

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 11/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
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: ASANA PARTNERS PAYROLL SERVICES LLC WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 11/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan): ASANA PARTNERS PAYROLL SERVICES LLC
2b Employer Identification Number (EIN): 87-4051443
2c Plan Sponsor's telephone number: 704-423-1660
2d Business code (see instructions): 531390

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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>ASANA PARTNERS PAYROLL SERVICES LLC</p> <p>2151 HAWKINS STREET SUITE 1100 CHARLOTTE, NC 28203</p>	<p>3b Administrator's EIN 87-4051443</p> <p>3c Administrator's telephone number 704-423-1660</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>5 118</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>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</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>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>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1) 118</p> <p>6a(2) 118</p> <p>6b 0</p> <p>6c 0</p> <p>6d 118</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</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 4H 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>6</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 _____

(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	

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	162348	
(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)		162348
b Benefit charges (1) Claims paid	9b(1)	84895	
(2) Increase (decrease) in claim reserves	9b(2)	2626	
(3) Incurred claims (add (1) and (2))	9b(3)		87521
(4) Claims charged	9b(4)		87521
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	6531	
(B) Administrative service or other fees	9c(1)(B)	17047	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	2029	
(F) Charges for risks or other contingencies	9c(1)(F)	8117	
(G) Other retention charges	9c(1)(G)	41104	
(H) Total retention	9c(1)(H)		74828
(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	
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. ▶

<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 **11/01/2024** and ending **12/31/2024**

<p>A Name of plan ASANA PARTNERS PAYROLL SERVICES LLC WELFARE BENEFIT 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 ASANA PARTNERS PAYROLL SERVICES LLC</p>	<p>D Employer Identification Number (EIN) 87-4051443</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
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3343219	113	11/01/2024	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</p> <p style="text-align: center;">1673</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">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

MCGRIFF INSURANCE SERVICES LLC P O BOX 896620
CHARLOTTE, NC 28289

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1673			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		16884
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. ▶

<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 **11/01/2024** and ending **12/31/2024**

<p>A Name of plan ASANA PARTNERS PAYROLL SERVICES LLC WELFARE BENEFIT 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 ASANA PARTNERS PAYROLL SERVICES LLC</p>	<p>D Employer Identification Number (EIN) 87-4051443</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
LIFE INSURANCE COMPANY OF NORTH AMERICA

(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
23-1503749	65498	SOK0609015	118	11/01/2024	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</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">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

(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	

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	(c) Amount	(d) Purpose	

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	474
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. ▶

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3323
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. ▶

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4371
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **11/01/2024** and ending **12/31/2024**

A Name of plan ASANA PARTNERS PAYROLL SERVICES LLC WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ASANA PARTNERS PAYROLL SERVICES LLC		D Employer Identification Number (EIN) 87-4051443

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

LIFE INSURANCE COMPANY OF NORTH AMERICA

(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
23-1503749	65498	SGM0611983	118	11/01/2024	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 436	(b) Total amount of fees paid 0
-----------------------------------------------------------	--------------------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

DIGITAL INSURANCE INC
200 GALLERIA PARKWAY
SUITE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
233			3

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

MCGRIFF INSURANCE SERVICES LLC
3400 OVERTON PARK DR SE
SUITE 300
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
203			3

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

Schedule A (Form 5500) 2024
v. 240311

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1816
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

Annual Return/Report of Employee Benefit Plan

OMB No. 1545-0047

2024

Complete all entries in accordance with the instructions to the Form 5500.

This Form is Open to Public Inspection

Part I Annual Report Identification Information

Form fields for Part I including Plan Year (11/01/2024 to 12/31/2024), Plan Name, and various identification codes.

Part II Basic Plan Information

Form fields for Part II including Plan Name (Asana Partners Payroll Services LLC Welfare Benefit Plan), Plan Sponsor's name, address, and contact information.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Table with 4 columns: Signer Role, Signature, Date, and Name. Includes entries for Plan Administrator, Employer/Plan Sponsor, and DFE.

