

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

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 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: RESOURCING EDGE WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 507
1c Effective date of plan: 01/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): RESOURCING EDGE I, LLC
2b Employer Identification Number (EIN): 46-3045894
2c Plan Sponsor's telephone number: 877-703-8010
2d Business code (see instructions): 541990

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 entries for MATT KINNEAR on 08/18/2025.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	18247
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	18247
	6a(2)	25074
	6b	236
	6c	
	6d	25310
	6e	
	6f	25310
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

4A 4B 4D 4E 4F 4H 4Q

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

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

a Pension Schedules

- (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 11
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 157162340

**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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC		D Employer Identification Number (EIN) 46-3045894

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
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	236219	71	10/01/2023	09/30/2024

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 15986	(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

TCTK SERVICES
1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15986	0		

(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.

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	318254
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC		D Employer Identification Number (EIN) 46-3045894	

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
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(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
93-0798039	95540	25226	0	04/01/2023	09/30/2023

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 0	(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

(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	

(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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		0
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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

METROPOLITAN 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
13-5581829	65978	0251158	3062	08/01/2023	07/31/2024

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 124609	(b) Total amount of fees paid 12980
--------------------------------------------------------------	------------------------------------------------------

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

CENTRO BENEFITS RESEARCH LLC
325 N. KIRKWOOD RD.
STE. 300
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17801	7121		3

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

TCTK SERVICES
1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
106808	5859		3

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

Schedule A (Form 5500) 2023
v. 230707

(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	463039
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC		D Employer Identification Number (EIN) 46-3045894

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
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(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
93-0798039	95540	25225	4	04/01/2023	09/30/2023

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 0	(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

(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	

(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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	0
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>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p>A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 507</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC</p>	<p>D Employer Identification Number (EIN) 46-3045894</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
UNITED HEALTHCARE 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
36-2739571	79413	8240000	13642	10/01/2023	09/30/2024

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 3028624	(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

TCTK SERVICES **1309 RIDGE ROAD**
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3028642	0		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.

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	61192892
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 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: large;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p>A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>507</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC</p>	<p>D Employer Identification Number (EIN) 46-3045894</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
METROPOLITAN 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
13-5581829	65978	5347647	25074	10/01/2023	09/30/2024

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 1593640</p>	<p>(b) Total amount of fees paid 410241</p>
-----------------------------------------------------------------------	---------------------------------------------------------------

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

EOI SERVICE COMPANY INC. **3100 E. MIRALOMA AVENUE**
STE 240
ANAHEIM, CA 92806

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	30000		3

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

CENTRO BENEFITS RESEARCH LLC **325 N. KIRKWOOD RD.**
STE. 300
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
359100	229372		3

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

TCTK SERVICES

1309 RIDGE ROAD
 STE 200
 ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1234540	150869		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	

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) <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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

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	12032679
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. ▶

(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. 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	687662
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>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p>A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>507</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC</p>	<p>D Employer Identification Number (EIN) 46-3045894</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
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(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
84-0591617	95669	47295	21	10/01/2023	09/30/2024

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
0	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

(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	

(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	54024
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	607731	130	10/01/2023	09/30/2024

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 23601	(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

TCTK SERVICES
1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23601	0		

(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.

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	951641
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC		D Employer Identification Number (EIN) 46-3045894	

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
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-1592076	96237	10699	50	10/01/2023	09/30/2024

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 7703	(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
TCTK SERVICES **1309 RIDGE ROAD**
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7703	0		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.
----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	154057
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
----------------------------------------------------------------------	----------------------------------------------------

C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894
------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

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
METROPOLITAN 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
13-5581829	65978	0251157	6360	08/01/2023	07/31/2024

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 109273	(b) Total amount of fees paid 10378
--------------------------------------------------------------	------------------------------------------------------

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
CENTRO BENEFITS RESEARCH LLC **325 N. KIRKWOOD RD.**
STE. 300
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15610	6244		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TCTK SERVICES **1309 RIDGE ROAD**
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93663	4134		3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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	407637
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Name of Participating Employer	% of Total Contributions for Plan Year
120/80	0.01%
140 Industrial Road, LLC	0.00%
1plus1 Ventures LLC	0.01%
2727 Kirby Condominiums Association	0.15%
346 INVESTMENT PARTNERS LLC	0.01%
3rd Generation Engineering Inc.	0.10%
4490 Ventures	0.00%
5366 Logistics Corp	0.06%
6 Brick's LLC	0.02%
617 Therapeutic Health Care, Inc.	0.00%
617 Therapeutic Holdings Company LLC	0.01%
9 YARDS/ARCON ARCHITECTS, INC	0.05%
A F Horton Tree Service, LLC	0.01%
A Future For All	0.16%
A.M. Money Inc	0.01%
A-ABLE PAWNERS & JEWELERS (APR)	0.00%
ABCO Group	0.06%
ABCO Medical Supply	0.12%
ABL USA, Inc.	0.10%
Academy of Science - St. Louis	0.14%
ACCRETIVE CAPITAL	0.06%
Accurate Door & Window LLC	0.00%
ACE Medical Billing	0.00%
ACEXR, LLC	0.03%
ACK Natural LLC	0.00%
ACKLEY REALTY	0.03%
ACCLAIMANT, INC.	0.06%
ACME Management Oklahoma LLC	0.00%
ACME Wine Company	0.01%
ACTIVATE, INC.	0.01%
Active Transportation Alliance	0.01%
ADA-MARIE, INC.	0.00%
ADAMS WEALTH MANAGEMENT GROUP	0.07%
ADAPTALOGIX, LLC	0.08%
Add Energy LLC	0.05%
Advanced Cultivators LLC	0.00%
Advanced Program Analytics, LLC	0.08%
ADVANCED SPINAL FITNESS	0.01%
Advancement Leadership Lab	0.00%
Advocate Hospice and Palliative Care, LLC	0.00%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

