

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 (checked), a single-employer plan, a DFE (specify), B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months), C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description), E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: SBCOC HEALTHCARE INDUSTRY GROUP HEALTH PLAN
1b Three-digit plan number (PN): 504
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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 161424907

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: 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: 24pt;">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 HEALTHCARE INDUSTRY GROUP HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶ 504</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	681	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 127930	(b) Total amount of fees paid 0
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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
JAMES M MORRISON INSURANCE SERVICES **2710 GATEWAY RD**
CARLSBAD, CA 92009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24092			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 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15017			3

(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	
12661			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	
11531			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	
11202			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	
9371			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	
7862			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	
6904			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	
6249			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	
4444			3

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

FIRST HAWAIIAN BANK
 999 BISHOP ST
 STE 1003
 HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4403			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 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3264			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	
3105			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	
1578			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	
1387			3

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

C2 EMPLOYEE BENEFITS & INSURANCE SE 1 WORLD TRADE CENTER
 8TH FLOOR
 LONG BEACH, CA 90831

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1120			3

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

ACRISURE, LLC DBA BENEFIT HEALTH AD 9605 S KINGSTON CT
 STE 150
 ENGLEWOOD, CO 80112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
838			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	
829			3

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

FINANCIAL BENEFITS INSURANCE, INC. 1311 KAPIOLANI BLVD
STE 504
HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
617			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 96816

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
578			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	
520			3

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

HOGAN CONSULTING GROUP, LLC 1088 BISHOP ST
STE 1224
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
246			3

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

CHRISTINE L GO, INC. 7219 PUUEHU PL
HONOLULU, HI 96825

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
79			3

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

ADVANTAGE INSURANCE SERVICES, INC. 1580 MAKALOA ST
STE 1220
HONOLULU, HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33			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)	
	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	7e(5)
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		4532942
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 Healthcare Industry Group Health Plan
 EIN: 85-0859938
 PN: 504
 PYE: December 31, 2024

<u>Participating Employer</u>	<u>EIN</u>
ISLANDS HOSPICE, INC.	26-4659430
ALTERNATIVE STRUCTURES INTERNATIONAL	99-0196090
HAROLD NILSSON MD, LLC	76-0704882
LUIS C OMPHROY MD, LLC	71-0875144
LUKE TARVES DDS, LLC	91-2108862
NEXGEN MEDICAL HAWAII, INC.	85-2153230
ANDERSON CHIROPRACTIC, LLC	20-3066323
MARCY M KAWASAKI DDS, INC.	02-0531632
HONOLULU ELITE CHIROPRACTIC, LLC	84-2379531
HONOLULU WELLNESS GROUP, INC.	81-5244722
TERENCE QL YOUNG DDS, INC.	99-0337883
REED S SHIRAKI DC, INC.	99-0341899
SYNERGY HEALTH, LLC	85-0926428
PACIFIC PHYSICAL THERAPY, LLC	81-4248635
FOOD 4 LIFE, INC.	56-2672312
DIVINITY CARE HAWAII, LLC	86-4156141
THE SHIATSU & MASSAGE CENTER, INC.	91-2179135

DR JIN KIM, INC.	81-3844088
MILAGROS VILORIA	20-5205814
MINGSANG LIN	99-0323123
ALTERNATIVE CARE SERVICES, INC.	99-0360184
GREG T UYEDA	99-0307651
GREGORY S DAVIS DDS	99-0169326
RUSSELL S KELLY MD, LLC	20-5215599
UNIVERSITY OF MEDICAL SCIENCES ARIZONA	94-3454824
THE OHANA RETREAT, LLC	85-2994684
HAWAII EYE CLINIC, INC.	27-2798331
KINGDOM CHIROPRACTIC, LLC	85-3099442
WAGE TAKENISHI DDS, LLC	68-0639955
KOA CLINIC, INC.	82-2081817
CENTRAL OAHU SENIOR DAY CARE ASSOCIATION	99-0195857
ALOHA FAMILY CHIROPRACTIC AND WELLNESS, INC.	87-2715846
POWER-ON COACHING, INC.	26-1948235
KE'ALE CHIRORACTIC, LLC	87-2681866
MAUI HOPE	85-4311221
PACIFIC RADIATION ONCOLOGY, LLC	20-0749625
ISLAND FUNCTIONAL MEDICINE, LLC	85-1381222
MILILANI PHYSICAL THERAPY, LLC	91-6551087
MAGDY METTIAS M.D., INC.	99-0334442
EYE CARE CENTER OF KAUAI, INC.	26-1170598

