

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">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>SBCOC CONSTRUCTION INDUSTRY GROUP HEALTH 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>SMALL BUSINESS CHAMBER OF COMMERCE HAWAII</u></p> <p><u>2855 EAST MANOA RD STE 105</u> <u>PMB 188</u> <u>HONOLULU, HI 96822-1854</u></p>	<p>1c Effective date of plan <u>10/01/2020</u></p> <p>2b Employer Identification Number (EIN) <u>85-0859938</u></p> <p>2c Plan Sponsor's telephone number <u>808-699-5545</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.	07/25/2025	PAUL KAISER
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">HAWAII MANAGEMENT ALLIANCE BENEFITS AND SERVICES, INC.</p> <p style="color: blue;">220 S KING ST STE 1200 HONOLULU, HI 96813-4589</p>	<p>3b Administrator's EIN 99-0305447</p> <p>3c Administrator's telephone number 808-591-0088</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 616</p>
<p>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).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 614</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 753</p>
<p>b Retired or separated participants receiving benefits.....</p>	<p>6b 1</p>
<p>c Other retired or separated participants entitled to future benefits</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 754</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f</p>
<p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	<p>6g(1)</p>
<p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	<p>6g(2)</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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 4Q

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

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

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

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

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

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

Receipt Confirmation Code 161454524

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

<p>A Name of plan SBCOC CONSTRUCTION INDUSTRY GROUP HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SMALL BUSINESS CHAMBER OF COMMERCE HAWAII</p>	<p>D Employer Identification Number (EIN) 85-0859938</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HAWAII MEDICAL ASSURANCE ASSOCIATION

(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
99-0281791	48330	HMAA	1169	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 175356</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

P.S.H. INSURANCE, INC. **737 BISHOP ST**
STE 2120
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28298			3

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

GUY TANIOKA **220 SOUTH KING ST**
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25594			3

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

GAVIN TOMA 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18428			3

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

CHUCK TONDA 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17359			3

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

JAMIE REICH 220 SOUTH KING ST
STE 120
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15576			3

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

GRACE BEYMER 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14367			3

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

HI INSURANCE & FINANCIAL SERVICES, 1009 KAPIOLANI BLVD
STE 2804
HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10354			3

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

JIM FRENCH 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9720			3

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

MANDI TAOKA 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96824

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9651			3

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

STANTON SAIKI 220 SOUTH KING ST
STE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5734			3

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

ANALIPO INSURANCE SERVICES, LLC PO BOX 689
KEALAKEKUA, HI 96750

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3898			3

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

INSURANCE FACTORS 745 BISHOP ST
STE 1000
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3664			3

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

BROWN & BROWN PACIFIC INSURANCE 700 BISHOP ST
 STE 1400
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2888			3

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

PACIFIC BUSINESS SOLUTIONS PO BOX 240655
 HONOLULU, HI 96824

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2385			3

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

FINANCE INSURANCE, LTD 1164 BISHOP ST
 STE 400
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1569			3

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

LISA CHING 1009 KAPIOLANI BLVD
 STE 3901
 HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1360			3

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

PREMIER BROKERS OF HAWAII, LLC PO BOX 568
 KIHEI, HI 96753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1096			3

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

PROINSURANCE HAWAII, LLC 4348 WAIALAE AVE
STE 101
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
804			3

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

ALOHA EMPLOYEE BENEFITS INSURANCE S 77-153 HOOILINA CT
KAILUA-KONA, HI 96740

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
776			3

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

ATLAS INSURANCE 201 MERCHANT ST
STE 1100
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
377			3

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

ORI-GEN NOGUCHI LLC DBA NOGUCHI & A 1314 S KING ST
STE 560
HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
358			3

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

SWITCHUP INSURANCE, LLC 439 KEONIANA ST
APT 401
HONOLULU, HI 96815

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
241			3

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

TESHIMA INSURANCE GROUP, LLC
 2499 KAPIOLANI BLVD
 APT 2101
 HONOLULU, HI 96826

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
174			3

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

HEALTH BENEFIT PARTNERS INSURANCE S
 26522 LA ALAMEDA
 STE 130
 MISSION VIEJO, CA 92691

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
154			3

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

ALKEME INSURANCE SERVICES, INC.
 1000 BISHOP ST
 STE 600
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
140			3

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

KAYE CABACUNGAN
 220 SOUTH KING ST
 STE 1200
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125			3