AGC OF SETX	0.00%
Agility Closing & Title Services, Inc.	0.13%
Agrovive, Inc.	0.00%
AHHS	0.00%
Akel Building Group LLC	0.21%
AL Dental Professionals, PC	0.05%
AL Dothan Dental Professionals PC	0.02%
ALERT PROTECTIVE SERVICES, LLC	0.05%
Alfonsi Railroad Construction Co.	0.01%
Alliance for Pharmacy Compounding	0.01%
Alliance Virtual Offices	0.23%
Alloy Personal Training	0.17%
Allwork Space News Corp	0.03%
Aloha Green Holdings, Inc	0.01%
ALTERNATIVE RISK UNDERWRITING, LLC	0.36%
Alterra Energy LLC	0.69%
Altis BioSystems Inc.	0.42%
ALTIUS SPORTS PARTNERS, LLC	0.02%
Altos Partners, LLC	0.08%
Amara Wellness Services Inc.	0.01%
AMAZING PLACE	0.07%
Amenity Health Services, PLLC	0.02%
American Distribution Services	0.12%
American Family Care	0.00%
American International Maritime, LLC	0.01%
AMERICAN JEBCO CORPORATION	0.00%
American Pipe Handlers, LLC.	0.00%
AMERIPRISE FINANCIAL	0.02%
Amicus GMP Consultants	0.00%
AMSPA	0.27%
Angel Ridge Properties	0.15%
Angela's Hauling	0.01%
ANNET TECHNOLOGIES (USA), INC.	0.03%
APCO Med Medical Marijuana Dispensaries	0.00%
Apply Synergies, LLC	0.09%
ARCHITECTURE OHIO INC.	0.05%
Archway Apartments	0.00%
ARSENAL CONTEMPORARY ART NY LLC	0.00%
Artis Recovery, LLC	0.01%
ASG Services LLC	0.04%
Aspen Biosciences	0.01%
ASPIRON TECHNOLOGIES CORP	0.01%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Assessments of the Southwest Inc.	0.03%
ASSOCIATION FOR MIDDLE LEVEL EDUCATION	0.01%
ATHENAEUM CENTER FOR THOUGHT & CULTURE	0.00%
Atlan Inc.	0.05%
Atlantic Farms, LLC	0.00%
Atlantic Limousine Inc	0.00%
Audasit, Inc.	0.01%
Aura Innovative Technology, Inc.	0.02%
AURORA EXHIBIT SOLUTIONS, INC.	0.11%
Australian Strategic Policy Institute	0.01%
Authenteak LLC	0.17%
Automax Rent-A-Car, Inc.	0.29%
Ava Billing & Consulting, LLC	0.57%
Averdant, Inc.	0.06%
AVO Services Corporation	0.08%
Axia Risk Management Services, LLC	0.00%
Axiom Heat Treatment, LLC	0.02%
AyuVis Research Inc.	0.02%
BabyQuip, Inc.	0.16%
BACKGROUND RESOURCES, INC	0.00%
BAKER SERVICES, INC.	0.18%
Bare Metal Standard Midwest, Inc.	0.00%
Base Distributing, Inc.	0.04%
Bay Area Turning Point, Inc	0.00%
Bay Colony Massage Envy	0.01%
BB Botanics LLC	0.00%
BBDM MANAGEMENT, LLC	0.00%
BD&E	0.05%
BDS Group, LLC	0.00%
Bear Kaufman Holding Co LLC	0.00%
Bellemare Transport Inc	0.08%
Bellingcat Fund Inc.	0.00%
Benchmark Signs Inc.	0.00%
BEST SERVICE HEATING AND COOLING	0.13%
Beverly J. Searles Foundation, Inc.	0.02%
BEXLEY MOTORCAR COMPANY	0.17%
BFS Illinois, LLC	0.09%
Big Creek Plantation, Inc.	0.03%
Birchwood Inn Partners, LLLP	0.56%
BK&R ENTERPRISES	0.00%
BlackHawk Datacom	0.15%
Blackstone Valley Cannabis	0.00%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Bloom Brothers	0.28%
Blu Medstaff LLC	0.13%
Blue Diamond Ventures Inc.	0.00%
Boone Brands	0.34%
Bootjack Ranch LLC	0.00%
Boston Development Group	0.02%
Bounce AI, Inc.	0.02%
Bowdon Kwick Shop	0.00%
Bowdon Rd Shoppette	0.00%
Bowman Physical Therapy	0.01%
Breakthrough Behavior LLC	0.21%
BRICK AND BATTEN, INC	0.00%
Broadway Management Company, LLC	0.13%
BROCK AS&I LLP	0.00%
BROCK WHISPER VALLEY RANCH	0.00%
Bruce Andrew Levy, M.D., P.A.	0.00%
BUCKEYE WESTERN STAR	0.07%
Build Technology Group	1.01%
Bullseye NYC	0.01%
BullseyeLA	0.00%
Burtin Polymer Innovations, LLC	0.12%
Burtin Racing, LLC	0.12%
Business & Marketing Improvement USA, Inc.	0.01%
BVH ARCHITECTURE	0.00%
C 2 Steel, LLC	0.00%
C&F HOLDINGS GROUP, LLC	0.09%
C&S Chemical, Inc	0.18%
Cali Carting, Inc	0.04%
California Tequila, Inc	0.03%
Calverde Naturals LLC	0.01%
Cambrian Management, LTD	0.10%
CAMP Cannabis	0.02%
Campbell Travel	0.03%
Cannabis Culture	0.00%
Cannabis of Worcester LLC	0.01%
Cannavative Group, LLC	0.02%
Capitol South Community Urban Redevelopment	0.44%
Capsur Insurance Agency LLC	0.02%
Capture Collective Inc.	0.17%
Car Capital Corporation	0.95%
CAREFEED INC.	0.01%
Caregiver Patient Connection, LLC	0.00%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

