

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>SERVICE BENEFIT TRUST FUND WELFARE BENEFIT PLAN</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>SERVICE BENEFIT TRUST FUND</u></p> <p><u>1900 S CARSON ST</u> <u>CARSON CITY, NV 89701-5261</u></p>	<p>1c Effective date of plan <u>10/01/2023</u></p> <p>2b Employer Identification Number (EIN) <u>93-6527140</u></p> <p>2c Plan Sponsor's telephone number <u>775-882-1565</u></p> <p>2d Business code (see instructions) <u>813000</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.	07/22/2025	JULIE ANN EVANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2025	JULIE ANN EVANS
	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 CARSON CITY CHAMBER OF COMMERCE c Plan Name SERVICE BENEFIT TRUST FUND WELFARE BENEFIT PLAN	4b EIN 88-0067398	
	4d PN 501	
5 Total number of participants at the beginning of the plan year	5 97	
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) 97	
	6a(2) 1088	
	6b	
	6c	
	6d 1088	
	6e	
	6f 1088	
	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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

Receipt Confirmation Code 163257418

**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 SERVICE BENEFIT TRUST FUND WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SERVICE BENEFIT TRUST FUND		D Employer Identification Number (EIN) 93-6527140

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
HOMETOWN HEALTH PLAN, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
88-0231433	95350	CCCSERHMO	1137	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 247639	(b) Total amount of fees paid 22540
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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

AHP EXPERTS NV CC, LLC
825 ARLINGTON COURT
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50344	0	N/A	3

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

L/P INSURANCE SERVICES LLC
9918 BLUE VILLA COURT
LAS VEGAS, NV 89178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29682	0	N/A	3

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

HEALTH BENEFITS ASSOCIATES 3716 LAKESIDE DRIVE SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27330	0	N/A	3

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

ASSURED PARTNERS OF NEVADA LLC 5340 KIETZKE LANE SUITE 201
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25058	0	N/A	3

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

SERVICE BENEFIT TRUST FUND 1900 S. CARSON ST.
CARSON CITY, NV 89701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	22540	SERVICE CONTRACT FEES	5

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

MFG BENEFITS LLC 1325 AIRMOTIVE WAY SUITE 390
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16856	0	N/A	3

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

JOHN COBBEY PO BOX 135
SILVER CITY, NV 89428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14084	0	N/A	3

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

PROSESSION INC 1 EAST LIBERTY SUITE 600
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13300	0	N/A	3

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

REX WILLIAMS 3740 BRANT ST.
RENO, NV 89508

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9800	0	N/A	3

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

SHANNON AUBLE 1990 CALIFORNIA AVE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8708	0	N/A	3

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

MM INSURANCE AGENCY LLC 2088 FOREST GROVE LN
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8680	0	N/A	3

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

ACS BUSINESS INSURANCE SERVICES 3724 LAKESIDE DR SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7466	0	N/A	3

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

A AND H INSURANCE INC 3301 S VIRGINIA ST
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6494	0	N/A	3

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

EMPLOYER BENEFITS 31 KEYSTONE AVE
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6188	0	N/A	3

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

MICHAEL WALLACE 50 W LIBERTY ST STE 500
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5572	0	N/A	3

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

JEWELS BENEFITS INC. 1027 LADERA DRIVE
CARSON CITY, NV 89701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3472	0	N/A	3

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

LAURIE MCLELLAND P.O. BOX 34570
RENO, NV 89533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2660	0	N/A	3

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

CK INSURANCE SERVICES INC

4795 CAUGHLIN PKWY SUITE 200
RENO, NV 89519

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2324	0	N/A	3

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

DILLON HEALTH LLC

329 FLINT ST
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2184	0	N/A	3

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

HENDRICKS ASSOCIATES INC.