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

3a Plan administrator's name and address Asana Partners Payroll Services LLC 2151 Hawkins Street Suite 1100 Charlotte NC 28203	3b Administrator's EIN 87-4051443 3c Administrator's telephone (704) 423-1660
-------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

4 Plan sponsor's name a Sponsor's name c	4b 4d
---------------------------------------------------------------------	------------------------

5	<table border="1"> <tr> <td>5</td> <td>118</td> </tr> </table>	5	118
5	118		

6 6a(1), 6a(2), 6b, 6c, 6d, 6e, 6f, 6g(1), 6g(2), 6h	<table border="1"> <tr> <td>6a(1)</td> <td>118</td> </tr> <tr> <td>6a(2)</td> <td>118</td> </tr> <tr> <td>6b</td> <td>0</td> </tr> <tr> <td>6c</td> <td>0</td> </tr> <tr> <td>6d</td> <td>118</td> </tr> <tr> <td>6e</td> <td></td> </tr> <tr> <td>6f</td> <td></td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td></td> </tr> </table>	6a(1)	118	6a(2)	118	6b	0	6c	0	6d	118	6e		6f		6g(1)		6g(2)		6h	
6a(1)	118																				
6a(2)	118																				
6b	0																				
6c	0																				
6d	118																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					

7 8a b 4A 4B 4D 4E 4H 4Q	7
-----------------------------------------------------	----------

9a (1) <input checked="" type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/>	9b (1) <input checked="" type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/>
------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

10 a Pension Schedules (1) <input type="checkbox"/> R (2) <input type="checkbox"/> MB (3) <input type="checkbox"/> SB (4) <input type="checkbox"/> DCG (5) <input type="checkbox"/> MEP	10 b General Schedules (1) <input type="checkbox"/> H (2) <input type="checkbox"/> I (3) <input checked="" type="checkbox"/> A (4) <input type="checkbox"/> C (5) <input type="checkbox"/> D (6) <input type="checkbox"/> G
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4Q = Accidental Death and Dismemberment

**SCHEDULE A
(Form 5500)**

Insurance Information

OMB No. 1545-0047

2024

This Form is Open to Public Inspection

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

▶ **For information on the requirements for this form, see the instructions for Form 5500.**

Asana Partners Payroll Services LLC Welfare Benefit Plan 11/01/2024 12/31/2024

A Asana Partners Payroll Services LLC Welfare Benefit Plan **B** 501

C Asana Partners Payroll Services LLC **D** 87-4051443

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

1 Blue Cross Blue Shield of South Carolina

Table with 6 columns: (b) ID, (c) ID, (d) ID, (e) ID, (f) Start Date, (g) End Date. Row 1: 57-0287419, 38520, 66-17523, 104, 11/01/2024, 12/31/2024

Table with 2 columns: (a) Total, (b) Total. Row 1: 6,531, 0

3 McGriff Insurance Services, 3400 Overton Park Drive, Suite 300, Atlanta, GA 30339

Table with 4 columns: (b) Total, (c) Total, (d) Total, (e) Total. Row 1: 6,531, 0, 0, 3

(a) Total 6,531

Table with 4 columns: (b) Total, (c) Total, (d) Total, (e) Total. Row 1: 6,531, 0, 0, 3

Part II	Investment and Annuity Contract Information
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4		4	
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5		5	
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6			
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a			
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b		6b	
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c		6c	
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d		6d	
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e			
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f			
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7			
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a			
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b		7b	
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c		7c(1)	
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		7c(2)	
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		7c(3)	
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		7c(4)	
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		7c(5)	
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		7c(6)	
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d		7d	
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e			
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		7e(1)	
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		7e(2)	
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		7e(3)	
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		7e(4)	
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		7e(5)	
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f		7f	
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Part III	Welfare Benefit Contract Information
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8