CAREIGNITION, LLC	0.00%
Carlsen Precision Manufacturing	0.02%
Carpet Depot	0.16%
Carpet Giant Houston, Inc.	0.19%
Cassidy Consulting Group, LLC	0.14%
Cayo Costa Dental Inc	0.01%
CBT/DBT Associates	0.00%
Cedar Roots LLC	0.00%
CELMARK DEVELOPMENT GROUP, INC	0.12%
Central Cargo North America	0.15%
CEO FORUM, INC.	0.06%
Certa Pro Controls, LLC	0.04%
Cervest Inc	0.12%
ChadNic Management Services	0.64%
CHALMERS ST. CONSULTING, LLC	0.01%
CHAMBERLAND LAW PC	0.00%
Charleene's Houses, LLC	0.00%
CHARLES RICHARD ROSS	0.00%
Cheeky's Boutique	0.02%
CHICAGO TECH ACADEMY	0.01%
CHICAGOLAND ENTREPRENEURIAL CENTER	0.04%
Chronicseur Farms	0.00%
Chronos AI, Inc	0.03%
CIO Landing Inc.	0.01%
CIO Miami, LLC	0.00%
CIRCULAR WAVE DRIVE PARTNERS INC	0.00%
City Fields	0.01%
Citylife Construction Services, LLC	0.00%
CIVCOM	0.03%
Clarion Management, Inc	0.25%
Clark Engineering LLC	0.33%
CLCC, LLC	0.00%
CLDC, LLC	0.02%
Clean Technique LLC	0.00%
CLEANSERV INC.	0.21%
Clear Capital, LLC	0.09%
Clear Choice Resources	0.05%
Clegg's Termite & Pest Control, LLC	0.46%
CLIMATE TECHNOLOGY	0.01%
Cloud Creamery LLC	0.00%
CLOUD PROPELLER. INC.	0.00%
CLRI, LLC	0.04%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Coastal Roots, Inc	0.00%
COKER APPRAISERS INC	0.00%
Coleman Roofing & Construction LC	0.00%
Coleman Roofing & Construction LLC Houma	0.00%
Coleman Roofing, LLC	0.01%
Collective Cannabis	0.01%
Colonial House	0.00%
COLORADO CHIROPRACTIC ASSOC.,	0.01%
Columbus Consulting International LLC	0.15%
COLUMBUS CONSULTING INTERNATIONAL, LLC	0.51%
COLUMBUS NCORP	0.10%
Commercial Coils, Inc	0.00%
Commsor Inc.	0.01%
Community Behavioral Health Center	0.25%
Community Growth Partners Holdings Inc	0.01%
COMMUNITY PROPERTIES OF OHIO	0.72%
CompTeam, LLC	0.05%
CONFERENCES I/O	0.00%
Console Vault, LLC	0.00%
Construction Masters of Houston Inc.	0.29%
Contemporary Energy Solutions, LLC	0.36%
Cooper-Global Chauffeured Transportation, Inc	0.11%
Copeland Contracting Company, LLC	0.22%
COR Swimming Association	0.01%
CORAL SUNSET	0.00%
Corbet Scientific, LLC	0.00%
Core Access Surgical Technologies, Inc.	0.18%
CORE Management Group	0.09%
Cornerstone Hospitality LLC	0.10%
COUNCIL OF DEVELOPMENT FINANCE AGENCIES	0.12%
COUNTRYLAND PROPERTIES LLC	0.00%
COUTURE HAIR STUDIO	0.00%
Craddock Terry Hotel, Waterstone Pizza, Shoemakers American Grille	0.17%
Cranford X-Ray Company	0.18%
Craters and Freighters of Las Vegas	0.17%
CREATIVE JUMP SYSTEMS, INC.	0.01%
CREDIT LINK, LLC	0.00%
Cross Pines Ranch Association, Inc	0.00%
Crosswind Tech, LLC	0.00%
Crowded Technologies, Inc.	0.01%
Crown Chemical, Inc.	0.01%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Crystal Mountain Products Inc.	0.00%
CTI Properties, LLC	0.00%
CTL MEDICAL CORPORATION	0.72%
D R Horton Tree Service	0.01%
d2 Digital Designs, LLC	0.09%
Dallas Hope Charities	0.01%
DANIEL MANAGEMENT GROUP, INC.	0.00%
Daniris Management LLC	0.00%
Data Agility Group, Inc	0.19%
Datalog Geological Services, LLC	0.71%
Datava, Inc.	0.04%
Dave Watson & Associates LLC	0.15%
DAVID NEARON, ESQ	0.02%
DAWSEY CO.,LPA	0.06%
DayMet Credit Union	0.03%
Dazed Cannabis	0.01%
dBMEDx, Inc.	0.03%
Deaf Overcoming Violence Through Empowerment (DOVE)	0.06%
Decorative Concrete Supply Inc	0.22%
DEGROOT FINE ART, INC.	0.00%
DEI INDUSTRIAL LLC	0.00%
DEI Network, Inc	0.00%
Delivered, Inc.	0.00%
Delta Performance Products, LLC	0.47%
Deltech Furnaces	0.01%
Dentek Systems Inc	0.03%
Derek Potts DDS Inc	0.00%
Design Galleria	0.07%
DIGESTIVE ASSOCIATES OF OHIO, LLC	0.01%
DIGITAL CARPENTERS OPERATING LLC	0.00%
Digitize Designs, LLC	0.07%
DIMENSION INX CORP	0.00%
DirectiveGroup, Inc	0.09%
Divine Buds Maine	0.00%
DKD Trucking, Inc.	0.00%
Do or Dyer LLC	0.00%
Dr Jon Robert Friedberg	0.09%
Dr. John P. Lavery MD PA	0.01%
Dr. Sonja Franklin OD PA	0.00%
Dragon Lily Dispensary	0.00%
Drape Kings	0.22%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