DR. BEHLING, LLC	30-0747070
HOLISTICARE PHYSICAL THERAPY, LLC	47-2693958
NIKO NIKO FAMILY DENTISTRY, LLC	84-4859138
TERRI ANDRADE, D.D.S.	20-2694014
LINDEN FAMILY MEDICINE CLINIC, LLC	81-4542413
CHRIS K CHOW DDS, INC.	91-2093509
WESTON ZICHITTELLA PSYD, INC.	87-3322302
WEST OAHU ACUPUNTURE AND INTEGRATIVE MEDICINE, LLC	83-2170179
HOSANNA, LLC	86-1129980
WALA'AU THERAPY, LLC	85-1497032
MICKEY M.Y. TSENG, M.D., M.P.H.	99-0336045
HANA LIMA PHYSICAL THERAPY, LLC	46-2936532
MAUI RECOVERY SERVICES, LLC	82-1618032
MANA RECOVERY, LLC	88-2588141
THE CANCER CENTER OF HAWAII, LLC	20-1497111
JOMAMAKEN, LLC	93-1536203
DYNAMIC FAMILY THERAPY, LLC	85-3933499
KRAFTWORKS HAWAII, LLC	99-0349345
JOANNE T LE, D.D.S., INC.	99-0320096
TEAM FIRST, LLC	85-2450877
MAGELLAN THERAPEUTIC SERVICES, LLC	81-2447191
DR JANG ACUPUNCTURE CLINIC, LLC	46-1972201

SECURE MEDICAL BILLING, LLC	92-1888138
HILO NATURAL HEALTH CLINIC, LLC	26-1469062
JOSEPH WARD MD, LLC	92-0804373
KONA INTEGRATIVE HEALTH, LLC	47-5324242
PEDIATRIC THERAPIES HAWAII, LLC	88-3909332
RESTIVO PLASTIC SURGERY MAUI, INC.	84-4632557
HAWAII EAR CLINIC, INC.	27-0478545
WPH, LLC	74-3042082
TREVOR HARTWELL DDS, LLC	90-1119494
KELSEY VOLLER HEALTH, LLC	84-4120618
MKK HEALTHCARE, INC.	46-1028839
REJUVENATE MASSAGE AND BODYWORKS, LLC	45-3774754
KB MEDICAL BILLING, INC.	47-4013667
AED INSTITUTE OF AMERICA, INC.	20-1352200
HA T KIM DMD, LLC	38-3833307
EVOLVE MEDICAL CENTER, LLC	87-1067239
KINA OLE ESTATE, LLC	27-4472507
LIFESPAN CARE HAWAII, LLC	92-0900487
KATHRYN TAKETA-WONG ND LAC, LLC	45-3719620
ISLA MEDICAL SERVICES, INC.	11-3663802
VICENTE S RAMO MD PC, INC.	99-0348596
HAWAII PREMIER DERMATOLOGY, INC.	93-2368450

J&J HAM, INC.	99-0344221
THE CHIROPRACTIC STUDIO, LLC	87-1425510
HAWAII PODIATRY, LLC	46-5112285
MCCOOL COUNSELING SERVICES, LLC	87-1624185
DR RICK A CARPENTER	99-0343556
STEP UP CHIROPRACTIC, LLC	92-0914605
SOUTH SHORE PHYSSICAL THERAPY & SPORTS MEDICINE, INC.	43-834087
PARSIMONY, INC.	93-2124452
EVERGREEN ADULT DAY CARE HAWAII, INC.	81-3045790
JEFFREY M LIN MD, LLC	81-3067317
AK MD, INC.	46-0828797
VC MANAGEMENT, LLC	45-2649034
ALOHA AESTHETICS MD, LLC	93-3930502
KAILUA SPINE CENTER, LLC	92-0954541
ISLAND PROMISE HOMES, LLC	20-8956205
PAHOA CHIROPRACTIC, LLC	87-3827871
ABSOLUTE HOME CARE, INC.	874134007
MALAMA NUI HOME CARE, LLC	83-4400871
CARL K YORITA MD, INC.	99-0181533
HO'OKO, LLC	46-3461146
HUA MOON WOMEN'S HEALTH, LLC	46-4560620
GRACE WORKS, LLC	27-1092072
LEON MATSUO MD, INC.	82-3784332

AARON COLLIN LMFT, LLC	82-4582852
CARDIOPULMONARY DIAGNOSTICS SERVICES, INC.	99-0353934
CARDIOVASCULAR INTERVENTIONS OF THE PACIFIC, LLC	82-4694732