190 W. HUFFAKER LANE SUITE 403
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1792	0	N/A	3

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

THE LAZZARONE GROUP LLC

3716 LAKESIDE DR. #200
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1092	0	N/A	3

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

DIGITAL INSURANCE

200 GALLERIA PARKWAY #1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1064	0	N/A	3

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

AWAREGOLD INC 445 APPLE ST #110
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
868	0	N/A	3

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

R J INSURANCE SERVICES LLC 5476 RENO CORPORATE DR
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
700	0	N/A	3

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

AARDVARK INSURANCE OF NEVADA 4600 KIETZKE LANE #A-105
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
672	0	N/A	3

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

MIKE DANIEL INSURANCE AGENCY INC. 5470 S. KIETZKE LN. #300
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
672	0	N/A	3

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

VICTORIA TRIPP 1221 ALDERTON LANE
LAS VEGAS, NV 89144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
364	0	N/A	3

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

ASSET SOLUTIONS GROUP INC

825 ARLINGTON COURT
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
120	0	N/A	3

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

NEVADA INSURANCE AGENCY CO

3724 LAKESIDE DR #100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93	0	N/A	3

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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	2629460
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 SERVICE BENEFIT TRUST FUND WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SERVICE BENEFIT TRUST FUND		D Employer Identification Number (EIN) 93-6527140

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
HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, 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
88-0177026	48305	CCCSERPPO	516	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 109715	(b) Total amount of fees paid 9504
--	---

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
AHP EXPERTS NV CC, LLC **825 ARLINGTON COURT**
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20896	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KAREN DURST **2323 HOLCOMB RANCH LANE**
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15120	0	N/A	3

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

ASSURED PARTNERS OF NEVADA LLC 5340 KIETZKE LANE SUITE 201
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14790	0	N/A	3

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

A AND H INSURANCE INC 3301 S VIRGINIA ST
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10200	0	N/A	3

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

SERVICE BENEFIT TRUST FUND 1900 S. CARSON ST.
CARSON CITY, NV 89701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	9504	SERVICE CONTRACT FEES	5

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

HEALTH BENEFITS ASSOCIATES 3716 LAKESIDE DRIVE SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7533	0	N/A	3

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

JOHN COBBEY PO BOX 135
SILVER CITY, NV 89428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6356	0	N/A	3

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

ACS BUSINESS INSURANCE SERVICES

3724 LAKESIDE DR SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5828	0	N/A	3

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

EMPLOYER BENEFITS

31 KEYSTONE AVE
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5012	0	N/A	3

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

NEVADA INSURANCE AGENCY CO

3724 LAKESIDE DR #100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4712	0	N/A	3

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

MFG BENEFITS LLC

1325 AIRMOTIVE WAY SUITE 390
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3220	0	N/A	3

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

LAURIE MCLELLAND

P.O. BOX 34570
RENO, NV 89533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2828	0	N/A	3

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

DILLON HEALTH LLC 329 FLINT ST
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2688	0	N/A	3

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

L/P INSURANCE SERVICES LLC 9918 BLUE VILLA COURT
LAS VEGAS, NV 89178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2448	0	N/A	3

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

NORTHERN NEVADA INSURANCE AGENCY 592 CALIFORNIA AVE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1960	0	N/A	3

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

PROSESSION INC 1 EAST LIBERTY SUITE 600
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1764	0	N/A	3

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

LAUGHTON COMPANY 140 WASHINGTON STREET #100
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1372	0	N/A	3

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

DIGITAL INSURANCE 200 GALLERIA PARKWAY #1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
840	0	N/A	3

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

MM INSURANCE AGENCY LLC 2088 FOREST GROVE LN
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
840	0	N/A	3

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

MICHAEL WALLACE 50 W LIBERTY ST STE 500
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
476	0	N/A	3

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

ASSET SOLUTIONS GROUP INC 825 ARLINGTON COURT
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
328	0	N/A	3

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

DISTINCTIVE INS, ALERA GROUP AGENCY 9555 HILLWOOD DR. #140
LAS VEGAS, NV 89134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
224	0	N/A	3