- a b c d
 e f g h
 i j k l
 m

9

a	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">9a(1)</td><td style="width: 50%; text-align: right;">162,348</td></tr> <tr><td>9a(2)</td><td></td></tr> <tr><td>9a(3)</td><td></td></tr> <tr><td>9a(4)</td><td style="text-align: right;">162,348</td></tr> </table>	9a(1)	162,348	9a(2)		9a(3)		9a(4)	162,348									
9a(1)	162,348																	
9a(2)																		
9a(3)																		
9a(4)	162,348																	
b	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">9b(1)</td><td style="width: 50%; text-align: right;">84,895</td></tr> <tr><td>9b(2)</td><td style="text-align: right;">2,626</td></tr> <tr><td>9b(3)</td><td style="text-align: right;">87,521</td></tr> <tr><td>9b(4)</td><td style="text-align: right;">87,521</td></tr> </table>	9b(1)	84,895	9b(2)	2,626	9b(3)	87,521	9b(4)	87,521									
9b(1)	84,895																	
9b(2)	2,626																	
9b(3)	87,521																	
9b(4)	87,521																	
c	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">9c(1)(A)</td><td style="width: 50%; text-align: right;">6,531</td></tr> <tr><td>9c(1)(B)</td><td style="text-align: right;">17,047</td></tr> <tr><td>9c(1)(C)</td><td></td></tr> <tr><td>9c(1)(D)</td><td></td></tr> <tr><td>9c(1)(E)</td><td style="text-align: right;">2,029</td></tr> <tr><td>9c(1)(F)</td><td style="text-align: right;">8,117</td></tr> <tr><td>9c(1)(G)</td><td style="text-align: right;">41,104</td></tr> <tr><td>9c(1)(H)</td><td style="text-align: right;">74,828</td></tr> </table>	9c(1)(A)	6,531	9c(1)(B)	17,047	9c(1)(C)		9c(1)(D)		9c(1)(E)	2,029	9c(1)(F)	8,117	9c(1)(G)	41,104	9c(1)(H)	74,828	
9c(1)(A)	6,531																	
9c(1)(B)	17,047																	
9c(1)(C)																		
9c(1)(D)																		
9c(1)(E)	2,029																	
9c(1)(F)	8,117																	
9c(1)(G)	41,104																	
9c(1)(H)	74,828																	
d	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">9d(1)</td><td style="width: 50%;"></td></tr> <tr><td>9d(2)</td><td></td></tr> <tr><td>9d(3)</td><td></td></tr> </table>	9d(1)		9d(2)		9d(3)												
9d(1)																		
9d(2)																		
9d(3)																		
e	9c(2)	9e																

10

a		10a
b		10b

Part IV	Provision of Information
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11

12

**SCHEDULE A
(Form 5500)**

Insurance Information

OMB No. 1545-0047

2024

This Form is Open to Public Inspection

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

Asana Partners Payroll Services LLC Welfare Benefit Plan 11/01/2024 12/31/2024

A Asana Partners Payroll Services LLC Welfare Benefit Plan **B** 501

C Asana Partners Payroll Services LLC **D** 87-4051443

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

1 Cigna Health and Life Insurance Company

Table with 6 columns: (b) ID, (c) ID, (d) ID, (e) ID, (f) Start Date, (g) End Date. Row 1: 59-1031071, 67369, 3343219, 113, 11/01/2024, 12/31/2024

Table with 2 columns: (a) Total, (b) Total. Row 1: 1,673, 0

3 McGriff Insurance Services LLC
P O Box 896620
Charlotte NC 28289

Table with 4 columns: (b) ID, (c) ID, (d) ID, (e) ID. Row 1: 1,673, 3

(a) Total

Table with 4 columns: (b) ID, (c) ID, (d) ID, (e) ID

Part II	Investment and Annuity Contract Information
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4		4	
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5		5	
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6			
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a			
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b		6b	
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c		6c	
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d		6d	
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e			
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f			
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7			
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a			
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b		7b	
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c		7c(1)	
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		7c(2)	
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		7c(3)	
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		7c(4)	
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		7c(5)	
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		7c(6)	
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d		7d	
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e			
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		7e(1)	
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		7e(2)	
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		7e(3)	
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		7e(4)	
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		7e(5)	
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f		7f	
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**SCHEDULE A
(Form 5500)**

Insurance Information

OMB No. 1545-0047

2024

This Form is Open to Public Inspection

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

▶ **For more information, see the instructions for Form 5500.**

2024 11/01/2024 12/31/2024

A Asana Partners Payroll Services LLC Welfare Benefit Plan **B** 501

C Asana Partners Payroll Services LLC **D** 87-4051443

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

1 Life Insurance

(a) Life Insurance Company of North America

(b) Policy No.	(c) Contract No.	(d) Identification No.	(e) Annual Premium	(f) Start Date	(g) End Date
23-1503749	65498	SOK0609015	118	11/01/2024	12/31/2024

2 Total Annual Premiums

(a) Total Annual Premiums	(b) Total Annual Premiums
0	0

3 Total Annual Commissions

(b) Total Annual Commissions	(c) Total Annual Commissions	(d) Total Annual Commissions	(e) Total Annual Commissions

(a) Total Annual Commissions

(b) Total Annual Commissions	(c) Total Annual Commissions	(d) Total Annual Commissions	(e) Total Annual Commissions

Part II	Investment and Annuity Contract Information
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4		4	
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5		5	
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6			
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a			
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b		6b	
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c		6c	
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d		6d	
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e			
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f			
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7			
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a			
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b		7b	
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c	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

		7c(6)	
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d		7d	
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e			
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	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

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f		7e(5)	
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		7f	
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Part III	Welfare Benefit Contract Information
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8