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

BILL H.B. LEUNG
 1189 WAIMANU ST
 STE 1409
 HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
111			3

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

ARI MATSUMURA
 220 SOUTH KING ST
 STE 1200
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78			3

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

KING BENEFITS INSURANCE SOLUTIONS,
 5120 AVENIDA ENCINAS
 STE 100
 CARLSBAD, CA 92008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

PYRAMID INSURANCE CENTER, LTD
 420 WAIKAMIKO RD
 STE 411
 HONOLULU, HI 96817

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			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	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		6333783
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. ▶

Form 5500
Multiple-Employer Welfare Plan
Participating Employer Information

Plan Name: SBCOC Construction Industry Group Health Plan
 EIN: 85-0859938
 PN: 501
 PYE: December 31, 2024

<u>Participating Employer</u>	<u>EIN</u>
BIG ISLAND ELECTRICAL SVC, LLC	80-0169472
SU-MO BUILDERS, INC.	99-0345881
MH ELECTRIC CONSTRUCTION, INC.	84-3775098
YAMA'Z PAINTING SERVICE LLC	81-5140956
MID PAC SERVICES, LLC	84-3131930
TORY'S ROOFING & WATERPROOFING, INC.	99-0158979
YURTS OF HAWAII, LLC	84-3259238
DRAINPIPE PLUMBING & SOLAR, LLC	99-0347510
FUJINAGA ELECTRIC, INC.	47-5137406
POWERLITE, LLC	47-2679981
C&C CONSTRUCTION, INC.	20-8819632
TC KOKUA, LLC	99-0355502
INFINITY DESIGN AND SUPPLY INC	85-4135951
PUEO PLUMBING, LLC	81-3099821
HAWAII TEST & BALANCE, INC.	47-3280043
KAIWI MAKAI MARINE, INC.	85-4215945
ISLAND HOOD SERVICES, LLC	84-2603741

KAI MANA BUILDERS, LLC	84-4623132
NOHO'ANA BUILDERS, LLC	80-0200060
STYLE WITH TILE, LLC	36-4488421
FRED MANUEL & SON CONTRACTOR, INC.	86-1332976
DATA SYSTEMS HAWAII, LLC	47-3680559
ALMIGHTY ELECTRICAL, INC.	85-2604620
NIKING CORPORATION	99-0215715
EPLANT, INC.	86-3516436
MECHANICAL ENGINEERS OF HAWAII CORP	99-0181699
ALOHA STEEL CORP	99-0310860
KOMOHALE SERVICES	86-1301890
H-1 CONSTRUCTION, LLC	47-3529230
AAA ROOFERS HAWAII, LLC	45-4290269
CASEY FUJISHIGE	84-4801545
TRIPLE T PLUMBING, LLC	20-3352076
SOLID SURFACE HAWAII, INC.	82-2384970
BEST PLUMBING & ELECTRIC, LLC	46-4243859
GLEN/MAR CONSTRUCTION, INC.	93-0896397
UNIVERSAL EQUIPMENT	82-5421386
CONCANNON CORPORATION	93-0799766
G.M. CONSTRUCTION, INC.	06-1640097
PETERSON BROS. CONSTRUCTION, INC.	46-3198224
JHL INTEGRATIONS, INC.	81-4639017

PACIFIC EIGHT CONSTRUCTION, INC.	47-5315956
A TEAM PACIFIC ROOFING, INC.	20-8603080
RVC HAWAII, LLC	73-1700122
KOA CONSTRUCTION, INC.	37-1890881
PACIFIC REFRIGERATION & MARKET EQUIPMENT, INC.	99-0158747
HICOM, LLC	87-3711541
BLUE STAR DRYWALL, LLC	45-4790512
AREUS ARCHITECTURE, LLC	82-4619029
OHANA WAI, LLC	86-1444370
MAKA CONSTRUCTION, LLC	46-3209442
LUI TRADING, LLC	35-2335189
INNOVATIVE ISLAND CONSTRUCTION, LLC	46-3209442
VINCENT M LUDRICKS	87-2559093
CARROLL MANUFACTURING COMPANY, LLC	20-4594913
KIRSCHNER CONTRACTORS	83-0404261
ISLAND REFUSE, INC.	99-0314932
SAIKI MASONRY, LLC	83-1140805
MAHIRI, LLC	85-2129100
NS AIR CONDITIONING, INC.	90-0910778
RODOLFO C BUENAVISTA JR	85-3529125
ACS CONSTRUCTION, LLC	11-3739592
BLUE SKY DEVELOPMENT, LLC	85-2714989
KREATIVE MANUFACTURING, LLC	20-1022321