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, a multiple-employer plan (checked), a single-employer plan, a DFE (specify), B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months), C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description), E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: SBCOC HEALTHCARE INDUSTRY GROUP HEALTH PLAN; 1b Three-digit plan number (PN): 504; 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	391
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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)	391
a(2) Total number of active participants at the end of the plan year	6a(2)	481
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	482
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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code 000161424907

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

<p>A Name of plan SBCOC HEALTHCARE INDUSTRY GROUP HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>504</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	681	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
127,930	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

JAMES M MORRISON INSURANCE SERVICES
2710 GATEWAY RD
CARLSBAD CA 92009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24,092			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 1200
HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15,017			3

(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	
12,661			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	
11,531			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	
11,202			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	
9,371			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	
7,862			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	
6,904			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	
6,249			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	
4,444			3

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

FIRST HAWAIIAN BANK
999 BISHOP ST
STE 1003
HONOLULU

HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4,403			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 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3,264			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	
3,105			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	
1,578			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	
1,387			3

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

C2 EMPLOYEE BENEFITS & INSURANCE SE
 1 WORLD TRADE CENTER
 8TH FLOOR
 LONG BEACH CA 90831

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,120			3

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

ACRISURE, LLC DBA BENEFIT HEALTH AD
 9605 S KINGSTON CT
 STE 150
 ENGLEWOOD CO 80112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
838			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	
829			3

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

FINANCIAL BENEFITS INSURANCE, INC.
 1311 KAPIOLANI BLVD
 STE 504
 HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
617			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 96816

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
578			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	
520			3

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

HOGAN CONSULTING GROUP, LLC
 1088 BISHOP ST
 STE 1224
 HONOLULU HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
246			3

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

CHRISTINE L GO, INC.
7219 PUUEHU PL

HONOLULU HI 96825

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
79			3

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

ADVANTAGE INSURANCE SERVICES, INC.
1580 MAKALOA ST
STE 1220

HONOLULU HI 96814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33			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. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
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	4,532,942
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 Healthcare Industry Group Health Plan
 EIN: 85-0859938
 PN: 504
 PYE: December 31, 2024

<u>Participating Employer</u>	<u>EIN</u>
ISLANDS HOSPICE, INC.	26-4659430
ALTERNATIVE STRUCTURES INTERNATIONAL	99-0196090
HAROLD NILSSON MD, LLC	76-0704882
LUIS C OMPHROY MD, LLC	71-0875144
LUKE TARVES DDS, LLC	91-2108862
NEXGEN MEDICAL HAWAII, INC.	85-2153230
ANDERSON CHIROPRACTIC, LLC	20-3066323
MARCY M KAWASAKI DDS, INC.	02-0531632
HONOLULU ELITE CHIROPRACTIC, LLC	84-2379531
HONOLULU WELLNESS GROUP, INC.	81-5244722
TERENCE QL YOUNG DDS, INC.	99-0337883
REED S SHIRAKI DC, INC.	99-0341899
SYNERGY HEALTH, LLC	85-0926428
PACIFIC PHYSICAL THERAPY, LLC	81-4248635
FOOD 4 LIFE, INC.	56-2672312
DIVINITY CARE HAWAII, LLC	86-4156141
THE SHIATSU & MASSAGE CENTER, INC.	91-2179135

DR JIN KIM, INC.	81-3844088
MILAGROS VILORIA	20-5205814
MINGSANG LIN	99-0323123
ALTERNATIVE CARE SERVICES, INC.	99-0360184
GREG T UYEDA	99-0307651
GREGORY S DAVIS DDS	99-0169326
RUSSELL S KELLY MD, LLC	20-5215599
UNIVERSITY OF MEDICAL SCIENCES ARIZONA	94-3454824
THE OHANA RETREAT, LLC	85-2994684
HAWAII EYE CLINIC, INC.	27-2798331
KINGDOM CHIROPRACTIC, LLC	85-3099442
WAGE TAKENISHI DDS, LLC	68-0639955
KOA CLINIC, INC.	82-2081817
CENTRAL OAHU SENIOR DAY CARE ASSOCIATION	99-0195857
ALOHA FAMILY CHIROPRACTIC AND WELLNESS, INC.	87-2715846
POWER-ON COACHING, INC.	26-1948235
KE'ALE CHIRORACTIC, LLC	87-2681866
MAUI HOPE	85-4311221
PACIFIC RADIATION ONCOLOGY, LLC	20-0749625
ISLAND FUNCTIONAL MEDICINE, LLC	85-1381222
MILILANI PHYSICAL THERAPY, LLC	91-6551087
MAGDY METTIAS M.D., INC.	99-0334442
EYE CARE CENTER OF KAUAI, INC.	26-1170598