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|--------------------------------------------|----------------------------|----------------------------|----------------------------|
| a <input type="checkbox"/> | b <input type="checkbox"/> | c <input type="checkbox"/> | d <input type="checkbox"/> |
| e <input type="checkbox"/> | f <input type="checkbox"/> | g <input type="checkbox"/> | h <input type="checkbox"/> |
| i <input type="checkbox"/> | j <input type="checkbox"/> | k <input type="checkbox"/> | l <input type="checkbox"/> |
| m <input checked="" type="checkbox"/> AD&D | | | |

9

a		9a(1)		
		9a(2)		
		9a(3)		
	(1) (2) (3)			9a(4)
b		9b(1)		
		9b(2)		
	(1) (2)			9b(3)
				9b(4)
c	R			
		9c(1)(A)		
		9c(1)(B)		
		9c(1)(C)		
		9c(1)(D)		
		9c(1)(E)		
		9c(1)(F)		
		9c(1)(G)		
				9c(1)(H)
	D			9c(2)
d				9d(1)
				9d(2)
				9d(3)
e	D	9c(2)		9e

10

a		10a	474
b		10b	

Part IV	Provision of Information
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11

12

**SCHEDULE A
(Form 5500)**

Insurance Information

OMB No. 1545-0047

2024

This Form is Open to Public Inspection

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

▶ **For more information on the requirements for this form, see the instructions for Form 5500.**

For the calendar year 2024, from 11/01/2024 to 12/31/2024

A Asana Partners Payroll Services LLC Welfare Benefit Plan

B 501

C Asana Partners Payroll Services LLC

D 87-4051443

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

1 Life Insurance Company of North America

(a) Policy No.	(b) Contract No.	(c) Group No.	(d) Identification No.	(e) Effective Date	(f) Expiration Date
23-1503749	65498	SGD0613272	118	11/01/2024	12/31/2024

2 McGriff Insurance Services LLC

3400 Overton Park Drive SE
Suite 300
Atlanta, GA 30339

(a) 1,171 (b) 0

3 Digital Insurance Inc

200 Galleria Parkway
Suite 1950
Atlanta, GA 30339

(b) Policy No.	(c) Contract No.	(d) Group No.	(e) Identification No.
679			3

(a) 679 (b) 3

Part II	Investment and Annuity Contract Information
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4		4	
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5		5	
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6			
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a			
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b		6b	
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c		6c	
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d		6d	
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e			
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f			
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7			
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a			
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b		7b	
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c		7c(1)	
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		7c(2)	
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		7c(3)	
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		7c(4)	
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		7c(5)	
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		7c(6)	
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d		7d	
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e			
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		7e(1)	
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		7e(2)	
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		7e(3)	
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		7e(4)	
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		7e(5)	
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f		7f	
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Part III	Welfare Benefit Contract Information
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8

- a
- b
- c
- d
- e
- f
- g
- h
- i
- j
- k
- l
- m

9

a	<input type="checkbox"/>	9a(1)	<input type="checkbox"/>	
	<input type="checkbox"/>	9a(2)	<input type="checkbox"/>	
	<input type="checkbox"/>	9a(3)	<input type="checkbox"/>	
	<input type="checkbox"/>	9a(4)		
b	<input type="checkbox"/>	9b(1)	<input type="checkbox"/>	
	<input type="checkbox"/>	9b(2)	<input type="checkbox"/>	
	<input type="checkbox"/>	9b(3)		
	<input type="checkbox"/>	9b(4)		
c	<input type="checkbox"/>	9c(1)(A)	<input type="checkbox"/>	
	<input type="checkbox"/>	9c(1)(B)	<input type="checkbox"/>	
	<input type="checkbox"/>	9c(1)(C)	<input type="checkbox"/>	
	<input type="checkbox"/>	9c(1)(D)	<input type="checkbox"/>	
	<input type="checkbox"/>	9c(1)(E)	<input type="checkbox"/>	
	<input type="checkbox"/>	9c(1)(F)	<input type="checkbox"/>	
	<input type="checkbox"/>	9c(1)(G)	<input type="checkbox"/>	
	<input type="checkbox"/>	9c(1)(H)		
	<input type="checkbox"/>	9c(2)	<input type="checkbox"/>	
d	<input type="checkbox"/>	9d(1)	<input type="checkbox"/>	
	<input type="checkbox"/>	9d(2)	<input type="checkbox"/>	
	<input type="checkbox"/>	9d(3)	<input type="checkbox"/>	
e	<input type="checkbox"/>	9c(2)	9e	