VIRTUES PLUMBING, LLC	85-2714989
R.I.P. A.C., LLC	82-2910148
TAKAMINE CONSTRUCTION, INC.	43-2075321
WHITE GLOVES MOVING & INSTALLATION, INC.	47-2645514
WOODSTOCK BUILDERS, LLC	45-2500415
PLUMBING WORKS, LLC	46-1191063
PLUMBLINE HAWAII, LLC	46-1191063
RE-USE HAWAII	20-5840697
HALOA CONSTRUCTION, LLC	88-1579421
ISLAND WIDE HVAC, INC.	26-3440346
ARCHITECTURAL DESIGN CONTRACTORS, INC.	47-1835461
KANA'T'S ROLLOFF, LLC	85-1853724
KA UILA ELECTRIC, LLC	86-1910177
CORY W BARACK	20-2582586
ALA IMUA, LLC	45-3127763
HAWAII FIREPLACES, INC.	46-4618880
HAWAII NO KA OI, LLC	47-3470180
EPC SERVICE, INC.	26-0682052
WORLD WIDE WINDOW CLEANING, INC.	99-0338952
OPTIMAL CONTROLS, LLC	47-4519049
CHASE BUILDERS, INC.	26-4335024
MCCLINTOCK, LLC	81-1658205
HAWAII AIR CONDITIONING, INC.	20-5335434

RSF MAINTENANCE, LLC	92-2729325
KIND HOMES, LLC	92-0362090
MAUNA KEA ROOFING, LLC	47-1343883
FULLMER BROTHER'S CONSTRUCTION, LLC	47-1160421
MCVEY DESIGN & BUILD, LLC	84-3030473
LBC VENTURE SOLUTIONS, LLC	92-3366580
SUSTAINABLE BY DESIGN, INC.	20-4941934
PACIFIC MOBILE WELDING & FABRICATION, LLC	87-2792247
MELVIN L TRAUGHBER	20-1707068
SELECTIVE STONE, LLC	99-0343988
OCEANHEAD SOLAR & ELECTRIC LLC	46-2930524
DICKINSON GENERAL CONTRACTING, LLC	27-3432614
NA MAKANA ALOHA GROUP, INC.	83-3697421
ATN CONSTRUCTION, LLC	81-0925667
PACIFICWEST ENERGY SOLUTIONS, INC.	20-5551469
BULLETPROOF ROOFING, LLC	88-0577074
AHIA CONSTRUCTION, LLC	87-1417482
PACIFIC SOLAR PROPERTIES, LLC	81-3837263
NEXT STEP CUSTOM FLOORING, LLC	93-1551981
KAITO CONTRACTING, LLC	83-2041349
NANCY K MIYASATO-KAYA, INC.	82-1846342
KAILUA GLASS, LLC	81-4537780

CHOICE PLUMBING, LLC	92-1988868
LOKAHI BUILDERS, LLC	37-2113850
COMPLETE TENT RENTAL, LLC	16-1642858
DOUBT IT PAINTING, LLC	88-3941923
BARNES CONSTRUCTION, LLC	82-1472362
R.I.C.O. CORPORATION	93-4653719
GOLDEN TOUCH HANDYMAN SERVICES, LLC	83-2420711
NORTH SHORE AIR CONDITIONING, INC.	93-3554596
HAWAII ENERGY AUDIT, LLC	47-4551366
JOELLE ANNE & ALEX VILORIA, INC.	83-3014027
SHORELINE CONCRETE, LLC	20-4252060
SAMUEL P RIVERA	11-3828494
METTA ELECTRIC, LLC	82-3048951
CUBELLIS PLUMBING, LLC	85-1156962
FREITAS, LLC	84-3925816
CURTIS SERVICES, INC.	84-2119749
M&R ROOFING AND RAINGUTTERS, LLC	21-2130189
R&F PAINTING, INC.	45-4780414
PRECISION PRO BUILDERS, INC.	20-4576245
H.P.S. HANAHOU PRO SERVICES, LLC	81-1793650
DOCTOR HVAC, LLC	88-2005070
QUALCORR ENGINEERING	88-2201562
ALOHA CONSTRUCTION, INC.	86-1172952

