

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>VIRTUAL INCORPORATED</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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) <u>VIRTUAL INCORPORATED</u></p> <p><u>401 EDGEWATER PLACE</u> <u>SUITE 600</u> <u>WAKEFIELD, MA 01880</u></p>	<p>1c Effective date of plan <u>01/01/2019</u></p> <p>2b Employer Identification Number (EIN) <u>04-3481758</u></p> <p>2c Plan Sponsor's telephone number <u>781-246-0500</u></p> <p>2d Business code (see instructions) <u>561110</u></p>

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.	07/10/2025	PATRICIA MARGOLIS
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	157
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	157
	6a(2)	151
	6b	4
	6c	0
	6d	155
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4G 4H 4L 4Q

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

<p>A Name of plan VIRTUAL INCORPORATED</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 VIRTUAL INCORPORATED</p>	<p>D Employer Identification Number (EIN) 04-3481758</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS, 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
04-1045815	53228	4958518	265	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 47289</p>	<p>(b) Total amount of fees paid 11875</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GALLAGHER BENEFIT SERVICES, INC. 470 ATLANTIC AVENUE BOSTON, MA 02210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47289	11875	OTHER COMMISSION	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	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	0
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2322836
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan VIRTUAL INCORPORATED	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 VIRTUAL INCORPORATED	D Employer Identification Number (EIN) 04-3481758

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

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	957968	151	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 9916	(b) Total amount of fees paid 3888
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
**GALLAGHER BENEFIT SERVICES, INC. 2850 GOLF ROAD, 5TH FLOOR
ROLLING MEADOWS, IL 60008**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9916	3888	BONUS	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	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT, ACCIDENT, CRITICAL ILLNESS, PFML, EAP

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	78871
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan VIRTUAL INCORPORATED</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 VIRTUAL INCORPORATED</p>	<p>D Employer Identification Number (EIN) 04-3481758</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METLIFE LEGAL PLANS

(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
34-1650967	00000	25424	18	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 1286</p>	<p>(b) Total amount of fees paid 228</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

GIS NATIONAL **9500 KOGER AVENUE, SUITE 200**
SAINT PETERSBURG, FL 33702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
830			3

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

GALLAGHER BENEFIT SERVICES, INC. **PO BOX 95287**
CHICAGO, IL 60694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
456			3

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

BOON-CHAPMAN BENEFIT ADMIN., INC.

PO BOX 9201
AUSTIN, TX 78766

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	228	FEES AND OTHER COMMISSIONS	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	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	0
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4546
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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



Blue Cross Blue Shield of Massachusetts, Inc.
FULLY INSURED #5500A WORKSHEET



ACCOUNT NAME: Virtual Incorporated
ACCOUNT #: 4958518
PERIOD: 01/01/2024 - 12/31/2024 @ 03/31/2025
NAIC CODE: 53228
EIN CODE: 04-1045815

	MEDICAL	DENTAL	SENIOR	VISION
LAST MONTH OF PERIOD ENROLLMENT				
Employees	125	140	0	133
Employee & Dependents	232	265	0	239
PREMIUM				
Total Premium	\$2,168,603	\$139,930	\$0	\$14,303
BENEFIT CHARGES				
Incurring Claims	\$1,502,595	\$115,556	\$0	\$6,481
Incurring But Not Reported	\$18,065	\$1,387	\$0	\$52
Claims Charged	\$1,520,660	\$116,943	\$0	\$6,533
RETENTION ALLOCATION				
Base Commission	\$40,760	\$5,099	\$0	\$1,430
Taxes	\$25,590	\$0	\$0	\$0
Other Retention Charges	\$581,593	\$17,888	\$0	\$6,340

Copies: 1 - Sales Executive, 1 - File Copy, 1 - Group

The above information is intended to help you complete the Form 5500, Schedule A. If you require additional information please contact your representative at BCBSMA.