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

MENATH INS AN ALERA GROUP AGENCY

1325 AIRMOTIVE WAY SUITE 320
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
196	0	N/A	3

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

DL BUTCHER CONSULTING LLC

415 CHURCH ST. #2302
NASHVILLE, TN 37219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84	0	N/A	3

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

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions 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.
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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. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <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	1448310
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. ▶

Multiple-Employer Welfare Plan Participating Employer Information
Service Benefit Trust Fund Welfare Benefit Plan
EIN: 93-6527140, Plan Number: 501
Plan Year Ending 12/31/2024

Name of Participating Employer	EIN	Percent of Total Contributions
684 INCORPORATED	46-1363412	0.07%
A MASTER MECHANIC	30-0474157	0.79%
ACM ENTERPRISES INC	45-5637721	0.04%
ADVANCED AESTHETIC PLASTIC SURGERY LTD PHILLIP E D	88-0511632	0.03%
ADVANCED DENTISTRY BY DESIGN	20-8092093	2.17%
AIMEE N SNELL DDS MS PC DBA BIG BLUE PEDIATRIC DENTIS	81-3704210	0.22%
AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	94-2225784	0.23%
AK FITZPATRICK & CO LLC DBA ONE WORLD CHILDRENS ACAI	46-2421423	0.07%
AKC VENTURES LLC	85-4107040	0.28%
ALL AMERICAN LOCK & SAFE INC	26-1636860	0.09%
ANDERSON KEUSCHER PLLC	45-4870480	0.70%
ANTHONY J. MATTIOLI DDS LTD	88-0115999	0.09%
APPLIED HYDROLOGIC LTD	84-4319247	0.64%
ARRIGHI, BLAKE & ASSOCIATES LLC	27-4646615	0.10%
ASSET MANAGEMENT GROUP LLC	76-0706858	0.33%
AWAREGOLD INC	47-4092211	0.06%
B. NEUGEBAUER, D.K. FOLGNER, C. MCELROY DBA RENO DEN	88-0122578	0.86%
BAILEY CHARTER ELEMENTARY SCHOOL	88-0497331	0.96%
BAR2K INC DBA ALL ABOUT KIDS LEARNING CENTER	03-0587430	0.78%
BATTLE BORN EXPRESS, INC	46-0793336	1.52%
BEER NV LLC	47-3432459	0.05%
BEST JANITORIAL SERVICES	88-0272883	1.47%
BIG DOG WHEEL AND TIRE LLC	83-1029794	0.25%
BLAKE EXPRESS INC	20-2158255	1.70%
BRANCOLE ENTERPRISES INC	47-3434784	0.79%
BRANDED PLANET LLC	27-0325844	1.20%
CAMPBELLS CARPET OF NEVADA INC	20-8072651	1.03%
CARE CHEST OF SIERRA NEVADA	94-3118373	1.92%
CENTER FOR ADVANCED EYE CARE LLC	88-0422211	0.39%
CENTER OF HOPE	36-4572218	1.66%
CENTERFIELD ENTERPRISES LLC DBA DICUS FAMILY DENTISTR	45-2218711	0.10%
CHALK CONCEPTS LLC	93-3291689	0.13%
CHOICES FOR ALL LLC	27-4712604	0.93%
CLINT D DUROCHER INSURANCE AGENCY INC	46-2887495	0.03%
COLLETTI MD PC DBA ASPEN PEDIATRICS	88-0231460	0.21%