RUDENKO, LLC	85-4370265
TKG MASONRY, INC.	26-3540601
JRP CONSTRUCTION SERVICES, INC.	99-0716407
ACCESS LIFTS OF HAWAII, INC.	99-0285056
GLACKIN, LLC	14-1863012
ONE BUILDERS, INC.	88-1626723
DMK & ASSOCIATES, LLC	99-0356808
ALLEGIANCE EXCAVATION, INC.	25-1918422
MAGIC ISLAND CONSTRUCTION, LLC	84-2085840
RENOVATE HAWAII, LLC	86-1400920
HARPER INDUSTRIES, LLC	86-1453744
ROMO RESIDENTIAL, INC.	84-2647119
JT ELECTRIC, LLC	88-2416019
HOMAGE BUILDERS, LLC	47-4117729
ALOHA KE AKUA ENGINEERING CORPORATION	92-2306692
JC CONTRACTING, LLC	47-3518097
AUSTECH ELECTRICAL SERVICES, LLC	20-4764968
IROD, LLC	82-2532663
HILO TILE & STONE, INC.	30-1214176
ULUNIU CONSTRUCTION, LLC	45-5638917
CIVIC CM, INC.	46-4799025
JEVES, LLC	99-4385910
PACIFIC STRIPING, LLC	47-4491841
SON OF SCOT SOLUTIONS, LLC	99-3462568

FONSECA ROOFING, INC.	36-3876213
SC CONSTRUCTION, LLC	83-1160484
AMEL TECHNOLOGIES, INC.	91-2193166
KAUAKAHI WOOD KRAFT, LLC	93-4079168
DEMAND HR, LLC – HILWEH BUILDERS, LLC	87-2631833
MAJESTIC ENGINEERS, LLC	81-3956259
ALL ACTION CONSTRUCTION, LLC	87-0831955
PRO GUARDS HAWAII, LLC	99-1470119
KAHALA CONSTRUCTION, LLC	56-2505644
COMPREHENSIVE BUILDING SERVICES, LLC	88-3080660

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 [x] 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) [] 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: SBCOC CONSTRUCTION INDUSTRY GROUP HEALTH PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan): SMALL BUSINESS CHAMBER OF COMMERCE HAWAII
2b Employer Identification Number (EIN): 85-0859938
2c Plan Sponsor's telephone number: 808-699-5545
2d Business code (see instructions): 813000

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Paul Kaiser, 07/25/2025, PAUL KAISER. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor HAWAII MANAGEMENT ALLIANCE BENEFITS AND SERVICES, INC. 220 S KING ST STE 1200 HONOLULU HI 96813-4589	3b Administrator's EIN 99-0305447 3c Administrator's telephone number 808-591-0088
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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
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5 Total number of participants at the beginning of the plan year	5	616
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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)	614
a(2) Total number of active participants at the end of the plan year	6a(2)	753
b Retired or separated participants receiving benefits	6b	1
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	754
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	
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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 4Q

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

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

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

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

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

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

Receipt Confirmation Code 000161454524

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

<p>A Name of plan SBCOC CONSTRUCTION INDUSTRY GROUP HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SMALL BUSINESS CHAMBER OF COMMERCE HAWAII</p>	<p>D Employer Identification Number (EIN) 85-0859938</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HAWAII MEDICAL ASSURANCE ASSOCIATION

(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
99-0281791	48330	HMAA	1,169	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
175,356	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

P.S.H. INSURANCE, INC.
737 BISHOP ST
STE 2120
HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28,298			3

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

GUY TANIOKA
220 SOUTH KING ST
STE 1200
HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25,594			3

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

GAVIN TOMA
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18,428			3

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

CHUCK TONDA
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17,359			3

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

JAMIE REICH
 220 SOUTH KING ST
 STE 120
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15,576			3

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

GRACE BEYMER
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14,367			3

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

HI INSURANCE & FINANCIAL SERVICES,
 1009 KAPIOLANI BLVD
 STE 2804
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10,354			3