COMMISSIONS AND BONUS BREAKDOWN



ACCOUNT NAME: Virtual Incorporated
ACCOUNT #: 4958518
PERIOD: 01/01/2024 - 12/31/2024 @ 03/31/2025
NAIC CODE: 53228
EIN CODE: 04-1045815

	MEDICAL	DENTAL	SENIOR	VISION
--	---------	--------	--------	--------

COMMISSION BREAKDOWN

GALLAGHER BENEFIT INSURANCE SERVICES INC	\$40,760.00	\$5,098.89	\$0.00	\$1,430.32
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OTHER COMMISSION *

GALLAGHER BENEFIT INSURANCE SERVICES INC	\$11,875.00
--	-------------

* This includes Bonus and Persistency Commissions paid to broker by BCBSMA; not billed to Account

Copies: 1 - Sales Executive, 1 - File Copy, 1 - Group

The above information is intended to help you complete the Form 5500, Schedule A and C. If you require additional information information please contact your representative at BCBSMA.



Sun Life Assurance
Company of Canada

SC3238
One Sun Life Executive Park
96 Worcester Street
Wellesley Hills, MA 02481-5699
email: ebg_commissions@sunlife.com
Tel: 1-800-440-1311

VIRTUAL INCORPORATED
ATTN: BENEFIT ADMINISTRATOR
401 EDGEWATER PL
SUITE 600
WAKEFIELD, MA 01880

MAR 18 2025

March 05, 2025

Re: Schedule A (Form 5500) Insurance Information and Schedule C (Form 5500) Service Provider Information
Group Policy Number: 957969

Dear Valued Customer:

We are sending you the enclosed information to assist you in completing Schedule A/C, of IRS/DOL/PBGC Form 5500. We are providing Schedule A/C information to you because we cannot be certain whether or not you require it. Sun Life does not administer your plan and cannot provide tax and legal advice regarding your plan or policies. Please let us know in writing if you do not file a Schedule A/C of Form 5500 and you do not wish to receive this information in the future. We will not resume Schedule A/C reporting with respect to the above-referenced policy unless you otherwise notify us in writing.

The enclosed information includes all the premiums and/or fees we received, as well as all commissions paid to your broker. The commission information may include:

- Base commissions which are policy specific and are included in the policy rate(s).
- Override commissions (sometimes referred to as special payments, or program management fees) which are also policy specific and generally are included in the policy rate(s).
- Bonus commission and producer conference fees which are not policy specific. They are paid based upon the anticipated annual premiums of all your broker's or administrator's policies with us. The amount of the bonus that is paid to your broker and attributable to your policy is determined by allocating the total bonus amount for the calendar year in proportion to the anticipated annual premium associated with each policy used in the calculation of the total bonus amount. Bonus payments are a company operating expense and, thus, are not directly reflected in the policy rate(s).

During the course of the year, Sun Life sales and other personnel may engage in various activities with the insurance producers connected with your ERISA plan, such as "lunch and learn" meetings, restaurant meals, attending sporting events, and/or playing golf. Generally, these activities are intended to establish or strengthen the business relationship between the Sun Life sales personnel and the insurance producers and are not provided as a compensatory payment attributable to the plan's insurance contract or to the non-insurance services being provided to the plan. Accordingly, we are not reporting such expenses unless we have determined both that a particular expense is in fact a compensatory payment and exceeds the insubstantial value reporting threshold described in the Form 5500 instructions.

The enclosed should not be used for commission and/or premium reconciliation, it is strictly for Schedule A/C Form 5500 filing purposes. If you have any questions concerning this letter or enclosed information, please contact us via the above listed information.

Sincerely,
Broker Services

CC. Gallagher Benefit Services Inc

Enclosure

5500 Schedule A Insurance Information

Name		Policy/Account Number	Date	
Virtual Incorporated 401 Edgewater Pl Suite 600 Wakefield, MA 01880		957969	03/05/2025	
Name of insurance carrier	EIN (Insurance Carrier)	NAIC code	Policy or Contract Year	
			From	To
Sun Life Assurance Company of Canada	38-1082080	80802	01/01/2024	12/31/2024
Contract or identification number	SEE ABOVE #	Approximate number of persons covered at end of policy or contract year		87
Insurance fees and commissions paid to agents, brokers, and other persons:				
Total Amount of commissions paid \$0.00				
Name and address of the agents, brokers or other persons to whom commissions or fees paid Gallagher Benefit Services Inc 2850 Golf Rd 5th Fl Rolling Meadows, IL 60008	Bonuses and additional payments paid ²			Organization Code 3
	Type of Benefit	Bonus Amount ¹	Additional Payments	
	PFL	\$1,075.90	\$0.00	
Comments :				
Premiums/Fees for the time period shown above.				
¹ Bonus paid to producer for period 01/01/2023 to 12/31/2023				
² Bonus has been pro-rated based on the premium.				
³ Base Commissions paid to producer during the time period shown above.				
Any questions in regards to commissions, bonus or awards should be directed to your producer.				
Pursuant to 29 CFR 2520.103-5(c), Sun Life Assurance Company of Canada certifies that the statements above are complete and accurate.				
The information reported above is for informational purposes only. It is not to be relied upon for amounts that may be due and owing with respect to the Policy.				
If you have questions regarding your filing obligations, please consult with your legal and/or tax advisor.				

