICES OF JACK G. BERNSTEIN, P.A.	59-2615524
OASIS	VENUWORKS OF DAVENPORT, LLC	48-1261756
OASIS	S3, LLC	84-2138348
OASIS	GILLINDER BROTHERS, INC.	14-0693820
OASIS	ICE AIR, LLC	20-1174227
OASIS	BLUEWATER BUILDERS, INC.	65-0846636
OASIS	HEALTH CONCEPTS PARTNERS, INC.	22-3499491
OASIS	BROTHERS ALVARADO PIAZZA AND COZORT PC	26-4092512
OASIS	WARREN H. PHILLIPS III, PHD PC	42-1337021
OASIS	THE UNITED WAY OF FORSYTH COUNTY, INC.	23-7357234
OASIS	LOWA LLC	84-2595564
OASIS	THE FRIEDMAN WILLIAMS GROUP	90-0086097
OASIS	VAN CAMP, MEACHAM & NEWMAN, PLLC	56-2228538

OASIS	WESTCOAST ELECTRIC SERVICES, INC.	59-3690972
OASIS	ADVANTAGE CREDIT UNION	42-0670996
OASIS	PLANT HEALTH CARE INC	88-0328711
OASIS	FAMILY GATEWAY, INC.	75-2105579
OASIS	SWT DESIGN, INC.	43-1872822
OASIS	RAINBOW BALLOONS, INC.	04-3157107
OASIS	LIVINGSTON STREET CAPITAL, LLC	81-4030492
OASIS	VXIT SERVICES LLC	46-3816522
OASIS	TIG DISTRIBUTING, INC.	20-4042322
OASIS	AVENTINE HILL COMMUNITIES LLC	82-3445168
OASIS	CENTRALBDC ENTERPRISES, LLC	87-4699986
OASIS	IMPRINT BRANDED CONTENT LLC	46-1985706
OASIS	LAKE MERRITT SENIOR LIVING LLC	88-0885776
OASIS	LFR CHICKEN LLC	87-0925357
OASIS	RRS/CLEMMONS OPERATIONS LLC	87-3011973
OASIS	THE TACKER CO.	75-1672390
OASIS	LAND LEASE AMERICA LLC	82-1749015
OASIS	KNOWLEDGESOURCE, INC.	45-2721383
OASIS	LAKE NORMAN ANESTHESIA ASSOCIATES, P.A.	56-8945897
OASIS	CARNEGIE HILL PEDIATRICS LLP	03-0396531
OASIS	THE PERECMAN FIRM PLLC	20-0249603
OASIS	GOLDCREST PROPERTIES, LLC	83-1510983
OASIS	BHPC ASSOCIATES LLC	20-1325981
OASIS	STAR RIDE KIDS, INC.	13-3636360
OASIS	WEALTHPOINT, LLC	27-2564995
OASIS	AEGIS POWER SYSTEMS, INC.	56-1915802
OASIS	QUINTILLION SUBSEA OPERATIONS, LLC	47-4362675
OASIS	EQUILIBAR, LLC	26-0166863
OASIS	MANN, MCGIBNEY AND JORDAN, PLLC	46-5706035
OASIS	WISIAN, LLC	13-4269325
OASIS	FAST TRAC TRANSPORTATION LLC	82-4425461
OASIS	SARTELL PEDIATRICS, P.A	45-4376781
OASIS	MTHEORY LLC	27-1680520
OASIS	TUYA NOW LLC	36-4821101
OASIS	CANYON ATLANTIC - PLANO LLC	84-3385649
OASIS	HHG GALVESTON LLC	84-4374172
OASIS	IMMIGRANT JUSTICE CORPS INC	46-4879076
OASIS	HARVEST DEVELOPMENT MANAGEMENT COMPANY, LLC	46-2054347
OASIS	R & R DESIGN, INC.	75-2159334
OASIS	SCHAFFNER EMC, INC	22-2332789
OASIS	BYTEWORKS, LLC	45-3555603
OASIS	NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY, INC.	13-3077692
OASIS	MAKUSAFE CORP	81-2776536