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

JIM FRENCH
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9,720			3

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

MANDI TAOKA
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96824

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9,651			3

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

STANTON SAIKI
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5,734			3

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

ANALIPO INSURANCE SERVICES, LLC
 PO BOX 689
 KEALAKEKUA HI 96750

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3,898			3

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

INSURANCE FACTORS
 745 BISHOP ST
 STE 1000
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3,664			3

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

BROWN & BROWN PACIFIC INSURANCE
 700 BISHOP ST
 STE 1400
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,888			3

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

PACIFIC BUSINESS SOLUTIONS
 PO BOX 240655
 HONOLULU HI 96824

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,385			3

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

FINANCE INSURANCE, LTD
 1164 BISHOP ST
 STE 400
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,569			3

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

LISA CHING
 1009 KAPIOLANI BLVD
 STE 3901
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,360			3

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

PREMIER BROKERS OF HAWAII, LLC
 PO BOX 568
 KIHEI HI 96753

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,096			3

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

PROINSURANCE HAWAII, LLC
 4348 WAIALAE AVE
 STE 101
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
804			3

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

ALOHA EMPLOYEE BENEFITS INSURANCE S
 77-153 HOOILINA CT
 KAILUA-KONA HI 96740

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
776			3

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

ATLAS INSURANCE
 201 MERCHANT ST
 STE 1100
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
377			3

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

ORI-GEN NOGUCHI LLC DBA NOGUCHI & A
 1314 S KING ST
 STE 560
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
358			3

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

SWITCHUP INSURANCE, LLC
 439 KEONIANA ST
 APT 401
 HONOLULU HI 96815

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
241			3

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

TESHIMA INSURANCE GROUP, LLC
 2499 KAPIOLANI BLVD
 APT 2101
 HONOLULU HI 96826

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
174			3

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

HEALTH BENEFIT PARTNERS INSURANCE S
 26522 LA ALAMEDA
 STE 130
 MISSION VIEJO CA 92691

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
154			3

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

ALKEME INSURANCE SERVICES, INC.
 1000 BISHOP ST
 STE 600
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
140			3

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

KAYE CABACUNGAN
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125			3

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

BILL H.B. LEUNG
 1189 WAIMANU ST
 STE 1409
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
111			3

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

ARI MATSUMURA
 220 SOUTH KING ST
 STE 1200
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78			3

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

KING BENEFITS INSURANCE SOLUTIONS,
 5120 AVENIDA ENCINAS
 STE 100
 CARLSBAD CA 92008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

PYRAMID INSURANCE CENTER, LTD
 420 WAIKAMILO RD
 STE 411
 HONOLULU HI 96817

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			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	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

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

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

- a** 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	6,333,783
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. ▶

Form 5500
Multiple-Employer Welfare Plan
Participating Employer Information

Plan Name: SBCOC Construction Industry Group Health Plan
 EIN: 85-0859938
 PN: 501
 PYE: December 31, 2024

<u>Participating Employer</u>	<u>EIN</u>
BIG ISLAND ELECTRICAL SVC, LLC	80-0169472
SU-MO BUILDERS, INC.	99-0345881
MH ELECTRIC CONSTRUCTION, INC.	84-3775098
YAMA'Z PAINTING SERVICE LLC	81-5140956
MID PAC SERVICES, LLC	84-3131930
TORY'S ROOFING & WATERPROOFING, INC.	99-0158979
YURTS OF HAWAII, LLC	84-3259238
DRAINPIPE PLUMBING & SOLAR, LLC	99-0347510
FUJINAGA ELECTRIC, INC.	47-5137406
POWERLITE, LLC	47-2679981
C&C CONSTRUCTION, INC.	20-8819632
TC KOKUA, LLC	99-0355502
INFINITY DESIGN AND SUPPLY INC	85-4135951
PUEO PLUMBING, LLC	81-3099821
HAWAII TEST & BALANCE, INC.	47-3280043
KAIWI MAKAI MARINE, INC.	85-4215945
ISLAND HOOD SERVICES, LLC	84-2603741