5500 Schedule C Insurance Information

Name		Plan/Contract Number	Date	
Virtual Incorporated 401 Edgewater Pl Suite 600 Wakefield, MA 01880		957969	03/05/2025	
Name of insurance carrier	EIN (Insurance Carrier)	NAIC code	Policy or Contract Year	
			From	To
Sun Life Assurance Company of Canada	38-1082080	80802	01/01/2024	12/31/2024
Contract or identification number	SEE ABOVE #	Approximate number of persons covered at end of policy or contract year		N/A
Insurance fees and commissions paid to agents, brokers, and other persons:				
Total Amount of commissions paid \$431.49				
Name and address of the agents, brokers or other persons to whom commissions or fees paid Gallagher Benefit Services Inc 2850 Golf Rd 5th Fl Rolling Meadows, IL 60008	Amount of commissions paid		Organization Code 12	
	Type of Benefit	Base Commission³		
	MA PFML	\$142.69		
	MA PFML ASO	\$288.80		
Total Fees received 01/01/2024 to 12/31/2024		Type of Benefit	Gross Premium	
		MA Paid Family and Medical Leave	\$5,776.09	
		Total	\$5,776.09	
Comments :				
Premiums/Fees for the time period shown above.				
¹ Bonus paid to producer for period 00/00/0000 to 00/00/0000				
² Bonus has been pro-rated based on the premium.				
³ Base Commissions paid to producer during the time period shown above.				
Any questions in regards to commissions, bonus or awards should be directed to your producer.				
Pursuant to 29 CFR 2520.103-5(c), Sun Life Assurance Company of Canada certifies that the statements above are complete and accurate.				
The information reported above is for informational purposes only. It is not to be relied upon for amounts that may be due and owing with respect to the Policy.				
If you have questions regarding your filing obligations, please consult with your legal and/or tax advisor.				

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Sun Life

One Sun Life Executive Park
Wellesley Hills, MA 02481-5699



997678040100

GALLAGHER BENEFIT SERVICES INC
980 WASHINGTON ST
SUITE 325
DEDHAM, MA 02026



Sun Life Assurance
Company of Canada

SC3238
One Sun Life Executive Park
96 Worcester Street
Wellesley Hills, MA 02481-5699
email: eb_g_commissions@sunlife.com

MAR 13 2025

VIRTUAL INCORPORATED
ATTN: BENEFIT ADMINISTRATOR
401 EDGEWATER PL
SUITE 600
WAKEFIELD, MA 01880

Tel: 1-800-440-1311

March 05, 2025

Re: Schedule A (Form 5500) Insurance Information and Schedule C (Form 5500) Service Provider Information
Group Policy Number: 957968

Dear Valued Customer:

We are sending you the enclosed information to assist you in completing Schedule A/C, of IRS/DOL/PBGC Form 5500. We are providing Schedule A/C information to you because we cannot be certain whether or not you require it. Sun Life does not administer your plan and cannot provide tax and legal advice regarding your plan or policies. Please let us know in writing if you do not file a Schedule A/C of Form 5500 and you do not wish to receive this information in the future. We will not resume Schedule A/C reporting with respect to the above-referenced policy unless you otherwise notify us in writing.

The enclosed information includes all the premiums and/or fees we received, as well as all commissions paid to your broker. The commission information may include:

- Base commissions which are policy specific and are included in the policy rate(s).
- Override commissions (sometimes referred to as special payments, or program management fees) which are also policy specific and generally are included in the policy rate(s).
- Bonus commission and producer conference fees which are not policy specific. They are paid based upon the anticipated annual premiums of all your broker's or administrator's policies with us. The amount of the bonus that is paid to your broker and attributable to your policy is determined by allocating the total bonus amount for the calendar year in proportion to the anticipated annual premium associated with each policy used in the calculation of the total bonus amount. Bonus payments are a company operating expense and, thus, are not directly reflected in the policy rate(s).