D-TERRA SOLUTIONS LLC	0.00%
DUBCLUB	0.00%
Duncan Capital Management, Inc.	0.20%
DWELLSOCIAL, INC	0.00%
Dynasty Pest LLC	0.06%
E/B/E, Inc.	0.12%
E4D Technologies	0.02%
EA ROBERTS ENTERPRISES INC	0.01%
Eagle Eyes Transport Solutions, LLC	0.02%
Eagle.Bank	0.08%
EAST TEXAS REBAR	0.00%
Eastbound Collective LLC	0.02%
Eastwood Towing Inc.	0.01%
EBRO Armaturen USA, Inc	0.01%
ECP Solutions	0.24%
EFAMILYCARE INC	0.01%
EHS Support LLC	0.67%
Eisenberg Strength LLC	0.01%
EJ Smith Construction, LLC	0.29%
Electrical Field Services, Inc.	0.16%
ELITE HOME REMODELING, INC.	0.12%
Elm City Montessori School	0.00%
Ember Enterprises LLC	0.02%
EMEC	0.00%
Emerald Grove Inc.	0.01%
Emerald River of Maine, LLC	0.00%
ENCURAGE FINANCIAL NETWORK	0.03%
ENERGY TECH INSULATION	0.02%
Eneus Energy Inc	0.19%
ENGINEERED COMFORT SERVICES, INC.	0.00%
ENGINEERED TECHNICAL SERVICE, INC	0.71%
Eosera, Inc.	0.04%
Epic Health Solutions, LLC	0.03%
Essex Apothecary, Inc.	0.01%
EUTEX International, Inc.	0.16%
EVANS CAPITAL CORP	0.00%
EVANS FARM DELAWARE LLC	0.04%
Everything Blockchain, Inc	0.28%
EVEXIAS Management, LLC	0.58%
Evolve Mortgage Services LLC	0.43%
Exceptional Healthcare Inc.	3.69%
Exceptional Physicians Group	0.42%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Executive Improvement Group	0.01%
Exit Zero, Inc	0.00%
Exloc Instruments Inc.	0.14%
Express Employment Professionals	0.06%
Express Employment Professionals II	0.05%
EYE SURGERY CONSULTANTS, INC.	0.00%
Far North Computers	0.00%
Farnsworth	0.01%
FastModel Sports	0.02%
Filecontrol Partners, LTD.	0.07%
First Choice Auto Auction, Inc.	0.01%
FIRST FINANCIAL CREDIT UNION	0.03%
FIRST IN TEXAS	0.01%
FISHERMANS REEF	0.01%
Five Counties Ranch LLC	0.07%
Five Guys	0.10%
Five Guys Yukon	0.37%
Five Guys ZG	0.19%
FL Dental Professionals, PA	0.32%
FLOODFLASH LIMITED	0.00%
Florence Cannabis Company	0.00%
Fly the Whale	0.65%
FOC PHX JAX QOZB	0.00%
FOLDEDPAK, INC.	0.05%
Forshee, PLLC	0.01%
FORTE DATA SYSTEMS, INC.	0.02%
Fortitude, Inc	0.00%
FREEDOM CHRISTIAN FELLOWSHIP	0.00%
Fuels, LLC	0.00%
FULL COURT CAPITAL	0.00%
Full G Capital	0.04%
Full Harvest Moonz, Inc.	0.09%
FURNITURE BANK OF CENTRAL OHIO	0.07%
Fuse Lenses	0.24%
FUSMobile, Inc.	0.03%
FUTURE FOUNDERS	0.00%
GA, OPCO, LLC DbA Governors Glen	0.02%
Gaelic Leasing Inc	0.03%
Garden Wonders, Inc.	0.00%
Garver Feeds	0.00%
GATEWAY FILM CENTER	0.20%
Gateway Hospitality, LLC	0.04%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Generations United Inc	0.01%
Genesee A&B, LLC	0.09%
GENNIS GROUP INC	0.32%
Geopetro LLC	0.03%
Get Bats Out	0.01%
Ghostworks Marine	0.01%
Glass Pro by American Glass	0.01%
Glenrio Properties, LLC	0.00%
Glenrio Smoke Stop LLC	0.00%
GLO Modern Dentistry	0.00%
Global Recycling Solutions, LLC	0.00%
GM Enterprises	0.01%
GOLDEN YEARS	0.00%
Good Feels, Inc.	0.14%
GRACE CENTRAL, INC.	0.00%
Grasshopper Farms LLC	0.04%
Great Southwestern Fire & Safety	0.56%
Green Demolition Contractors Inc.	0.03%
Green Meadows Farm, LLC	0.78%
Green Shield Risk Solutions, LLC	0.00%
GreenFellas Cultivation, LLC	0.00%
GreenFellas, LLC	0.00%
Griswold Home Care - Atlanta	0.00%
Griswold Home Care - Greensboro	0.04%
Griswold Home Care - Hilton Head	0.00%
Griswold Home Care - Livonia	0.00%
Griswold Home Care-HHC	0.00%
Griswold Home Care-HRCE	0.00%
GRIT GUARD, INC.	0.10%
Grizzard Commercial Real Estate Group, LLC	0.00%
Guberman Companies Inc.	0.01%
Gulfstream Legal Group LLC	0.68%
GUMBINGER AVRAM ARCHITECTS	0.00%
H George Tanaka, MD, A Prof Corp	0.00%
H. George Tanaka, MD PC	0.00%
H.M. Luna Drywall	0.00%
Hahn & Clay Services, Ltd.	0.00%
HAMMOND STEEL COMPONENTS LLC	0.00%
HANNA, CAMPBELL AND POWELL LLP	0.01%
HARKNESS HOUSE FOR CHILDREN, INC.	0.01%
Harshaw Asset Management	0.01%
Hawk Engineering Group LLC	0.00%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Hawk Installation & Construction, Inc.	0.01%
Hawk Plastics	0.01%
Hawk Plastics, LLC	0.01%
HEALTH & WEALTH INFORMATION CTR	0.00%
HealthCare Tech Services	0.01%
Hennep Inc.	0.00%
Heronwood Holdings, LLC	0.03%
High Hopes, LLC	0.01%
HIGH JUMP	0.02%
High Peak Farms LLC	0.00%
Highway Horticulture, LLC	0.03%
HIGHWIRE MEDIA INC	0.00%
Highwire Media, LLC	0.00%
Hillrock LLC	0.00%
Himalayan High LLC	0.00%
Hipbone Marketing LLC	0.00%
Hire Heroes USA	2.57%
Holiday Inn Express Mill Valley	0.01%
Holland Brands NA, LLC	0.00%
Holland Manufacturing Corp.	0.02%
Homestead Communities, LLC	0.00%
Hook and Hock, LLC	0.03%
Hopper Consulting & Staffing LLC	0.08%
Horizon Pacific Staffing LLC	0.00%
Hotel Elkhart	0.20%
Howard's Disposal, Inc.	0.00%
HR Data Com, Inc	0.00%
HRKNSScowork	0.00%
Huatan Landscaping, LLC	0.07%
Humboldt Neurohealth	0.03%
Hyde Park Angels, Inc.	0.01%
Hyperion	0.00%
IGNITE GRAPHICS LLC	0.01%
IHP Prosper Commons LLC	0.00%
IHP Ridge LLC	0.00%
ILE Homes	0.13%
ILLINOIS JUNIOR GOLF ASSOCIATION	0.00%
ILLINOIS SCIENCE AND TECHNOLOGY COALITION	0.01%
IMPEX LOGISTICS, INC.	0.01%
In Order Business Development Solutions, Inc	0.04%
Independence Constructors	0.00%
Indian River Energy Services, LLC	0.12%

Multiple-Employer Welfare Plan Participating Employer Information**Resourcing Edge Welfare Benefit Plan****EIN: 46-3045894****Plan Number 507**

Indo Laboratories	0.00%
INNOVATION FOUNDATION	0.00%
Innovative Alternatives, Inc	0.03%
Inovium, LLC	0.32%
Insight Restoration, LLC	0.21%
Integrated Digital Strategies, Inc	0.06%
Integrated Project Solutions	0.01%
Integrity Locums	0.02%
Intelinet Systems Inc.	0.23%
International Health Products LLC	0.00%
INTERNATIONAL MKTG CONCEPTS	0.16%
IQ Capital Strategy LLC	0.00%
ISM INDUSTRIES	0.20%
Italian Herbs LLC	0.05%
J C MANAGEMENT GROUP LLC	0.02%
J.Marc Lewis & Associates, Inc.	0.01%
Jack Porter, Inc.	0.44%
Jamaco, LLC	0.02%
James C Morrison Jr DMD PA	0.00%
JAN-PRO of St Louis and Central MO	0.04%
JAQUES AUTO REPAIR/AFFORDABLE	0.04%
Jason P. Brown M.D. LLC	0.12%
JB Sandlin Real Estate Inc.	0.09%
JBB Packaging LLC	0.15%
JCT Limited Partnership, LLC	0.03%
JENNY'S OF OREGON I, INC	0.00%
Jerry's Best Service	0.02%
Jessica Rose Lopez Agency	0.00%
JN Electrical Temperature Control, Inc	0.01%
JOE HEIDT MOTORS CORPORATION	0.01%
John Lebourhis & Associates	0.00%
Johnson Environmental Services	0.00%
Jonesville Shell	0.00%
Jose Luis Salon-Domain	0.03%
Jose Luis Salon-Downtown	0.05%
JR Evans Engineering, P.A.	0.00%
JS Hauser, LLC	0.00%
Justice Defenders USA	0.00%
K4 MOBILITY INC	0.04%
KaliVerde Holdings, Inc.	0.11%
KaloCyte Inc	0.01%
KAMMES AUTO & TRUCK REPAIR, INC.	0.01%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