10

a	<input type="checkbox"/>	10a	3,323
b	<input type="checkbox"/>	10b	

Part IV	Provision of Information
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11

12

**SCHEDULE A
(Form 5500)**

Insurance Information

2024

2024

This Form is Open to Public Inspection

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

11/01/2024 12/31/2024

A Asana Partners Payroll Services LLC Welfare Benefit Plan **B** 501

C Asana Partners Payroll Services LLC **D** 87-4051443

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

1

(a) Life Insurance Company of North America

(b)	(c)	(d)	(e)	(f)	(g)
23-1503749	65498	SGD0613271	118	11/01/2024	12/31/2024

2

(a)	(b)
1,156	0

3

(a) McGriff Insurance Services LLC
3400 Overton Park Drive SE
Suite 300
Atlanta GA 30339

(b)	(c)	(d)	(e)
485			3

(a)

Digital Insurance Inc
200 Galleria Parkway
Suite 1950
Atlanta GA 30339

(b)	(c)	(d)	(e)
671			3

Part II	Investment and Annuity Contract Information
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4		4	
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5		5	
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6			
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a			
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b		6b	
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c		6c	
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d		6d	
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e			
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f			
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7			
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a			
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b		7b	
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c		7c(1)	
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		7c(2)	
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		7c(3)	
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		7c(4)	
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		7c(5)	
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		7c(6)	
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d		7d	
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e			
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		7e(1)	
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		7e(2)	
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		7e(3)	
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		7e(4)	
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		7e(5)	
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f		7f	
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Part III	Welfare Benefit Contract Information
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8

- a
- b
- c
- d
- e
- f
- g
- h
- i
- j
- k
- l
- m

9

a		9a(1)	
		9a(2)	
		9a(3)	
	(1) (2) (3)	9a(4)	
b		9b(1)	
		9b(2)	
	(1) (2)	9b(3)	
		9b(4)	
c	R	9c(1)(A)	
		9c(1)(B)	
		9c(1)(C)	
		9c(1)(D)	
		9c(1)(E)	
		9c(1)(F)	
		9c(1)(G)	
		9c(1)(H)	
	2	9c(2)	
d		9d(1)	
	2	9d(2)	
	3	9d(3)	
e	D	9c(2)	9e

10

a		10a	4,371
b		10b	

Part IV	Provision of Information
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11

12

**SCHEDULE A
(Form 5500)**

Insurance Information

2024

2024

This Form is Open to Public Inspection

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

11/01/2024		12/31/2024	
A Asana Partners Payroll Services LLC Welfare Benefit Plan		B 501	
C Asana Partners Payroll Services LLC		D 87-4051443	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

1 Life Insurance Company of North America					
(a) Life Insurance Company of North America					
(b)	(c)	(d)	(e)	(f)	(g)
23-1503749	65498	SGM0611983	118	11/01/2024	12/31/2024
2 (a) 436			(b) 0		
3 (a) McGriff Insurance Services LLC 3400 Overton Park Dr SE Suite 300 Atlanta GA 30339					
(b)	(c)	(d)	(e)		
203			3		
(a) Digital Insurance Inc 200 Galleria Parkway Suite 1950 Atlanta GA 30339					
(b)	(c)	(d)	(e)		
233			3		

Part II	Investment and Annuity Contract Information
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4		4	
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6			
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a			
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b		6b	
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c		6c	
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d		6d	
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e			
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f			
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7			
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a			
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b		7b	
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c		7c(1)	
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		7c(2)	
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		7c(3)	
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		7c(4)	
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		7c(5)	
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		7c(6)	
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d		7d	
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e			
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		7e(1)	
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		7e(2)	
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		7e(3)	
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		7e(4)	
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		7e(5)	
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f		7f	
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Part III	Welfare Benefit Contract Information
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8

- a b c d
- e f g h
- i j k l
- m Voluntary Benefits

9

a		9a(1)	
		9a(2)	
		9a(3)	
	(1) (2) (3)		9a(4)
b		9b(1)	
		9b(2)	
	(1) (2)		9b(3)
			9b(4)
c	R	9c(1)(A)	
		9c(1)(B)	
		9c(1)(C)	
		9c(1)(D)	
		9c(1)(E)	
		9c(1)(F)	
		9c(1)(G)	
			9c(1)(H)
	2		9c(2)
d			9d(1)
	2		9d(2)
	3		9d(3)
e	D	9c(2)	9e

10

a		10a	1,816
b		10b	

Part IV	Provision of Information
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11

12