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
HEALTH & WELFARE PLAN FOR EMPLOYEES OF CBT ARCHITECTS

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 08/01/2007

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)
CBT/CHILDS BERTMAN TSECKARES INC.

ONE CONSTITUTION ROAD
SUITE 200
BOSTON, MA 02129

2b Employer Identification Number (EIN) 04-2429873

2c Plan Sponsor's telephone number 617-646-5207

2d Business code (see instructions) 541310

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.	07/22/2025	KATE FINN
	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**	145
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)**	140
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	121
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	124
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 3
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
HEALTH & WELFARE PLAN FOR EMPLOYEES OF CBT ARCHITECTS

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
CBT/CHILDS BERTMAN TSECKARES INC.

D Employer Identification Number (EIN)
04-2429873

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
PRUDENTIAL

(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
22-1211670	68241	71499	121	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
11023	28

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

BROWN & BROWN OF MASSACHUSETTS
980 WASHINGTON STREET
SUITE 325
DEDHAM, MA 02026

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
11023			3

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

IMG
2960 NORTH MERIDIAN ST
INDIANAPOLIS, IN 46208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	28	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** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [X] 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** [X] Other (specify) ▶ ACCIDENTAL DEATH & DISMEMBERMENT

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**	131222
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
HEALTH & WELFARE PLAN FOR EMPLOYEES OF CBT ARCHITECTS

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
CBT/CHILDS BERTMAN TSECKARES INC.

D Employer Identification Number (EIN)
04-2429873

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

(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	4933227	189	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
60256	12800

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

BROWN & BROWN OF MASSACHUSETTS
980 WASHINGTON STREET
SUITE 325
DEDHAM, MA 02026

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60256	12800	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	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** [ ] 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** [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**	1518896
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
HEALTH & WELFARE PLAN FOR EMPLOYEES OF CBT ARCHITECTS

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
CBT/CHILDS BERTMAN TSECKARES INC.

D Employer Identification Number (EIN)
04-2429873

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
FIDELITY SECURITY LIFE INSURANCE COMPANY- EYEMED VISION

(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
43-0949844	71870	98539201001	122	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
698	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

BROWN & BROWN OF MASSACHUSETTS LLC
980 WASHINGTON STREET
SUITE 325
DEDHAM, MA 02026

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
698			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**	9229
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. ▶

Blue Cross Blue Shield of Massachusetts, Inc.

FULLY INSURED #5500A WORKSHEET

ACCOUNT NAME: Childs Bertman Tseckares Archi
ACCOUNT #: 4933227
PERIOD: 01/01/2024 - 12/31/2024 @ 03/31/2025
NAIC CODE: 53228
EIN CODE: 04-1045815

	MEDICAL	DENTAL	SENIOR
LAST MONTH OF PERIOD ENROLLMENT			
Employees	92	92	0
Employee & Dependents	189	188	0
PREMIUM			
Total Premium	$1,410,257	$108,639	$0
BENEFIT CHARGES			
Incurred Claims	$0	$0	$0
Incurred But Not Reported	$0	$0	$0
Claims Charged	$0	$0	$0
RETENTION ALLOCATION			
Base Commission	$55,792	$4,464	$0
Taxes	$0	$0	$0
Other Retention Charges	$0	$0	$0

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: Childs Bertman Tseckares Archi
ACCOUNT #: 4933227
PERIOD: 01/01/2024 - 12/31/2024 @ 03/31/2025
NAIC CODE: 53228
EIN CODE: 04-1045815

	MEDICAL	DENTAL	SENIOR
COMMISSION BREAKDOWN			
BROWN & BROWN OF MA LLC	$25,984.00	$1,819.39	$0.00
Brown & Brown Insurance Services, Inc	$29,808.00	$2,644.76	$0.00
	$55,792.00		

OTHER COMMISSION *	
Brown & Brown Insurance Services, Inc	$12,880.00

* 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.

Vision Insurance Information For Form 5500

Information Compiled By: EyeMed Vision Care on behalf of the Fidelity Security Life Insurance Company

Report Start Date	Report End Date
1/1/24	12/31/24

Report Generated: 6/24/25

Payments Received by carrier from plan or plan sponsor:

Name of Plan	Contract or ID #	Enrollment Group	Approximate number of subscribers covered at end of policy or contract year:	Approximate number of subscribers and dependents covered at end of policy or contract year:	EIN	NAIC		Amount
CBT CHILDS BERTMAN TSECKARES INC	98539201001	CBT CHILDS BERTMAN TSECKARES INC	68	116	430949844	71870		$8,874.19
CBT CHILDS BERTMAN TSECKARES INC. COBRA	10323511001	CBT CHILDS BERTMAN TSECKARES INC. COBRA	3	6	430949844	71870		$354.97
			71	**122**			**Total:**	**$9,229.16**

Commissions or fees paid by carrier to agents, brokers or other persons:

Payee Name	Contract or ID #	Address Line 1	City	State	Zip Code		Amount
Brown & Brown Insurance Services, Inc. -	10323511001	980 Washington St Suite 325	Dedham	MA	02026		$1.19
Brown & Brown Insurance Services, Inc. -	98539201001	980 Washington St Suite 325	Dedham	MA	02026		$62.07
Brown & Brown of MA	10323511001	P.O. Box 745949	Atlanta	GA	30374-5949		$26.59
Brown & Brown of MA	98539201001	P.O. Box 745949	Atlanta	GA	30374-5949		$608.25
						Total:	**$698.10**

Note: Payments and applicable fees or commissions related to the plan or plan sponsor, which are not paid and posted within the date range provided above, are not included in this report. Instead, such payments will be included in prior or subsequent Schedule A reporting, as appropriate. Payments and applicable fees or commissions may vary from the carrier's billed amounts.