KBB Corporation	0.01%
KELLER WILLIAMS MURFREESBORO	0.01%
Keller Williams of Fort Worth	0.11%
Keller Williams of Johnson County	0.04%
Keller Williams Realty Evolution	0.01%
KELLER WILLIAMS REALTY NASHVILLE MUSIC CITY	0.00%
Keller Williams West Fort Worth RE, LTD	0.00%
Kestrel Service Corp	0.21%
KEYSTAFF LLC	0.00%
Kiddie Academy of Klein-Gleannloch	0.04%
King City Gardens	0.00%
Kingfish Healthcare	0.00%
Kingline Equipment	0.00%
Kirby Restaurant Supply	0.20%
Kitchen Tune-up	0.00%
Kite Hill	0.25%
Kivowitz Investments, Inc	0.00%
Knight Towing & Repair LLC	0.00%
Knock Out Energy, LLC	0.01%
KP, LLC	0.03%
KPI SENSE INC.	0.00%
Kulia Labs Inc.	0.01%
KY Dental Professionals II	0.01%
KY Dental Professionals, PC	0.13%
L&F Project Management	0.00%
LA Creole Hospitality 1, LLC	0.04%
La Lunette	0.00%
Laansu Inc.	0.15%
Ladidadi Events & Incentives	0.00%
LADIES OF VIRTUE, NFP	0.00%
Lake Fork Trophy Lures	0.01%
LakeHouse Cannabis, LLC	0.00%
Lakeside Aquatic Club	0.25%
LANTERN PARTNERS, INC	0.01%
LARDON & ASSOCIATES	0.00%
Lark Medical Staffing, LLC	0.00%
Latham Stairs & Millworks Inc.	0.25%
Latipac Commercial, INC.	0.04%
LAURUS STRATEGIES FOR WEALTH	0.00%
LazerCat	0.44%
Lazy River Products LLC	0.02%
LBBB Management, Inc.	0.02%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

Leach Camper Sales, Inc	0.01%
LEADERSHIP COLUMBUS	0.14%
Leading Edge Insurance Group	0.25%
Lending Science DM, Inc.	0.09%
LENNONHEADS SALON AND SPA	0.21%
Level Architecture Incorporated	0.06%
LIGHTBANK ASSET MANAGEMENT, LLC	0.01%
Lighthouse Financial Network	0.02%
Lightning Step Technologies, LLC	0.65%
LIGHTSOURCE CAPITAL LLC	0.00%
LIGHTSWITCH CONTENT SOLUTIONS LLC	0.01%
Limit Break, Inc.	1.73%
LMCC	0.01%
LoBue Associates, Inc.	0.00%
Local Roots NE Inc	0.00%
LocatorX, Inc	0.37%
Lockard & Wechsler, LLC	0.27%
LOGISTICS PARTNERS, INC	0.49%
Los Gatos United Soccer Club	0.00%
Los Valles Ranch	0.02%
Lotus Hotels Lotus Hotels, Inc.	0.01%
Lotus Hotels Pittsburg, Inc.	0.01%
Lotus Hotels Union City, Inc.	0.01%
Lotus Hotels Union Landing, Inc.	0.01%
Lotus Hotels Vacaville, Inc.	0.01%
Lowery Property Advisors, LLC	0.06%
LTN Management Services, Inc.	0.00%
LUCRO GLOBAL, LLC	0.01%
Lumen Resources, LLC	0.00%
Lumina Geo	0.60%
LYLA	0.01%
M3 Fort Worth Real Estate, LLC	0.00%
M3 Legacies Brick by Brick, LLC	0.00%
Macrium Software, Inc	0.00%
Madison Gillette Operations LLC	0.02%
MAEO, LLC	0.00%
MAGNET MEDICAL	0.00%
Magnolia City Apothecary	0.06%
Management Performance Intl	0.06%
Maple Kwik Shop	0.00%
Maplewood Medical Care Inc	0.00%
MARK CASTOR DDS	0.00%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

MARK THOMAS MEDIA	0.21%
Marquee Dental Partners	0.70%
Marshall-Harrison County Health District	0.01%
Martin, Wedel & Bullard PC	0.56%
Mary Jane Mountain LLC	0.00%
MAS PROPERTIES CORPORATION	0.00%
Massey Grading & Clearing, LLC	0.01%
Massey Transport, LLC	0.01%
Mast Auto Transport LLC	0.03%
Master Mastic LLC	0.08%
Materials Express	0.00%
MATHEWS AND MATHEWS CO, LPA	0.03%
Matrix Mats, LLC	0.00%
MATTER	0.02%
Maverick Management Company LLC	0.02%
Maximum Security, Inc./The Red Force Fire & Security/Allstate Fire Equipment	0.03%
MBR Energy Services LLC	0.00%
MCM Plastics Inc.	0.05%
MD First Watch PLLC	0.01%
MD Medical Designs, Inc.	0.02%
MD On Call, PA	0.33%
MDT Financial Advisors, LLC	0.15%
MECCA CONST. AND CONTRACT.	0.00%
Mechanical Power, Inc.	0.33%
MedCentric, Inc.	0.03%
Medicem Inc.	0.23%
Mejia International Group Corp	0.00%
Mellow Fellows LLC	0.16%
MEMBRANE LABS INC	0.00%
Mendon Joint Operations	0.04%
Mensura LLC	0.00%
Menya Communications LTD	0.00%
Merit Advisors Management, Inc	0.23%
Merit Advisors, LLC	1.41%
Merritt Capital, Inc.	0.19%
META Planning and Design LLC	0.19%
Metro 1 Management LLC	0.00%
Metro Centre, LP	0.12%
MEZO	0.02%
Michael B. Marcus DDS, LTD	0.16%
MICHAEL G SARIBALAS DO PA	0.10%

Multiple-Employer Welfare Plan Participating Employer Information**Resourcing Edge Welfare Benefit Plan****EIN: 46-3045894****Plan Number 507**