Name of Participating Employer	EIN	Percent of Total Contributions
COMMUNITY CHEST INC	88-0266600	6.07%
CREATIVE HOT TUB DESIGNS LLC	10-3836137	0.70%
CROSS CHECK AVIATION	88-0415910	3.35%
CUPIT MILLIGAN OGDEN & WILLIAMS	88-0189498	1.13%
CYPRESS SYSTEMS INC	86-0847917	0.11%
DBR HOLDINGS LLC DBA ROSE LAW OFFICE	88-0390422	0.34%
DENTAL ARTE STUDIO INC	47-2807545	0.52%
DESIGN FINANCIAL	51-0675113	0.35%
DIGITAL SOLID STATE PROPULSION INC	46-4347916	0.17%
DR TEETH LTD	99-4055433	0.06%
DRIVELINE & GEAR SERVICES	88-0111081	0.18%
ENDODONTIC ASSOCIATES, PLLC, ZEFF & CERCEK	20-1384426	0.14%
EPIC BRAIN CENTERS LLC	85-4201818	0.62%
EVANS, NELSON & COMPANY	83-4379094	0.16%
FAMILY HEALTH CARE	73-1630393	0.05%
FERRARI LUND REAL ESTATE INC	88-0239426	1.43%
FG F INC DBA VALLEY PROPANE	88-0382147	0.18%
FLOSS DENTAL BOUTIQUE	82-1068725	0.29%
GARDNERVILLE WATER CO	88-0142280	1.15%
GARRISON, WISKERCHEN & COATES LTD	47-3622602	0.24%
GARY P GILROY PUBLICATIONS	20-2342089	0.40%
GILBERT A. TRUJILLO, DDS APC/KELLIE J. MCGINLEY, DDS, PC	83-1553405	0.07%
GRACE COMMUNITY CHURCH OF RENO	88-0256896	6.33%
GREAT BASIN COMMUNITY FOOD COOPERATIVE INC	45-4091773	0.86%
GREATER RENO COMMUNITY ICE SKATING ASSOCIATION	46-5526756	0.51%
GREENHOUSE GARDEN CENTER INC	88-0144206	0.32%
HALLADOR INVESTMENT ADVISORS INC	20-1067389	2.70%
HEALING MINDS LLC	45-3655846	0.40%
HOLLINGER CHIROPRACTIC INC DBA 8 DIMENSIONS CHIROP	27-1821592	0.03%
HORNING LINGENFELTER & COMPANY LLP	26-1627825	1.45%
INDEPENDENT ORDER OF ODD FELLOWS RENO LODGE #14 D	88-0033650	0.66%
INNOVATEU LLC	81-1486816	0.33%
ISLEEP, LLC	82-3161315	2.14%
JACK COTE REAL ESTATE PC	81-2133168	0.76%
JACKSON & JACKSON CPAS LTD	81-4751082	0.32%
JK BELZ & ASSOCIATES INC	88-0476775	0.35%
JT ENTERPRISE	83-4463584	0.17%
JUNIPER HILL FURNITURE & ACCESSORIES INC	88-0468675	0.09%
K & R REAL ESTATE LLC	85-2677681	0.35%