During the course of the year, Sun Life sales and other personnel may engage in various activities with the insurance producers connected with your ERISA plan, such as "lunch and learn" meetings, restaurant meals, attending sporting events, and/or playing golf. Generally, these activities are intended to establish or strengthen the business relationship between the Sun Life sales personnel and the insurance producers and are not provided as a compensatory payment attributable to the plan's insurance contract or to the non-insurance services being provided to the plan. Accordingly, we are not reporting such expenses unless we have determined both that a particular expense is in fact a compensatory payment and exceeds the insubstantial value reporting threshold described in the Form 5500 instructions.

The enclosed should not be used for commission and/or premium reconciliation, it is strictly for Schedule A/C Form 5500 filing purposes. If you have any questions concerning this letter or enclosed information, please contact us via the above listed information.

Sincerely,
Broker Services

CC. Gallagher Benefit Services Inc

Enclosure

5500 Schedule A Insurance Information

Name		Policy/Account Number	Date		
Virtual Incorporated 401 Edgewater Pl Suite 600 Wakefield, MA 01880		957968	03/05/2025		
Name of insurance carrier	EIN (Insurance Carrier)	NAIC code	Policy or Contract Year		
			From	To	
Sun Life Assurance Company of Canada	38-1082080	80802	01/01/2024	12/31/2024	
Contract or identification number	SEE ABOVE #	Approximate number of persons covered at end of policy or contract year		151	
Insurance fees and commissions paid to agents, brokers, and other persons:					
Total Amount of commissions paid \$9,197.80					
Name and address of the agents, brokers or other persons to whom commissions or fees paid Gallagher Benefit Services Inc 2850 Golf Rd 5th Fl Rolling Meadows, IL 60008	Amount of commissions paid			Organization Code 3	
	Type of Benefit	Base Commission¹			
	Accident Insurance	\$249.73			
	Critical Illness	\$503.37			
	Hospital Indemnity	\$248.29			
	Life	\$798.50			
	LTD	\$3,632.83			
	STD	\$109.57			
	Voluntary Life	\$3,655.51			
	Bonuses and additional payments paid³				
	Type of Benefit	Bonus Amount²	Additional Payments		
	Accident Insurance	\$26.25	\$0.00		
	Employee Basic Life	\$161.04	\$0.00		
	Employee Critical Illness	\$97.06	\$0.00		
Employee Voluntary Life	\$322.66	\$0.00			
Hospital Indemnity	\$46.20	\$0.00			
LTD	\$703.83	\$0.00			
STD	\$1,455.13	\$0.00			

Total Premium received 01/01/2024 to 12/31/2024	Type of Benefit	Gross Premium
	Accident Insurance	\$1,555.55
	Basic Long Term Disability	\$29,724.23
	Child Critical Illness	\$34.20
	Child Voluntary Life	\$184.44
	Children Voluntary AD&D	\$34.80
	Employee AD&D	\$1,636.64
	Employee Basic Life	\$4,897.92
	Employee Critical Illness	\$4,406.75
	Employee Voluntary AD&D	\$2,574.60
	Employee Voluntary Life	\$17,372.84
	Hospital Indemnity	\$1,462.89
	Spouse Critical Illness	\$613.40
	Spouse Voluntary AD&D	\$339.43
	Spouse Voluntary Life	\$2,521.78
	Total	\$67,359.47

Comments:

Premiums/Fees for the time period shown above.

¹ Base Commissions paid to producer during the time period shown above.

² Bonus paid to producer for period 01/01/2023 to 12/31/2023

³ Bonus has been pro-rated based on the premium.

Any questions in regards to commissions, bonus or awards should be directed to your producer.

Pursuant to 29 CFR 2520.103-5(c), Sun Life Assurance Company of Canada certifies that the statements above are complete and accurate.

The information reported above is for informational purposes only. It is not to be relied upon for amounts that may be due and owing with respect to the Policy.

If you have questions regarding your filing obligations, please consult with your legal and/or tax advisor.