Michael L Potts DDS	0.00%
MIDWAY STRUCTURAL PIPE AND SUPPLY INC	0.22%
Mile High Labs, Inc	0.02%
Mill Town Agriculture LLC	0.01%
MIM	0.47%
Mindsprint Inc.	0.03%
MINERAL TECH LLC - TX PAYROLL	0.00%
Mint Life Limousine	0.00%
MNAT, Inc	0.02%
Mobile Express Capital Corporation	0.01%
MOD Marketing LLC	0.00%
MP King George, LLC	0.02%
MR APPLIANCE OF LINCOLN PARK	0.00%
Muller-BBM VibroAkustik Systeme, Inc	0.00%
MULTIPLE, INC.	0.01%
My Place Hotel - Jacksonville/Camp Lejeune, NC	0.01%
MyWorkDoc Technologies, LLC	0.21%
Nanoscope Therapeutics	0.24%
Nath & Associates PLLC	0.05%
National Drug Source, Inc.	0.03%
National Mango Board Inc.	0.03%
National Shrine of Saint Frances Xavier Cabrini, Inc.	0.00%
National TAB	0.50%
Native Sun Holdings LLC	0.01%
Native Sun Wellness Inc.	0.00%
Natural Relief Dispensary LLC	0.00%
Natures Wellness LLC	0.00%
Navidad Operating Company LLC	0.51%
NCISIV, LLC	0.01%
NDS Systems LC	0.34%
Nest Collaborative	0.01%
Nest Collaborative Holdings, Inc.	0.01%
NETACEA	0.00%
NETACEA INC	0.00%
Nevada PF, LLC	0.41%
New Castle Steel, Inc.	0.00%
New Dia Fenway LLC	0.00%
New Dia, LLC	0.00%
New England Regional Dispensary, LLC	0.00%
New Fountain Operations LLC	0.00%
New Frontier Data	0.16%
NEW IMAGE LEASING, INC.	0.00%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Newnan Rd Shoppette	0.00%
Newnan Road Kwik Stop	0.00%
NewStar Operating Company LLC	0.13%
NEXTPPOINT, INC	0.03%
NiteHawk Pediatric Urgent Care (CBP)	0.00%
NiteHawk Pediatric Urgent Care (LLC)	0.00%
NORA FLEMING LLC	0.01%
Norman Wohlgemuth LLP	0.12%
North American Environmental Services, LLC	0.00%
North Point Transportation Group, Inc.	0.01%
North Star Consulting Inc	0.01%
North Texas Eye Center	0.00%
Northern Lights FX	0.01%
NPG Solutions, LLC	0.00%
NRG Controls, Inc	0.10%
NRL Holdings, LLC	0.02%
NUTRISCIENCE INNOVATIONS, LLC	0.02%
NX Development Corp	0.28%
Oaksterdam University	0.20%
O'BRIEN INTERNATIONAL, LLC	0.02%
O'BRIEN INVESTMENT GROUP LLC	0.00%
OCARC	0.01%
OCS Ivy Mae Holdings, LLC	0.01%
Octane Management, LLC	0.16%
OHIO SOCIETY OF ASSOCIATION PROFESSIONALS	0.01%
OIF MANAGEMENT CORP	0.07%
OIF Management II, L.L.C.	0.00%
Omega Bio-tek, Inc.	1.11%
OMG	0.03%
Omnipresent US Inc	2.36%
Once Upon a Child	0.00%
One Safe Place Media Corp	0.05%
OneFlor USA LLC	0.28%
OnPoint Solutions, Inc.	0.00%
Orama USA LLC	0.03%
ORANGE COUNTY ELECTRIC	0.00%
ORANGE COUNTY PLUMBING	0.00%
Ounces	0.10%
OUT OF OFFICE INC	0.01%
Outer Other	0.02%
Outlaw Technology, LLC	0.01%
Ozarx Botanicals	0.01%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Paces Papers Inc	0.00%
Pacific Joint Ventures, LLC	0.00%
Palmetto Gunitite Construction	0.01%
Paragon Collective Inc.	0.00%
Park Valley Apartments	0.00%
Partner Foods Group, LLC	0.20%
Partners In Renovation, LLC	0.08%
Partners Management Services, Inc.	0.00%
PartnerStack, Inc.	0.02%
PAT THE MANAGER LLC	0.00%
PATHOS AI, INC	0.02%
PATIENTMPOWER INC	0.00%
Patricia C Wong MD	0.00%
PCR Staffing LLC	0.01%
PEAR COMMERCE, INC	0.03%
Pebble Labs, Inc.	0.50%
Pediatric Healthcare Unlimited SC	0.52%
PerformCoat of Michigan North America Holdings LLC	0.03%
PFI Resources LLC	0.23%
PGA OF AMERICA, ILLINOIS SECTION, INC.	0.01%
Phila OIC	0.01%
Photocure, Inc.	1.05%
Phygen Coatings, Inc.	0.01%
PHYSIOFITNESS ASSOCIATES, LLC	0.01%
PILLAR DESIGNS, LLC	0.01%
Pine Mountain Holdings, LP	0.00%
PINE RIDGE FAMILY MEDICINE, IN	0.00%
Pivotal Health, Inc.	0.21%
Planet Women	0.18%
Plastronics Socket Company	0.00%
Point Tiburon Lagoon Condominium Association	0.00%
Ponder Victory Enterprises, LLC	0.26%
Power Fund Holdings, LLC	0.00%
Power Fund Operations	0.00%
PPC Industries	0.26%
Praetorian Global Inc.	0.57%
Prairie Petfood Ingredients	0.02%
PrairieFire RANK, LLC	0.01%
Precision Iron Fabrication LLC	0.01%
Precision Rebuilders, Inc.	0.00%
Premier Tow and Recovery Services LLC	0.06%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

Preschool Explorer, LLC	0.00%
Primus Coating Tennessee LLC	0.02%
ProCanna	0.00%
ProCanna Industries LLC	0.01%
Process Engineering Specialists, Inc.	0.03%
Prodigy Student Travel, Inc.	0.01%
Production Facilities Equipment Co, Inc.	0.01%
PROFESSIONAL BILLING ANALYSIS, LTD	0.00%
PROGRESSIVE AGRICULTURE FOUNDATION	0.02%
Pronto Solutions Inc	0.29%
PROPLLR, LLC	0.01%
ProSupps USA, LLC	0.12%
Proximity Health, LLC	0.00%
Pura Vida Services, LLC	0.00%
Pure Hope Coalition	0.13%
Quality Emulsions, LLC	0.00%
Quantum Technology Group Inc	0.00%
Quintasian	0.10%
Quorum Architects, Inc.	0.39%
R. Kendall Roberts D.D.S. P.A.	0.13%
R.L. Klein & Associates Incorporated	0.00%
Rafferty Global Logistics, LLC	0.00%
Raison LLC	0.00%
RATTLEBACK, INC.	0.08%
RAVEN CARGO, INC.	0.02%
Ravenswood Partners, LLC	0.01%
RDE BROKERAGE LLC	0.00%
Reality7 Holdings Inc	0.03%
Recru, LLC	0.30%
Redeemers Group, Inc	0.00%
REGENT HOMES, LLC	0.02%
Renaissance Cars	0.03%
Renaissance CDJR	0.04%
Renaissance Ford	0.04%
Renaissance Management Company	0.05%
Renaissance Nissan of Roanoke Rapids	0.02%
RENAL ASSOCIATES, INC.	0.01%
RENERGY, INC.	0.13%
Republic Commercial Title Company, LLC	0.30%
Republic Energy Services, Inc.	0.00%
RESERV, INC.	0.01%
Resourcing Edge Services, LLC	2.99%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