OASIS	NEXTBOOK, INC	41-2116973
OASIS	KEDBLUESTONE INC	99-1640253
OASIS	AWI ACQUISITION COMPANY	95-4389695
OASIS	VENUWORKS OF CEDAR RAPIDS, LLC	48-1261751
OASIS	METAL SERVICES OF BLOOMING PRAIRIE, INC.	41-1683470
OASIS	COMPASS CONSULTING GROUP, INC.	26-3252346
OASIS	PERFORMANCE LIVESTOCK ANALYTICS 2.0 INC	93-1978206
OASIS	AGNITE HEALTH LLC	46-2728327
OASIS	LAKE PARTS, INC.	45-3332819
OASIS	JC FLORIST, LLC	46-2616697
OASIS	BETH EL SYNAGOGUE	41-0711587
OASIS	PROGRESS REHABILITATION NETWORK, LLC	16-1755725
OASIS	WATERLOO WILBERT VAULT CO.	42-0621291
OASIS	ATI CORPORATION	23-2381766
OASIS	BROOKVILLE COUNTRY CLUB INC	11-0585380
OASIS	NAX USA LOGISTICS	95-4715944
OASIS	CYPRESS COURT ASSISTED LIVING LLC	86-3520833
OASIS	KEOKUK HILLS BEEF COMPANY	83-3627588
OASIS	AFFINITY CREDIT UNION	42-0794732
OASIS	PS ENERGY GROUP, INC.	58-1665516
OASIS	HAMILTON INTERESTS, LLC	26-3178111
OASIS	OLSON RESTORATION LLC	26-4214693
OASIS	L. H. THOMSON COMPANY, INC	58-1434815
OASIS	ALTUS PROPERTIES, LLC	37-1519414
OASIS	LARAMY-K OPTICAL, INC.	42-1343924
OASIS	SOMERFORD PLACE OF STOCKTON EMPLOYEES LLC	87-2513295
OASIS	MICRO KEY SOFTWARE INC	59-3040341
OASIS	DRIVERREACH, LLC	81-2638348
OASIS	ARETE ORGANIZATIONAL SOLUTIONS INC	20-1093617
OASIS	APICII LLC	90-0936730
OASIS	NORD CON REALTY, LLC	13-4145180
OASIS	TRANS-LUX CORPORATION	13-1394750
OASIS	CIAL D & B SERVICES, INC.	82-3791925
OASIS	TFL FRANCHISE SYSTEMS LLC	47-2649859
OASIS	VENUWORKS OF EVANSVILLE, LLC	27-5303163
OASIS	LEADING EDGE MANUFACTURING, LLC	82-3206222
OASIS	EDGEWATER MARKETS, LLC	46-2620263
OASIS	BEYOND ENERGY SERVICES AND TECHNOLOGY USA, INC	35-2622453
OASIS	ARCH CITY DEFENDERS, INC.	80-0471494
OASIS	SHANE'S RIB SHACK LLC	26-3964489
OASIS	MAFFEY'S SECURITY GROUP	22-1737844
OASIS	RODEO REALTY, INC.	95-4095551
OASIS	HHG SOUTHLAKE LLC	81-2655089
OASIS	VENUWORKS OF KENNEWICK	20-0270961

OASIS	COAST PUMP AND SUPPLY CO.	59-2014748
OASIS	CI SURFBOARDS, LLC	85-3873509
OASIS	EDGE AUTO, INC.	59-3836156
OASIS	GBSL STAFFING AL LLC	82-3642396
OASIS	JAYBIRD SENIOR LIVING, INC	11-3712998
OASIS	THE FARRELLS, INC.	86-3791773
OASIS	CORE REALTY HOLDINGS MANAGEMENT, INC.	20-3213310
OASIS	REBENACK, ARONOW & MASCOLO, LLP	20-8140601
OASIS	RAISE YOUR HAND FOR PUBLIC SCHOOLS	20-8119071
OASIS	CAREERWISE COLORADO	81-1415662
OASIS	SOLE SUPPORTS, INC	62-1502448
OASIS	ARMAND RESOURCE GROUP, INC.	71-0864412
OASIS	NATIONAL REVIEW INSTITUTE	13-3649537
OASIS	C E GROUP, INC.	56-2096858
OASIS	FORECASTLE ADVISORS	82-2589269
OASIS	THE ILIFF SCHOOL OF THEOLOGY	84-0404244
OASIS	STORAGE STAR MANAGEMENT, LLC	99-2425737
OASIS	EV.ENERGY CORP.	38-4138875
OASIS	CORE REALTY ASSET MANAGEMENT, LLC	27-4319216
OASIS	RITANI, LLC	04-3644571
OASIS	SKY HARBOR CAPITAL MANAGEMENT, LLC	45-3058590
OASIS	PREFERRED ORTHOPEDICS OF THE PALM BEACHES, P.A.	20-5194878
OASIS	CARESFIELD, LLC	20-2098556
OASIS	MEINECKE EQUIPMENT LLC	87-2856968
OASIS	VALLEY CHURCH	42-1359736
OASIS	RABUN COUNTY COMPANY, LLC	46-1472471
OASIS	WARSHAW, INC.	11-3383097
OASIS	HIGHMARK MANAGEMENT LLC	93-2999035
OASIS	ROSS ENGINEERING CORPORATION	94-1609544
OASIS	DISCOVERY INSTITUTE FOR ADDICTIVE DISORDERS, INC.	22-2511830
OASIS	NAVION RMF MANAGEMENT CO LLC	84-2196977
OASIS	ACCELERATED TECHNOLOGY LABORATORIES, INC.	56-2113028
OASIS	INSTYMEDS CORPORATION	41-1954398
OASIS	GLOBAL MACHINERY HOLDINGS, LTD.	84-1258132
OASIS	ONE LUX STUDIO LLC	20-8525256
OASIS	WMT HOUSING, LLC	20-8661192
OASIS	BALDWIN AND OBENAUF, INC.	22-2353887
OASIS	DENCO II, LLC	27-2991900
OASIS	LINCOLN HEALTHCARE INFORMATION COMPANY, LLC	52-2104410
OASIS	PB MANAGE NYC LLC	84-3344093
OASIS	SONA SENIOR LIVING OH LLC	87-3783051
OASIS	SILBERSTEIN, AWAD AND MIKLOS, P.C.	11-2547583
OASIS	MOSAIC SOLUTIONS GROUP, LLC	27-1948133
OASIS	CONTROLWORKS, INC	48-1273512