The Prudential Insurance Company of America
Group Insurance
Client Operations Service Center
P.O. Box 7827
Philadelphia, PA 19176

April 22, 2025

Emme Sloman
Staff Accountant and Workforce Planner
CBT / Childs Bertman Tseckares Inc.
One Constitution Plaza Suite 200
Boston, MA 02129

RE: ERISA for CBT / Childs Bertman Tseckares Inc.
Control Number: 71499

Dear Emme Sloman:

The annual financial review of your Group Insurance Plan has been completed.

Enclosed is the financial data on your group policy. This information will be needed for completion of the Annual Report required by ERISA.

Our toll free number, which can be accessed between 8:00 AM and 8:00 PM EST, Monday through Friday, is 888-598-5671. Please feel free to call this number should you need any assistance.

Sincerely,

Client Operations Service Center
The Prudential Insurance Company of America

Prudential

REPORT AS OF - 4/21/2025

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic Life Insurance	121	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	11,191
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF 4/19/2025**

Prudential

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Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic AD&D Insurance	121	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	2,049
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 2 above, report amount		$	0

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EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Long-Term Disability	121	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	23,335
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 2 above, report amount		$	0

Specify nature of costs.....

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Prudential

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Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Short-Term Disability	121	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	7,502
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

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Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

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Prudential

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Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
New York DBL	2	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	86
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF 4/19/2025**

Prudential

REPORT AS OF - 4/21/2025

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
New Jersey TDB	1	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	152
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF 4/19/2025**

Prudential

REPORT AS OF - 4/21/2025

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
New York Paid Family Leave	2	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	658
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF 4/19/2025**

Prudential

REPORT AS OF - 4/21/2025

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
MA Paid Family Leave	117	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	15,059
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 2 above, report amount		$	0

Specify nature of costs.....

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Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

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Prudential

REPORT AS OF - 4/21/2025

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

CBT / Childs Bertman Tseckares Inc.

1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		**71499**
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
MA Paid Medical Leave	117	1/1/2024	12/31/2024	SEE FORM GRP 27722

* The date liability ended for this benefit.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	71,190
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF 4/19/2025**

Prudential

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974
ANNUAL REPORT SCHEDULE A(Form 5500) -
Insurance Information
(Insured Welfare Plan Commission Information)

Name of plan **CBT / Childs Bertman Tseckares Inc.**

For policy or contract year beginning **1/1/2024** and ending **12/31/2024**

1(d)Contract number or Identification	2 Insurance fees and commissions paid to general agents, brokers or other persons: (a) Name and address of each recipient of fees or commissions	(b) Amount of commissions paid	(c) Amount of fees paid	(d) Purpose for which paid	(e) Organization code
71499	BROWN & BROWN INSURANCE SERVICES INC SUITE 325 980 WASHINGTON STREET DEDHAM, MA 2026	$9,584		Sales and Service Compensation	3
71499	BROWN & BROWN INSURANCE SERVICES INC SUITE 325 980 WASHINGTON STREET DEDHAM, MA 2026	$1,439		Supplemental Commission	3
71499	IMG 2960 North Meridian Street Indianapolis, IN 46208		$28	Third Party Administration Fee	5

Includes amounts paid to general agents, other agents, brokers, or other persons. Fees include administrative fees, service fees and payments other than commissions reported in (c), for services, expenses, or other reasons which are paid to a policyholder, agent, broker, or other individual or firm.

Prudential hereby certifies that the foregoing is complete and accurate:

Keith Krelovich, Director, Treasury
The Prudential Insurance Company of America

GRP 27722 - Rev 1999

Prudential

REPORT AS OF - 4/21/2025

Insurance Information For ANNUAL REPORT SCHEDULE C (Form 5500) - Service Provider Information
Employee Retirement Income Security Act of 1974 (ERISA)

5500 SCHEDULE C REPORTING MODULE

Information For FORM 5500 SCHEDULE C: Service Provider Information

Name of plan:	Contract number or identification:	Period Covered From	To
CBT / Childs Bertman Tseckares Inc.	71499	1/1/2024	12/31/2024

Service Provider and Fee Information

1. Name and EIN or address of person who provided disclosures on eligible indirect compensation (Provided as separate attachment)

Name	EIN
Prudential Insurance Company of America	22-1211670

2. Information on Service Providers Receiving Direct or Indirect Compensation, Other Than Eligible Indirect Compensation.

a. Direct Compensation Paid by the Plan

Name and EIN or address of service provider/payee	Nature of service	Type of Service	Amount of fee

b. Indirect Compensation, Other Than Eligible Indirect Compensation

Name and EIN or address of service provider/payee	Name and EIN (or address) of payor	Amount of fee (or formula)	Nature of service
ComPsych 35-3739783	Prudential Insurance Company of America 22-1211670	$985	Third Party Administration Fees

Prudential

REPORT AS OF - 4/21/2025

Insurance Information For ANNUAL REPORT SCHEDULE C (Form 5500) - Service Provider Information
Employee Retirement Income Security Act of 1974 (ERISA)

5500 SCHEDULE C REPORTING MODULE

Information For FORM 5500 SCHEDULE C: Service Provider Information

Name of plan:	Contract number or identification:	Period Covered From	To
CBT / Childs Bertman Tseckares Inc.	71499	1/1/2024	12/31/2024

ATTACHMENT 1 - DISCLOSURE ON SERVICE PROVIDERS RECEIVING ELIGIBLE INDIRECT COMPENSATION

Name and EIN or address of person who provided disclosures on eligible indirect compensation:
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA,
EIN 22-1211670

Name of plan:	Contract number or identification:	Period Covered From	To

Eligible Indirect Compensation:

Name of service provider/payee	Name of payor	Amount of fee or formula	Nature of service

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.