Rethink Compliance LLC	0.06%
Retina Group Inc	0.00%
Revere Management and Distribution, LLC	0.03%
Reverie 73 LLC	0.01%
RevGen Networks LLC	0.50%
Revolving Kitchen Management LLC	0.08%
RHEONIK AMERICAS INC	0.02%
RHYME SOFTWARE CORPORATION	0.96%
RIDDER CORP	0.45%
River Trace Townhomes	0.00%
RIVER VALLEY CREDIT UNION, INC.	0.11%
ROBBINS PROPERTIES I, LLC	0.01%
Roberts & Ryan Inc.	0.15%
Rocky Mountain Soap Market	0.02%
ROI Search Partners, LLC	0.01%
Rolling Rock Apartments	0.00%
RONIIN LLC	0.00%
Root and Bloom	0.07%
Rowlett Air Inc	0.00%
Rowley Joint Operations	0.04%
Royal M, LLC	0.00%
RTK MEDIA, INC.	0.00%
RTR Construction	0.12%
RUBBER LINING SPECIALISTS	0.04%
Rugger Management LLC	0.03%
Rule of Three, LLC	0.07%
RULING OUR EXPERIENCES, INC.	0.07%
RX Green Technologies	0.39%
S.I.N. Dental USA	0.08%
S.R. Wright & Company, PA	0.20%
S2W Contracting LLC	1.09%
SA Spine, LLC	0.05%
Safetiva Labs LLC	0.02%
Salent Solutions, LLC	0.03%
Sales Transformation Group, LLC	0.06%
SAMUEL D. KOON AND ASSOC., LLC	0.12%
Sanctum Federal	0.01%
SAVARE SPECIALITY ADHESIVES LLC	0.65%
SCHEAR FAMILY PRACTICE	0.14%
Schleich USA Inc.	0.51%
Schoellhorn-Albrecht Machine Co., Inc.	0.62%
SCHOLASTICA	0.01%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

SCIO MOTUS	0.00%
Scott's Welding	0.00%
Scribs House Moving Inc.	0.01%
SDS Management LLC	0.38%
Seagrass	0.00%
SECURITY 360 LLC	0.00%
Selma Farm, LLC	0.00%
Seminole Flooring, Inc(Carpet Depot Cobb)	0.05%
Sendayco, LLC	0.00%
Senior Company Management	0.28%
SEQUENT - EMIC NORTH AMERICA CORPORATION	0.02%
SEQUENT - GREATER COLUMBUS SISTER CITIES	0.04%
SEQUENT - POLARMATIC NORTH AMERICA LTD	0.00%
SERGAKIS & ASSOCIATES AGENCY INC	0.00%
Sermonix Pharmaceuticals, Inc.	0.11%
Sessions Properties, LLC	0.06%
Shaddock Homes, LTD	0.00%
SHERIDAN ALII, LLC	0.02%
Sherold Salmon Motor Co.	0.16%
Shiloh P and E LLC	0.02%
Shooting Targets 7 LLC	0.00%
SHOPPINGGIVES	0.04%
Shreenath Corporation	0.01%
SIGNET MORTGAGE CORP	0.01%
Silver Therapeutics Cultivation LLC	0.00%
Silver Therapeutics of Berwick LLC	0.01%
Silver Therapeutics of Portland LLC	0.00%
Silver Therapeutics of South Portland LLC	0.00%
Silver Therapeutics, Inc.	0.01%
Sinful Beverages, LLC	0.05%
Site-Four, LLC	0.16%
SKILLHERO CORP	0.00%
Sky Nutro, LLC	0.00%
Skyfri Corp.	0.05%
Skylark Operating Group, LLC	0.08%
Skyline Surgical, Inc.	0.07%
SkyRun Copper LLC	0.05%
Sliced Health, LLC	0.00%
SMART DEVELOPER, INC	0.01%
SMILE WORKS FAMILY DENTISTRY	0.04%
SMR Service Group Inc.	0.00%
SNAPCAP Inc.	0.01%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

SoGanja Labs, LLC	0.00%
Sol Firm LLC	0.05%
SOLISTIC LLC	0.13%
Soltex, Inc.	0.16%
SONE Energy Services, LLC	0.13%
Soundtrap US Inc	0.07%
Southern AIDS Coalition	0.02%
Southern Electric of the Carolinas, Inc	0.14%
Southern Granite & Marble Inc	0.01%
Southern Ohio Botanicals LLC	0.00%
SOUTHWEST FAMILY MEDICINE	0.01%
Spear Technologies Inc	0.05%
Spectracell Laboratories Inc	0.34%
SPICER WEALTH MANAGEMENT	0.00%
SSI, Inc.	0.22%
StaffMD, LLC	0.16%
Stage R1 LLC	0.00%
Stagecoach Outpost, LLC	0.03%
Stailey Insurance Corporation	0.13%
Star Pediatric Group PLLC	0.07%
State Line Stop	0.00%
Steadview Investment Research LLC	0.34%
Stealth Impact Lab	0.00%
Stealth Venture Labs, Inc	0.00%
Steel Enterprises, Inc.	0.33%
Stem	0.00%
Sterilucent Inc.	0.01%
STERLING COURT	0.05%
Stewart Financial Group, LLC	0.00%
STILLEY ENTERPRISES INC	0.00%
STONEWALL INTEGRITY SERVICES LLC	0.01%
Strategic Technology Partners of Texas	0.01%
Sunburst Shutters	0.08%
Sunny Wellness LLC	0.00%
Sunrise Dispensaries	0.37%
Sunrise Mountain Manufacturing, LLC	0.01%
Superior Facility Service Group Inc	0.02%
Sureflow Gutters LLC	0.01%
Susquehanna Family Health Clinic Inc	0.20%
SUSTAINABLE WELLNESS INNOVATION	0.00%
Swiss Meats and Sausage Company	0.03%
Symbol Graphics & Signs LLC	0.00%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

SYNTHESIZED, INC.	0.01%
System4 of Las Vegas	0.00%
TABLEFORCE	0.11%
Targeted GeoVision, LLC	0.37%
Teak Restaurant Group, LLC	0.29%
TECHNEXUS LLC	0.04%
TegoSens, Inc.	0.00%
TEK Express Inc	0.02%
Tesoro Preschool	0.00%
TESTMACHINE INCORPORATED	0.00%
Texas ReBath	0.06%
THE ABIS GROUP	0.06%
The All Star Agency	0.00%
The Construction Specifications Institute, Inc.	0.01%
THE EQUIPMENT GUYS, INC.	0.12%
The Exercise Coach(Exercise)	0.02%
The Exercise Coach(Fitness)	0.03%
The Exercise Coach(Training)	0.01%
The Family Business Consulting Group, Inc.	0.03%
The GenderCool Project	0.01%
The Good Life Medstaff LLC	0.27%
THE GRAY MATTER EXPERIENCE	0.01%
The Haven Center, Inc.	0.00%
The HeadyCo LLC	0.01%
The Healing Center MA	0.00%
The Herbalist	0.00%
The Heritage Club, LLC	0.01%
The Hotel Concord, LLC	0.01%
THE JAZZ ARTS GROUP OF COLUMBUS	0.18%
THE LEFKOFSKY FAMILY FOUNDATION	0.00%
The M Network, Inc.	0.06%
The Overlay Guys LLC	0.00%
The Renegade Group	0.07%
The Senior Company	0.04%
The Startup Nursery LLC	0.32%
The Tipton Corporation	0.00%
The Valley Law Group, PLLC	0.06%
The Weston Group	0.12%
THE WOMEN'S FUND OF CENTRAL OHIO, INC	0.09%
The Worship Center Christian Church	0.10%
Think Agency Inc	0.01%
Think Equity, LLC	0.05%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