Name of Participating Employer	EIN	Percent of Total Contributions
KLAICH ANIMAL HOSPITAL LTD	88-0108261	3.19%
LA TANA LLC	82-0661261	0.22%
LAW OFFICE OF SEAN P PATTERSON	27-3162141	0.19%
M.K. ENTERPRISES LLC	61-1998302	0.23%
MABBLE MEDIA LLC	46-5047647	0.73%
MACLEAN FINANCIAL GROUP, INC	88-0412743	0.29%
MASON & SMITH VALLEY CONSERVATION DISTRICT	88-0158125	0.54%
MATTHEW B MILLS MD LTD DBA EYE CARE PROFESSIONALS	56-2350282	0.67%
NDK SHOP LLC DBA THE HAMMER & NAILS SALON GROUP	92-1328266	0.73%
NEVADA AGENCY AND TRANSFER COMPANY	88-0038180	0.33%
NEVADA INSURANCE AGENCY	88-0038595	0.40%
NEVADA REALTORS	88-0117651	1.63%
NICOLE WIDDIS LAW PLLC DBA BITTNER & WIDDIS LAW	83-2381855	0.05%
NORTH EAST MEDICAL SERVICES	94-1722562	0.26%
NORTHERN NEVADA COIN & BULLION	88-0304193	0.57%
NOTE-ABLE MUSIC THERAPY SERVICES	86-1067227	0.09%
PALACE JEWELRY & LOAN CO	88-0102253	1.97%
PARIGINI ORTHODONTICS INC	26-3312613	0.11%
PEAK PET URGENT CARE LLC	93-2000682	0.62%
PERRY B YOUNG DDS LTD	88-0384667	0.20%
QUEST COUNSELING AND CONSULTING INC	71-0930980	4.56%
REAL WORLD CANINE LLC	83-0726753	0.31%
RENO BODY BARRE LLC	81-2868186	0.19%
RENO MOTOR SPORTS INC	88-0358013	0.24%
RENO PHILHARMONIC ASSOCIATION INC	94-2762076	0.58%
RENO PROPERTY MANAGEMENT LTD	88-0218850	0.35%
ROBERTSON AND KOENIG LTD DBA ROBERTSON & KOENIG O	88-0494659	0.72%
ROUGHT & ACCOUNTING LLC	92-1444512	0.22%
ROUNDS ENGINEERING LTD DBA CR ENGINEERING	20-0668493	0.67%
ROUTE RUNNERS-NV LLC	85-2363041	0.19%
RUTKOWSKI & FUNG, DDS, DMD, PLLC	88-0453845	1.71%
SAGE COLLECTIVE DBA THE LEARNING CONSULTANTS	82-0766847	0.10%
SALTERN INVESTMENTS	88-0466296	0.61%
SCHNEIDER DERMATOLOGY LLC DBA PACIFIC CREST DERMAT	88-4285679	0.19%
SIERRA CYCLESMITH LLC	80-0771799	0.14%
SIERRA NEVADA REAL ESTATE LLC	20-3619734	0.02%
ST. PAUL'S UNITED METHODIST CHURCH DBA NOAH'S ARK CI	88-0116749	0.20%
STEPHEN PALAZZOLO OD	88-0236990	0.68%
SUMMIT VIEW HOSPICE	46-0944672	0.56%

Name of Participating Employer	EIN	Percent of Total Contributions
SUTTON CONSULTING CO DBA CHANGING DYNAMICS POLITI	82-4306365	0.43%
TEK INSPECTIONS LLC	30-0362676	0.05%
THE AGAMAN CORPORATION	33-1172988	0.60%
THE CARPET TENDER	88-0255532	0.91%
THE POT LATCH SHOP	20-1980526	0.60%
THREE NATIONS MANAGEMENT CORPORATION	88-2491325	0.13%
TNT AUTOMOTIVE	72-1564064	0.57%
TOMAS G DE BRUIN DDS LTD DBA DE BRUIN DENTAL CENTER	88-0511231	0.07%
TRIAD SCHOOL	47-1167407	0.70%
TRUE NORTH TREATMENT CENTER LLC	47-5320063	0.45%
VILLAGE DENTAL PLLC	84-4711685	0.42%
VINTAGE CLASS MOTORCARS, INC	88-0237714	0.96%
VT SOLUTIONS INC	20-3042617	0.17%
WALKER RIVER IRRIGATION DISTRICT	88-6001610	2.25%
WESTERN INDUSTRIAL PARTS INC	88-0115300	1.41%
WHISPERING VINE WINE COMPANY	20-0309212	0.17%
WILD RIDE INC	88-0303965	1.29%
WILD WEST MOTORS	20-2636106	4.99%
WOODBURN AND WEDGE	88-0104505	0.84%
YOSHS UNIQUE DELI & CATERING CO LLC	27-3964199	0.19%
YVETTE KAUNISMAKI MD PC DBA MEMOR HEALTH	27-1585461	0.15%