OASIS	U.S. MATH RECOVERY COUNCIL	05-0538927
OASIS	HEALTHCARE MANAGEMENT PARTNERS, LLC	20-4363144
OASIS	WPL FULFILLMENT, LLC	86-3966446
OASIS	E*STAR ELECTRIC, INC.	20-2187638
OASIS	CROSS COUNTY CARDIOLOGY, P.A.	22-3238778
OASIS	VERIS LLC	57-1112308
OASIS	PONDEROSA TX OPERATING LLC	81-2913532
OASIS	MEDISTIM USA, INC.	59-3692221
OASIS	ALLURE LIFESTYLES COMMUNITIES, LLC	86-3392569
OASIS	CLEARPOINT FEDERAL BANK AND TRUST	35-2047688
OASIS	NETSURIT CONSULTANTS INC.	86-3078651
OASIS	ZELMS ERLICH L.L.P.	85-3938328
OASIS	VENUWORKS, INC.	42-1463763
OASIS	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174
OASIS	OUTLYR, LLC	32-0349491
OASIS	CONSOLIDATED MACHINE CORPORATION	04-2060296
OASIS	ORT AMERICA, INC.	13-5562424
OASIS	CASTLE BRANDS (USA) CORP	51-0475156
OASIS	TRUSTPOINT COURT REPORTING, LLC	35-2640986
OASIS	GUARDTIME FEDERAL, INC.	47-3198868
OASIS	D&R COMMUNICATIONS, LLC	22-3674319
OASIS	LDSS, INC.	74-3193537
OASIS	NORTHSTAR SENIOR LIVING, INC.	20-5694427
OASIS	PRIORITY FINANCIAL GROUP, LLC	45-5280570
OASIS	THE LAUREL HILL ADVISORY GROUP LLC	26-0600302
OASIS	BLACK CROW AI, INC.	85-3166104
OASIS	RUBICON COMMUNICATIONS, LLC	20-1682017
OASIS	PRO-TEK OF NY, LLC	11-3596126
OASIS	BERNSTEIN LIEBHARD LLP	13-3730597
OASIS	OVATION LLC	20-8051395
OASIS	HOTEL MANAGEMENT GROUP CALIFORNIA, INC.	77-0364449
OASIS	TRUSTPOINT MV, LLC	87-3954259
OASIS	BLUE HILL MARKETING SOLUTIONS, INC	20-3022273
OASIS	EVENT TECHNOLOGY SERVICES, LLC	20-5544009
OASIS	DESIGN WEST ENGINEERING, INC	41-2024924
OASIS	TRUSTPOINT LEGAL TALENT, LLC	87-3976805
OASIS	DIRECTIONS EQUITY, LLC	26-0848316
OASIS	BLUEPOINT HOSPITALITY GROUP LLC	37-1766195
OASIS	AVMI, INC.	46-5118067
OASIS	NOVUM UNDERWRITING PARTNERS, LLC	83-2876557
OASIS	THE CHARLES BUTT FOUNDATION	90-1548640
OASIS	NATIONAL REVIEW, INC.	13-1899384
OASIS	ORTHOPAEDIC OUTPATIENT SURGERY CENTER	42-1508092
OASIS	WATER ISLAND CAPITAL, LLC	13-4100544