THOMAS W. KENDO, JR. CO., LPA	0.00%
Thompson Trucking	0.00%
THREE FIVE CORPORATION	0.02%
TIP & Associates LP	0.16%
Tipton Mills Foods, LLC	0.08%
TN Dental Professionals, PC	0.45%
Todoverde Consulting Ventures LLC	0.10%
Tom Grizzard, Inc.	0.02%
Touchstone Place DE, LLC	0.03%
TownePlace Suites By Marriott San Jose Campbell	0.01%
Track Drive LLC	0.00%
Tractor Trailer Supply Company, Inc.	0.00%
TRADESPOON	0.00%
Trait Biosciences USA, Inc.	0.36%
Tranquil Investments, LLC	0.01%
TRANSITION EQUITY PARTNERS, LLC	0.00%
Transitions Commute Solutions, LLC	0.07%
TRAVERSE SCIENCE, INC.	0.00%
Traylor Mechanical Corporation	0.03%
TREIBACHER INDUSTRIE NORTH AMERICA INC	0.01%
Trek Healthcare Staffing, LLC	0.00%
Triad Equipment Rental	0.02%
TriArc Living	0.26%
Trinity Floor Company Inc.	0.25%
Triple C- The A&E Group LLC	0.31%
True House Cannabis Inc.	0.00%
True Labs for Cannabis, Inc.	0.00%
True North Restoration	0.00%
TRUEPERFORMANCE, INC.	0.37%
TruMed LLC	0.01%
Tyus Kwik Stop	0.00%
UMAULT	0.00%
Unicorn Auctions	0.01%
Union Chill Cannabis Company LLC	0.01%
United Cloud Partners Services	0.00%
Uplift Solutions, Inc.	0.12%
Upskill, LLC	0.00%
US Food Testing Solutions LLC	0.03%
Utmost Renovations	0.00%
V Mast Enterprises, LLC	0.00%
Valang Inc	0.00%
Vape Ranger	0.08%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

Varya Virtual LLC	0.00%
Vassar Tech Holdings LLC	0.01%
VCRNOW	0.17%
Vee Express LLC	0.00%
Venture X Detroit	0.00%
Venture X Parsippany	0.00%
Versa Industries, LLC	0.06%
Verstand AI	0.15%
VETGRAFT, LLC	0.00%
VEVW Interests LLC	0.00%
Via Hope	0.19%
VICTORY LAP	0.00%
VIDOR PAWN	0.00%
Virios Therapeutics, Inc.	0.20%
Virtek Vision USA, Inc	0.20%
Visual Computer Solutions, Inc.	0.05%
Vitalix Inc.	0.06%
Vitesse Worldwide Arizona, LLC	0.00%
Vitesse Worldwide Chauffeured Services	0.01%
Vitesse Worldwide Luxury Coach LLC	0.00%
VIVID FRONT, LLC	0.08%
VP Advantage Services, LLC	0.11%
Vpod Solutions, Inc.	0.00%
VTP Management Inc.	0.00%
W.E. DAVIS INSURANCE AGENCY , INC.	0.22%
Wagner Hospitality Management LLC	0.05%
WAIKATO ENTERPRISES, INC	0.02%
WAK Management Co., INC.	0.01%
WALK IN URGENT CARE	0.70%
WALTONE INTERIOR SYSTEMS	0.00%
Warner Robins Wrecker and Towing Service Inc.	0.00%
Warren Southwest Refrigeration	0.70%
Wasatch Peaks Ranch Club	0.91%
Wasatch Peaks Ranch Properties LLC	0.05%
Wasatch, LLC	0.00%
Washington Vaccine Association	0.00%
Wave Health Services, LLC	0.24%
Waveseer of Las Vegas LLC	0.00%
Waveseer of Nevada LLC	0.00%
WE Property Management LLC	0.38%
Weaver Spring & Brake Inc	0.06%
WEGOTCHA, INC.	0.00%

Multiple-Employer Welfare Plan Participating Employer Information

Resourcing Edge Welfare Benefit Plan

EIN: 46-3045894

Plan Number 507

Welgen Global Enterprises, LLC	0.00%
Welgen One of Kentucky, LLC	0.00%
Wendell J. Knox	0.00%
West Coast Craft Spirits, Inc	0.00%
West Fork Engineering, LLC	0.21%
West Georgia Urology Associates, PC	0.19%
Western Front, LLC	0.01%
Westwood Energy Partners	0.28%
Westwood Management Inc	0.01%
White Glove Deliveries LLC	0.00%
White Pants Agency, LLC	0.18%
White Pine Renewable Energy Holdings, LLC	0.14%
Whiteman Family Pools, Inc.	0.00%
Wiley Bros General Contractors Inc	0.01%
Willis Properties, LLC	0.00%
WILLOW WOOD ANIMAL HOSPITAL, INC.	0.15%
WILLY FAMILY LLC	0.00%
WINGTIP AVIATION	0.16%
Winooski Organics	0.00%
WISEcode, LLC	0.55%
Withers Investment Group	0.00%
WithMe, Inc.	0.03%
Wizard's Smoke Shop LLC	0.00%
WNDR Global, Inc.	0.00%
WNDR Museum - Chicago	0.02%
WNDR MUSEUM - SAN DIEGO	0.00%
WNDR MUSEUM - SEATTLE	0.00%
Wo Povi Cannabis Cor.	0.00%
WONGDOODY	0.05%
WOODBRIIDGE AUTO SALES, INC.	0.01%
Workbox Company	0.03%
WORKFORCE DEVELOPMENT BOARD OF CENTRAL OHIO	0.23%
WORKING TITLE SIMULATIONS, LLC	0.01%
Worldwide Workplace	0.02%
WPR Development Company LLC	0.33%
XA INVESTMENTS LLC	0.01%
Xcimer Energy, Inc.	0.02%
XMS CAPITAL PARTNERS	0.02%
Yamba Market	0.09%
Young Environmental Consulting Group, LLC	0.08%
YULIFE INSURANCE AGENCY INC.	0.00%

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan
EIN: 46-3045894
Plan Number 507

Zengolds LLC	0.06%
ZENTEST SOFTWARE LLC	0.02%
ZZFlux DTLA	0.01%