KAI MANA BUILDERS, LLC	84-4623132
NOHO'ANA BUILDERS, LLC	80-0200060
STYLE WITH TILE, LLC	36-4488421
FRED MANUEL & SON CONTRACTOR, INC.	86-1332976
DATA SYSTEMS HAWAII, LLC	47-3680559
ALMIGHTY ELECTRICAL, INC.	85-2604620
NIKING CORPORATION	99-0215715
EPLANT, INC.	86-3516436
MECHANICAL ENGINEERS OF HAWAII CORP	99-0181699
ALOHA STEEL CORP	99-0310860
KOMOHALE SERVICES	86-1301890
H-1 CONSTRUCTION, LLC	47-3529230
AAA ROOFERS HAWAII, LLC	45-4290269
CASEY FUJISHIGE	84-4801545
TRIPLE T PLUMBING, LLC	20-3352076
SOLID SURFACE HAWAII, INC.	82-2384970
BEST PLUMBING & ELECTRIC, LLC	46-4243859
GLEN/MAR CONSTRUCTION, INC.	93-0896397
UNIVERSAL EQUIPMENT	82-5421386
CONCANNON CORPORATION	93-0799766
G.M. CONSTRUCTION, INC.	06-1640097
PETERSON BROS. CONSTRUCTION, INC.	46-3198224
JHL INTEGRATIONS, INC.	81-4639017

PACIFIC EIGHT CONSTRUCTION, INC.	47-5315956
A TEAM PACIFIC ROOFING, INC.	20-8603080
RVC HAWAII, LLC	73-1700122
KOA CONSTRUCTION, INC.	37-1890881
PACIFIC REFRIGERATION & MARKET EQUIPMENT, INC.	99-0158747
HICOM, LLC	87-3711541
BLUE STAR DRYWALL, LLC	45-4790512
AREUS ARCHITECTURE, LLC	82-4619029
OHANA WAI, LLC	86-1444370
MAKA CONSTRUCTION, LLC	46-3209442
LUI TRADING, LLC	35-2335189
INNOVATIVE ISLAND CONSTRUCTION, LLC	46-3209442
VINCENT M LUDRICKS	87-2559093
CARROLL MANUFACTURING COMPANY, LLC	20-4594913
KIRSCHNER CONTRACTORS	83-0404261
ISLAND REFUSE, INC.	99-0314932
SAIKI MASONRY, LLC	83-1140805
MAHIRI, LLC	85-2129100
NS AIR CONDITIONING, INC.	90-0910778
RODOLFO C BUENAVISTA JR	85-3529125
ACS CONSTRUCTION, LLC	11-3739592
BLUE SKY DEVELOPMENT, LLC	85-2714989
KREATIVE MANUFACTURING, LLC	20-1022321

VIRTUES PLUMBING, LLC	85-2714989
R.I.P. A.C., LLC	82-2910148
TAKAMINE CONSTRUCTION, INC.	43-2075321
WHITE GLOVES MOVING & INSTALLATION, INC.	47-2645514
WOODSTOCK BUILDERS, LLC	45-2500415
PLUMBING WORKS, LLC	46-1191063
PLUMBLINE HAWAII, LLC	46-1191063
RE-USE HAWAII	20-5840697
HALOA CONSTRUCTION, LLC	88-1579421
ISLAND WIDE HVAC, INC.	26-3440346
ARCHITECTURAL DESIGN CONTRACTORS, INC.	47-1835461
KANA'T'S ROLLOFF, LLC	85-1853724
KA UILA ELECTRIC, LLC	86-1910177
CORY W BARACK	20-2582586
ALA IMUA, LLC	45-3127763
HAWAII FIREPLACES, INC.	46-4618880
HAWAII NO KA OI, LLC	47-3470180
EPC SERVICE, INC.	26-0682052
WORLD WIDE WINDOW CLEANING, INC.	99-0338952
OPTIMAL CONTROLS, LLC	47-4519049
CHASE BUILDERS, INC.	26-4335024
MCCLINTOCK, LLC	81-1658205
HAWAII AIR CONDITIONING, INC.	20-5335434