DR. BEHLING, LLC	30-0747070
HOLISTICARE PHYSICAL THERAPY, LLC	47-2693958
NIKO NIKO FAMILY DENTISTRY, LLC	84-4859138
TERRI ANDRADE, D.D.S.	20-2694014
LINDEN FAMILY MEDICINE CLINIC, LLC	81-4542413
CHRIS K CHOW DDS, INC.	91-2093509
WESTON ZICHITTELLA PSYD, INC.	87-3322302
WEST OAHU ACUPUNTURE AND INTEGRATIVE MEDICINE, LLC	83-2170179
HOSANNA, LLC	86-1129980
WALA'AU THERAPY, LLC	85-1497032
MICKEY M.Y. TSENG, M.D., M.P.H.	99-0336045
HANA LIMA PHYSICAL THERAPY, LLC	46-2936532
MAUI RECOVERY SERVICES, LLC	82-1618032
MANA RECOVERY, LLC	88-2588141
THE CANCER CENTER OF HAWAII, LLC	20-1497111
JOMAMAKEN, LLC	93-1536203
DYNAMIC FAMILY THERAPY, LLC	85-3933499
KRAFTWORKS HAWAII, LLC	99-0349345
JOANNE T LE, D.D.S., INC.	99-0320096
TEAM FIRST, LLC	85-2450877
MAGELLAN THERAPEUTIC SERVICES, LLC	81-2447191
DR JANG ACUPUNCTURE CLINIC, LLC	46-1972201

SECURE MEDICAL BILLING, LLC	92-1888138
HILO NATURAL HEALTH CLINIC, LLC	26-1469062
JOSEPH WARD MD, LLC	92-0804373
KONA INTEGRATIVE HEALTH, LLC	47-5324242
PEDIATRIC THERAPIES HAWAII, LLC	88-3909332
RESTIVO PLASTIC SURGERY MAUI, INC.	84-4632557
HAWAII EAR CLINIC, INC.	27-0478545
WPH, LLC	74-3042082
TREVOR HARTWELL DDS, LLC	90-1119494
KELSEY VOLLER HEALTH, LLC	84-4120618
MKK HEALTHCARE, INC.	46-1028839
REJUVENATE MASSAGE AND BODYWORKS, LLC	45-3774754
KB MEDICAL BILLING, INC.	47-4013667
AED INSTITUTE OF AMERICA, INC.	20-1352200
HA T KIM DMD, LLC	38-3833307
EVOLVE MEDICAL CENTER, LLC	87-1067239
KINA OLE ESTATE, LLC	27-4472507
LIFESPAN CARE HAWAII, LLC	92-0900487
KATHRYN TAKETA-WONG ND LAC, LLC	45-3719620
ISLA MEDICAL SERVICES, INC.	11-3663802
VICENTE S RAMO MD PC, INC.	99-0348596
HAWAII PREMIER DERMATOLOGY, INC.	93-2368450

J&J HAM, INC.	99-0344221
THE CHIROPRACTIC STUDIO, LLC	87-1425510
HAWAII PODIATRY, LLC	46-5112285
MCCOOL COUNSELING SERVICES, LLC	87-1624185
DR RICK A CARPENTER	99-0343556
STEP UP CHIROPRACTIC, LLC	92-0914605
SOUTH SHORE PHYSSICAL THERAPY & SPORTS MEDICINE, INC.	43-834087
PARSIMONY, INC.	93-2124452
EVERGREEN ADULT DAY CARE HAWAII, INC.	81-3045790
JEFFREY M LIN MD, LLC	81-3067317
AK MD, INC.	46-0828797
VC MANAGEMENT, LLC	45-2649034
ALOHA AESTHETICS MD, LLC	93-3930502
KAILUA SPINE CENTER, LLC	92-0954541
ISLAND PROMISE HOMES, LLC	20-8956205
PAHOA CHIROPRACTIC, LLC	87-3827871
ABSOLUTE HOME CARE, INC.	874134007
MALAMA NUI HOME CARE, LLC	83-4400871
CARL K YORITA MD, INC.	99-0181533
HO'OKO, LLC	46-3461146
HUA MOON WOMEN'S HEALTH, LLC	46-4560620
GRACE WORKS, LLC	27-1092072
LEON MATSUO MD, INC.	82-3784332

AARON COLLIN LMFT, LLC	82-4582852
CARDIOPULMONARY DIAGNOSTICS SERVICES, INC.	99-0353934
CARDIOVASCULAR INTERVENTIONS OF THE PACIFIC, LLC	82-4694732