OASIS	NICKLAUS ENGINEERING, INC.	27-1395529
OASIS	DAUGHTRY, INC.	74-2230162
OASIS	ENERGY INCOME PARTNERS, LLC	20-0479900
OASIS	LAVENDER MOUNTAIN SENIOR LIVING	81-0698227
OASIS	ADAIR CONCEPTS, LLC	81-0790465
OASIS	RIVERSIDE ABSTRACT, LLC	20-8324333
OASIS	NINETY NINE HUMAN RESOURCES, LLC	47-1292086
OASIS	BRIDGE SENIOR LIVING LLC	20-1457828
OASIS	ST. LOUIS GEAR COMPANY, INC.	43-0627232
OASIS	BEAUTY SOLUTIONS LLC	71-1028334
OASIS	GLASSHOUSE PRODUCTS, LLC	92-3566883
OASIS	MAGEN FINANCIAL LLC	84-2502205
OASIS	WEISS GIFTED AND TALENTED SCHOOL	27-0160216
OASIS	CAL-COMP USA (SAN DIEGO), INC.	33-0684506
OASIS	GBSL STAFFING AL, LLC	82-3642396
OASIS	WAYPOINT UNDERWRITING MANAGEMENT LLC	81-3799533
OASIS	DEVON SELF STORAGE HOLDINGS (US), LLC	01-0640590
OASIS	IOWA PUBLIC RADIO	20-4227123
OASIS	TRINITY HUNT MANAGEMENT, L.P.	71-0960235
OASIS	AMPAL, INC.	22-1840978
OASIS	SENIOR HOUSING HEALTH CARE, INC.	20-3308829
OASIS	TOP TIER SOLAR SOLUTIONS, LLC	83-2583907
OASIS	ARROW, INC.	58-2291410
OASIS	GREENBRIER DEVELOPMENT, LLC	20-4280923
OASIS	SEATTLE SERVICE BUREAU INC.	91-1393397
OASIS	A-PLUS SHEETMETAL, INC.	11-8148433
OASIS	INDUSTRIAL FINISHING SERVICES, INC.	45-0443521
OASIS	FOGARTY FINGER ARCHITECTURE PLLC	35-2470041
OASIS	X-NAV TECHNOLOGIES, LLC	46-0908858
OASIS	LAKEVIEW SURGERY CENTER	42-1516120
OASIS	METASYS TECHNOLOGIES, LLC	58-2513460
OASIS	PLANTE HUGUENIN LEBOVIC KAHN, LLP	81-3965534
OASIS	RENODIS, INC.	58-2671063
OASIS	ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT	39-2039932
OASIS	CROSS OCEAN PARTNERS MANAGEMENT LP	38-4016186
OASIS	TEXAS SCENIC COMPANY, INC.	74-1466429
OASIS	IMMANUEL HOME HEALTH CARE, INC.	76-0483661
OASIS	EP AMERICA INC.	26-4578773
OASIS	NIMBLE ROBOTICS, INC	82-1776038
OASIS	VIBRANALYSIS INC.	06-1169644
OASIS	VERDAD RESOURCES EMPLOYER, LLC	88-3752322
OASIS	KINLY, INC.	20-2788939
OASIS	WELLSTART MEDICAL, LLC	83-3123688