5500 Schedule C Insurance Information

Name	Plan/Contract Number	Date	
Virtual Incorporated 401 Edgewater Pl Suite 600 Wakefield, MA 01880	957968	03/05/2025	
Name of insurance carrier	EIN (Insurance Carrier)	NAIC code	Policy or Contract Year
Sun Life Assurance Company of Canada	38-1082080	80802	From 01/01/2024 To 12/31/2024
Contract or identification number	SEE ABOVE #	Approximate number of persons covered at end of policy or contract year	N/A
Insurance fees and commissions paid to agents, brokers, and other persons:			
Total Amount of commissions paid \$286.80			
Name and address of the agents, brokers or other persons to whom commissions or fees paid Gallagher Benefit Services Inc 2850 Golf Rd 5th Fl Rolling Meadows, IL 60008	Amount of commissions paid		Organization Code 12
	Type of Benefit	Base Commission¹	
	Sun Advisor	\$286.80	
Total Fees received 01/01/2024 to 12/31/2024	Type of Benefit	Gross Premium	
	Sun Advisor Full Service Advice to Pay (Mod 3)	\$5,735.86	
	Total	\$5,735.86	
Comments :			
Premiums/Fees for the time period shown above.			
¹ Base Commissions paid to producer during the time period shown above.			
² Bonus paid to producer for period 00/00/0000 to 00/00/0000			
³ Bonus has been pro-rated based on the premium.			
Any questions in regards to commissions, bonus or awards should be directed to your producer.			
Pursuant to 29 CFR 2520.103-5(c), Sun Life Assurance Company of Canada certifies that the statements above are complete and accurate.			
The information reported above is for informational purposes only. It is not to be relied upon for amounts that may be due and owing with respect to the Policy.			
If you have questions regarding your filing obligations, please consult with your legal and/or tax advisor.			

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Sun Life

One Sun Life Executive Park
Wellesley Hills, MA 02481-5699



9976799501000

GALLAGHER BENEFIT SERVICES INC
980 WASHINGTON ST
SUITE 325
DEDHAM, MA 02026



GIS - 5500 Report

Group: 25424
Carrier: 90421
From: 1/1/2024 to 12/31/2024
4/17/2025 3:13:34 PM

Year	Prepared For	Carrier	FEIN	NAIC Code	Contract Number	Benefit Name	Approx of Persons Covered at Year End	Period Start	Period End
2024	Virtual, Inc	MetLife Legal Plans	341650967	00000		ML3 Pre-Paid Legal + 20 Hrs	18	1/1/2024	12/31/2024



GIS - 5500 Report

Group: 25424

Carrier: 90421

From: 1/1/2024 to 12/31/2024

4/17/2025 3:13:34 PM

Total Amount of Commissions Paid	Total Amount of Fees Paid to Boon Chapman	Total Amount of Commissions Paid to GIS	Total Amount of Premium Paid
\$455.62	\$227.81	\$829.73	\$4,545.75



GIS - 5500 Report

Group: 25424

Carrier: 90421

From: 1/1/2024 to 12/31/2024

4/17/2025 3:13:34 PM

Payee Name	Payee Address	Payee City	Payee State	Payee Zip	Benefit Name	Amount of Base Commissions Paid	Fees and Other Commissions Paid
BOON-CHAPMAN Benefit	PO Box 9201, BLDG I; Suite 100	Austin	TX	78766	ML3 Pre-Paid Legal + 20 Hrs	\$0.00	\$227.81
Benefit Services, Inc	P.O. Box 95287,	Chicago	IL	60694	ML3 Pre-Paid Legal + 20 Hrs	\$455.62	\$0.00
GIS National	9500 Koger Ave Ste 200,	St. Petersburg	FL	33702	ML3 Pre-Paid Legal + 20 Hrs	\$829.73	\$0.00



GIS - 5500 Report

Group: 25424
Carrier: 90421
From: 1/1/2024 to 12/31/2024
4/17/2025 3:13:34 PM

Benefit and Contract Type	Total Premiums or Subscription Charges Paid to Carrier	Total Commissions Paid to Broker(s)	Total Commissions Paid to GIS	Total Fees Paid to Boon Chapman	Total Premiums Paid by Product
MIS Pre-Paid Local 20 Hrs	\$3,032.59	\$455.62	\$829.73	\$227.81	\$4,545.75