RSF MAINTENANCE, LLC	92-2729325
KIND HOMES, LLC	92-0362090
MAUNA KEA ROOFING, LLC	47-1343883
FULLMER BROTHER'S CONSTRUCTION, LLC	47-1160421
MCVEY DESIGN & BUILD, LLC	84-3030473
LBC VENTURE SOLUTIONS, LLC	92-3366580
SUSTAINABLE BY DESIGN, INC.	20-4941934
PACIFIC MOBILE WELDING & FABRICATION, LLC	87-2792247
MELVIN L TRAUGHBER	20-1707068
SELECTIVE STONE, LLC	99-0343988
OCEANHEAD SOLAR & ELECTRIC LLC	46-2930524
DICKINSON GENERAL CONTRACTING, LLC	27-3432614
NA MAKANA ALOHA GROUP, INC.	83-3697421
ATN CONSTRUCTION, LLC	81-0925667
PACIFICWEST ENERGY SOLUTIONS, INC.	20-5551469
BULLETPROOF ROOFING, LLC	88-0577074
AHIA CONSTRUCTION, LLC	87-1417482
PACIFIC SOLAR PROPERTIES, LLC	81-3837263
NEXT STEP CUSTOM FLOORING, LLC	93-1551981
KAITO CONTRACTING, LLC	83-2041349
NANCY K MIYASATO-KAYA, INC.	82-1846342
KAILUA GLASS, LLC	81-4537780

CHOICE PLUMBING, LLC	92-1988868
LOKAHI BUILDERS, LLC	37-2113850
COMPLETE TENT RENTAL, LLC	16-1642858
DOUBT IT PAINTING, LLC	88-3941923
BARNES CONSTRUCTION, LLC	82-1472362
R.I.C.O. CORPORATION	93-4653719
GOLDEN TOUCH HANDYMAN SERVICES, LLC	83-2420711
NORTH SHORE AIR CONDITIONING, INC.	93-3554596
HAWAII ENERGY AUDIT, LLC	47-4551366
JOELLE ANNE & ALEX VILORIA, INC.	83-3014027
SHORELINE CONCRETE, LLC	20-4252060
SAMUEL P RIVERA	11-3828494
METTA ELECTRIC, LLC	82-3048951
CUBELLIS PLUMBING, LLC	85-1156962
FREITAS, LLC	84-3925816
CURTIS SERVICES, INC.	84-2119749
M&R ROOFING AND RAINGUTTERS, LLC	21-2130189
R&F PAINTING, INC.	45-4780414
PRECISION PRO BUILDERS, INC.	20-4576245
H.P.S. HANAHOU PRO SERVICES, LLC	81-1793650
DOCTOR HVAC, LLC	88-2005070
QUALCORR ENGINEERING	88-2201562
ALOHA CONSTRUCTION, INC.	86-1172952

RUDENKO, LLC	85-4370265
TKG MASONRY, INC.	26-3540601
JRP CONSTRUCTION SERVICES, INC.	99-0716407
ACCESS LIFTS OF HAWAII, INC.	99-0285056
GLACKIN, LLC	14-1863012
ONE BUILDERS, INC.	88-1626723
DMK & ASSOCIATES, LLC	99-0356808
ALLEGIANCE EXCAVATION, INC.	25-1918422
MAGIC ISLAND CONSTRUCTION, LLC	84-2085840
RENOVATE HAWAII, LLC	86-1400920
HARPER INDUSTRIES, LLC	86-1453744
ROMO RESIDENTIAL, INC.	84-2647119
JT ELECTRIC, LLC	88-2416019
HOMAGE BUILDERS, LLC	47-4117729
ALOHA KE AKUA ENGINEERING CORPORATION	92-2306692
JC CONTRACTING, LLC	47-3518097
AUSTECH ELECTRICAL SERVICES, LLC	20-4764968
IROD, LLC	82-2532663
HILO TILE & STONE, INC.	30-1214176
ULUNIU CONSTRUCTION, LLC	45-5638917
CIVIC CM, INC.	46-4799025
JEVES, LLC	99-4385910
PACIFIC STRIPING, LLC	47-4491841
SON OF SCOT SOLUTIONS, LLC	99-3462568

FONSECA ROOFING, INC.	36-3876213
SC CONSTRUCTION, LLC	83-1160484
AMEL TECHNOLOGIES, INC.	91-2193166
KAUAKAHI WOOD KRAFT, LLC	93-4079168
DEMAND HR, LLC – HILWEH BUILDERS, LLC	87-2631833
MAJESTIC ENGINEERS, LLC	81-3956259
ALL ACTION CONSTRUCTION, LLC	87-0831955
PRO GUARDS HAWAII, LLC	99-1470119
KAHALA CONSTRUCTION, LLC	56-2505644
COMPREHENSIVE BUILDING SERVICES, LLC	88-3080660