OASIS	BDLR GROUP, INC.	68-0495023
OASIS	PASSPORT CORPORATION	62-1427540
OASIS	RAMTECH SOFTWARE SOLUTIONS, INC	22-3740594
OASIS	WILCO ELECTRICAL, LLC	26-1606257
OASIS	FAIR WINDS MANAGMENT, LLC	81-1488407
OASIS	HOLZ RUBBER COMPANY, INC	68-0115797
OASIS	CGP BUYER, LLC	84-2403925
OASIS	GEORGIA AIR AND REFRIGERATION LLC	46-2974100
OASIS	ICELANDIRECT LLC	27-2355521
OASIS	22125 ROSCOE CORP	95-2801731
OASIS	SUPERIOR PRINTING, INC.	95-4439518
OASIS	FUSE INTEGRATION, INC.	27-3803258
OASIS	RSS MANAGEMENT COMPANY LLC	81-4331069
OASIS	THE HOLDSWORTH CENTER	81-4254457
OASIS	BLENTECH CORPORATION	68-0101106
OASIS	INTELLIGENT PRODUCT SOLUTIONS, INC.	26-1611673
OASIS	COHEN ZIFFER FRENCHMAN AND MCKENNA LLP	85-3462372
OASIS	MARVEL ARCHITECTS, LANDSCAPE ARCHITECTS, URBAN DESIGNERS, PLLC	46-3206439
OASIS	FH AND HF-TORRANCE I, LLC	95-4773321
OASIS	WEN - PARKER LOGISTICS, INC.	06-1775180
OASIS	BEHAVIORAL HEALTH SECURITY SERVICES	47-2879980
OASIS	PLAINS AREA MENTAL HEALTH, INC	42-1000717
OASIS	FORMATION ENVIRONMENTAL LLC	27-0884869
OASIS	LEGACY COLLEGE PREPARATORY CHARTER SCHOOL	81-2984627
OASIS	ADVANTEDGE TECHNOLOGY, INC.	20-0586920
OASIS	MODERN WEALTH BUSINESS, LLC	92-2228304
OASIS	GRAHAM RESEARCH INC.	41-1724266
OASIS	BMG MONEY, INC.	27-1246641
OASIS	SK TRUCK RENTALS, INC	77-0452081
OASIS	ELECTRIC PUMP, LLC	41-1932807
OASIS	VELCO TOOL AND DIE, INC	33-0038598
OASIS	THE JED FOUNDATION	13-4131139
OASIS	TFS TRIAL FORM SUPPORT INC	22-3181238
OASIS	INTERSTATE AC SERVICE, LLC	11-3720277
OASIS	FAMILY AND CHILDRENS SERVICE	62-0499284
OASIS	CATHOLIC CONTINUING CARE RETIREMENT COMMUNITIES, INC	58-2631622
OASIS	PATHWAYS MEDICAL ASSOCIATION	45-4956490
OASIS	GRANITE BANK	41-0256120
OASIS	COMMUNITY AND FAMILY RESOURCES	42-0938934
OASIS	HILDRED MANAGEMENT, LLC	26-0646330
OASIS	PRODUCE PAY, INC	47-2538439
OASIS	PLAZA HC HOLDING COMPANY, LLC	56-2313510

OASIS	TSG WEALTH MANAGEMENT, LLC	83-4422092
OASIS	TRUSTPOINT INTERNATIONAL, LLC	26-3500847
OASIS	HELLENIC CLASSICAL CHARTER SCHOOL-STATEN ISLAND	85-1596185
OASIS	MIRASOL CLUB AND ASSOCIATION, INC.	65-1001705
OASIS	AWESOME DOUGHNUT LLC	82-4699249
OASIS	CARTESSA AESTHETICS, LLC	81-5265943
OASIS	INSERV CORP	56-1794392
OASIS	ALAMEDA MORTGAGE CORPORATION	94-2229242
OASIS	ACTIONLINK SERVICES, LLC	82-2002500
OASIS	VANDER HAAG'S INC.	42-0896487
OASIS	MPG II, LLC	26-3963128
OASIS	COLUMBUS HOSPITALITY, LLC.	31-1751326
OASIS	EXODUS RECOVERY	95-4156974

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February 10, 2025

Public Documents Room, EBSA Room
N-1513, U.S. Department of Labor 200
Constitution Avenue, N.W.
Washington, DC 20210

RE: Oasis Outsourcing Holdings, Inc. Employee Welfare Benefit Plan

Dear Sir/Madam:

Enclosed is a completed 2024 Form M-1 for the Oasis Outsourcing Holdings, Inc. Employee Welfare Benefit Plan (the "Plan").

Oasis Outsourcing Holdings, Inc. is the plan sponsor of the Plan. The preamble to t he final rule regarding reporting by multiple employer welfare arrangements ("MEWAs") specifically addresses the application of the Form M-1 filing requirement to PEOs.

This Form M-1 will be filed by Oasis Outsourcing Holdings, Inc. as a protective filing. Oasis Outsourcing Holdings, Inc. does not believe, and therefore does not admit, that the Plan is a MEWA. The filing is made solely to avoid the assertion of non-compliance with the required reporting pursuant to Form M-1 in the event that the Department of Labor disagrees with the determination by Oasis Outsourcing Holdings, Inc. that its employee welfare benefit plan is not a MEWA. The filing of the Form M-1 should not lead to any inference by the Department of Labor, any state insurance regulating authority, or any judicial tribunal, and shall not constitute an admission that any employee benefit plan of Oasis Outsourcing Holdings, Inc. is a MEWA. Nothing herein shall constitute a waiver or estoppel of Oasis Outsourcing Holdings, Inc.'s right to assert that any employee welfare benefit plan sponsored or maintained by Oasis Outsourcing Holdings, Inc. is not a MEWA.

Sincerely,



Patricia C. Gagne
Oasis Outsourcing Holdings, Inc.
Manager, Health and Welfare Benefit Plans
and Compliance