

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2002
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)	1988
	6a(2)	1827
	6b	23
	6c	0
	6d	1850
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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 checked="" 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>1</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 135807182

**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 G&A OUTSOURCING, INC. DBA G&A PARTNERS EMPLOYEE BENEFIT PLAN		B Three-digit plan number (PN) ▶	506
C Plan sponsor's name as shown on line 2a of Form 5500 G&A OUTSOURCING, INC. DBA G&A PARTNERS		D Employer Identification Number (EIN) 76-0461926	

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
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3344605	2280	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 1216346	(b) Total amount of fees paid 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
G&A BENEFICIAL LLC
17220 KATY FWY
SUITE 350
HOUSTON, TX 77094

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
997401	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALLIANT INSURANCE SERVICES INC.
PO BOX 8299
PASADENA, CA 91109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
218945	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	

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

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

(a) Name and address of the agent, broker, or other person to whom commissions 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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	24327156
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

G&A Outsourcing Health and Welfare Plan
EIN - 76-0461926; CIGNA UT 506
Plan Year Ended: DECEMBER 31ST, 2024

Form 5500, Line A, Multiple Employer Plans - SCEC

Client Name	Tax-ID
A & I FLOOR COVERING INC	72-1528608
AEGIX GLOBAL, LLC	842952559
ALDER ELECTRIC LLC	42-1591320
ALPINE DERMATOLOGY AND LASER INC	20-5301384
ALPINE ENGINEERING & DESIGN INC	87-0662954
ALTAPAINTS AND COATINGS, INC.	20-4099476
ANGEL SKIN LLC	82-4774017
ASPEN ORTHOPEDIC PAIN AND SPINE, LLC	86-3336849
ATL, INC.	86-0209534
AUDIO VIDEO INTEGRATED SYSTEMS	87-0580081
AZOVA INC	47-2835580
BANNER CAPITAL MANAGEMENT LLC	92-4001145
BCC GROUP, LLC	84-4741049

BCP DEVELOPMENT, INC.	86-2557379
BCP FLOOD PROS CONSTRUCTION LLC	851872901
BLACK CLIFFS EQUIPMENT	82-5352897
BLUE STAKES OF UTAH 811	87-0616425
CAPITAL FUELS LLC	82-2879760
CARDIFF SNOWCRAFT, LLC	83-1918609
CAVEON, LLC	35-2201680
CESARE, INC	84-1055936
CONESTOGA GOLF CLUB	82-4992649
CONSTRUCTION MATERIALS TECH	20-2112556
CORAL CANYON GOLF COURSE	27-1410717
DEEP BLUE POOLS & SPAS INC	20-4020474
DOUBLE D ELECTRIC & INSTRUMENTATION, IN	87-0562429
EARTHTEC ENGINEERING	85-3058961
ECOVAP, Inc.	82-1271841

EDIFICE DESIGN AND ARCHITECTURE LLC	87-4809366
EVA CARLSTON ACADEMY LLC	27-3128093
FALCON RIDGE GOLF COURSE LLC	461066934
FC BLUFFDALE OPERATIONS, LLC	87-1691759
FC Gilbert Operations, LLC	47-1534944
FC Mesa Operations, LLC	82-4890414
FC QUEEN CREEK OPERATIONS, LLC	84-1773642
FC SURPRISE OPERATIONS LLC	87-3596769
FC Saratoga Operations, LLC	82-4856234
FLAGSHIP HOMES	46-5348484
FLOWER PATCH	87-0684868
FatCats Holdings, LC	27-1044350
FatCats of Provo, L.C.	87-0685668
FatCats of Rexburg, LLC	27-2588871
Fluid Studio, LLC	562501761

GENEVA ACQUISITION PARTNERS LLC	83-3993063
GEOSTRATA	87-0641934
GRANT MACKAY ABATEMENT COMPANY, LLC	881635543
GRANT MACKAY DEMOLITION COMPANY	87-0480891
GREEN COLLECTIVE, LLC	86-1487968
GREEN CONSTRUCTION ENTERPRISES, LLC	86-1650458
HALE CENTRE THEATRE	84-1420029
HELO CORP	46-1204713
HUXWRX SAFETY CO LLC	87-2121013
IRON HORSE RE LLC	88-2730195
JONATHAN K HANSEN PC	27-5082797
JORGENSON COMPANIES	87-0317142
KW PARK CITY KELLER WILLIAMS REAL ESTATE	20-3058635
LIGHTING MAINTENANCE AND SERVICE INC	87-0335392
LOWE PROPERTY GROUP INC.	82-2748528

LPG RESIDENTIAL LLC	92-1294996
MBG BRYBELLY OPCO LLC	86-3054577
MEADOW SPRING SERVICE CENTER LLC	88-3469689
MONOLITH BRANDS LLC	85-2331558
NEXT LEVEL RECOVERY LLC	46-2334262
OBELISK RE-PLAY OPCO LLC	87-4079115
OPEN SKY PRODUCTIONS, LLC	87-4520130
OPTIMIZE CHIROPRACTIC LLC	93-2839660
PARADIGM CONSULTANTS, INC.	76-0466850
PATH WELLNESS SOLUTIONS	87-1542780
PEAK LIVING, LLC	46-3962975
PEPG CONSULTING LLC	45-5378237
PRECISION CANOPY, LLC	46-2940151
PREFERRED COMPLIANCE SOLUTIONS, LLC	82-4938399
PROSTEEL SECURITY PRODUCTS, INC	27-5414093

RAWHIDE LEASING COMPANY LLC	68-0379257
ROBINSON CONSTRUCTION GROUP LLC	26-3640209
Re-Bath of Utah & Colorado	20-3230706
SALMON CONSTRUCTION	87-0641361
SALMON ELECTRICAL CONTRACTORS, INC.	87-0493963
SALT CITY ENTERPRISES, LLC	47-3632188
SEQUOIA HOSPITALITY LLC	81-5451971
SIERRA TESTING & TRAILERS LLC	92-1487328
SILVER STAR ELECTRIC LOW VOLTAGE AND LIG	26-3035950
SIX STAR MANAGEMENT, LLC	47-3296819
SKYTRAC SERVICES INC	27-0408861
SOLIDARITY WEALTH LLC	87-1411727
SOUTH VALLEY WOMEN'S HEALTHCARE	87-0462017
SPEEDROUTE, LLC	88-0946231
TAX HIVE, LLC	85-0811343

THE EMERALD COLLECTION, LLC	85-2314826
THE GEORGE S. AND DOLORES DORE ECCLES F	87-6118245
TZERO GROUP, INC	47-2409269
UNIFIED AFFILIATES, LLC	27-1059181
VANGUARD GOLF MANAGEMENT GROUP, LLC	52-2384986
VERIFY INVESTOR, INC	46-3398188
VILLE PROPERTY MANAGEMENT	873929392
VOLTA FABRICATION LLC	84-4233012
VPN, INC.	84-3602531
WEALTHCOUNSEL LLC	43-2093640
WESTERN WATER SOLUTIONS, LLC	45-1075120
WIRETECH LLC/BUILDING INTEGRATIONS LLC	46-4532767
DEYAGA, LLC	99-3947591
FC CLINTON OPERATIONS, LLC	882937700
GEOTECHNICAL TESTING SERVICES INC	87-0687349

Ivy Hall Academy 87-0510602

KV ELECTRIC INC 87-0449384

SLOPESIDE LOAN ADMINISTRATION 86-1707897

Trailer Parts Wholesale Inc 84-3317436

WESTSIDE EQUIPMENT CO., LLC 87-0641360