Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/28/2024 and ending 02/28/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
WALTHAM SERVICES, LLC EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 03/01/1978

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ROLLINS, INC.

2170 PIEDMONT ROAD, NE
ATLANTA, GA 30324-4196

2b Employer Identification Number (EIN) 51-0068479

2c Sponsor's telephone number 404-888-2000

2d Business code (see instructions) 561710

3a Plan administrator's name and address [X] 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

5a Total number of participants at the beginning of the plan year	**5a**	69
b Total number of participants at the end of the plan year	**5b**	29
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	35
d(2) Total number of active participants at the end of the plan year	**5d(2)**	9
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2025	KELLY KEITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2025	KELLY KEITH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 564894. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1988728	4002
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1988728	4002
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	207796	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	205733	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		413529
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1235685	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	309570	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1545255
i Net income (loss) (subtract line 8h from line 8c)	8i		-1131726
j Transfers to (from) the plan (see instructions)	8j	-853000	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X	

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- [ ] Yes.
- [ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- [ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- [ ] No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [ ] No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[X] Yes [ ] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? [ ] Yes [X] No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- [ ] Design-based safe harbor method
- [ ] "Prior year" ADP test
- [ ] "Current year" ADP test
- [ ] N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 02/28/2024 and ending 02/28/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
WALTHAM SERVICES, LLC EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROLLINS, INC.

D Employer Identification Number (EIN)
51-0068479

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 03 Day 01 Year 2024

2 Assets:

a Market value	**2a**	1988728
b Actuarial value	**2b**	1988728

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	11	261211	261211
b For terminated vested participants	24	385797	385797
c For active participants	35	1222992	1233744
d Total	70	1870000	1880752

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.22 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	30000
c Target normal cost	**6c**	30000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 06/18/2025

MARY KATHRYN MCCORISON — Type or print name of actuary

23-08344 — Most recent enrollment number

MILLIMAN, INC. — Firm name

404-254-6751 — Telephone number (including area code)

3424 PEACHTREE ROAD, SUITE 1900
ATLANTA, GA 30326-1123

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1253
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)		1253
10	Interest on line 9 using prior year's actual return of 13.84 %		173
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		313375
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.31 %		16640
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		330015
	c Total available at beginning of current plan year to add to prefunding balance		660030
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1426

Part III Funding Percentages

14	Funding target attainment percentage	14	105.66 %
15	Adjusted funding target attainment percentage	15	105.74 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	71.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/21/2025	207796	0			
			Totals ► 18(b)	207796	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	197708

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	4.96 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	30000
b Excess assets, if applicable, but not greater than line 31a	**31b**	30000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	197708
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	197708
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB, Part V – Summary of Plan Provisions

Waltham Services, LLC Employees' Pension Plan

EIN: 51-0068479 PN: 008

Appendix C – Summary of Principal Plan Provisions

This summary of plan provisions is intended only to describe the essential features of the Plan for actuarial valuation purposes. All eligibility requirements and benefit amounts should be determined in strict accordance with the plan document itself.

Plan Year: March 1 – February 28

Fiscal Year: January 1 – December 31

Valuation Date: March 1st

Plan Effective Date: March 1, 1978; amended and restated effective March 1, 2020 and most recently amended effective November 30, 2024.

Definitions

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, actuarially equivalent factors are based on the 1971 Group Annuity Mortality Table for males with a 5-year setback for spouses and a 6% interest rate. For purposes of determining lump sum amounts, actuarially equivalent factors are based on the applicable mortality table specified in IRS Notice 2008-85 for the plan year of distribution and the statutory three-tier segment interest rates in effect for the fourth month (September) prior to the calendar year of distribution.

Participation: Effective May 2, 2011, the Plan closed to new participants.

Vesting Service: A year of vesting service is granted for each year of service in which a participant works at least 900 hours. Partial credit of 1/6th year is given for every 150 hours worked. For benefit accrual purposes, service froze effective September 15, 2011 for non-union participants and September 1, 2018 for all remaining participants.

Accrued Benefit: A participant's monthly accrued benefit is equal to $20 per year of service, maximum 25 years. Benefit accruals froze effective September 15, 2011 for non-union participants and September 1, 2018 for all remaining participants.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with, or next following, the attainment of age 65.

Normal Retirement Benefit: The monthly accrued benefit payable as a 5-year certain and life annuity.

Early Retirement

Eligibility: The attainment of age 55 and 15 years of service.

Benefit: The monthly accrued benefit, reduced by 0.5% for each month commencement precedes normal retirement, payable as a 5-year certain and life annuity.

Deferred Retirement

Eligibility: Termination after normal retirement.

Benefit: Larger of the monthly accrued benefit payable as of the commencement date and the monthly accrued benefit payable at normal retirement actuarially increased to commencement, payable as of the commencement date payable as a 5-year certain and life annuity.

Termination

Eligibility: The completion of at least 5 years of vesting service.

Benefit: The monthly accrued benefit payable as a 5-year certain and life annuity at normal retirement. Participants that had 15 years of service at termination are eligible to commence payments early and receive a benefit reduced by 0.5% for each month commencement precedes normal retirement.

Preretirement Death

Eligibility: Death after the completion of at least 5 years of vesting service with a surviving spouse.

Benefit: The surviving spouse of a participant is eligible to receive the survivor's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on their date of death, survived to their earliest possible retirement date, and begun receiving benefits as a 50% joint and survivor annuity. This benefit is payable at the earliest date the participant could have retired under the Plan.

Disability Benefit

Eligibility: Termination of service due to total disability after attaining age 50 and 15 years of service provided the participant qualifies for Social Security disability income.

Benefit: Monthly accrued benefit, payable immediately as a 5-year certain and life annuity, reduced by 0.5% for each month commencement precedes normal retirement and then increased by 10%, limited to the accrued benefit amount payable prior to reduction for early commencement.

Forms of Payment

Normal Forms: 5-year certain and life annuity, if single; an actuarially equivalent 50% joint and survivor annuity, if married.

Optional Forms: 5-year certain and life annuity or actuarially equivalent straight life annuity, 10-year certain and life annuity, 50%, 75%, or 100% joint and survivor annuity, lump sum distribution, or a mandatory lump sum if the value is $1,000 or less.

Schedule SB, line 26 – Schedule of Active Participant Data

Waltham Services, LLC Employees' Pension Plan

EIN: 51-0068479 PN: 008

The number of active participants, summarized by attained age and years of credited service as of March 1, 2024 is shown below.

	Years of Credited Service										
Age	**0–1**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24											0
25–29											0
30–34											0
35–39			1								1
40–44		1		1							2
45–49		1		1		2					4
50–54		1		1	1						3
55–59			1	3	2	1		1			8
60–64			1	3	3	3	3				13
65–69			1			1	1				3
70+						1					1
Total	0	3	4	9	6	8	4	1	0	0	35

Schedule SB, Part V – Schedule of Actuarial Assumptions/Methods

Waltham Services, LLC Employees' Pension Plan

EIN: 51-0068479 PN: 008

Appendix A – Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically accounted for and funded. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The actuarial value of assets used for determining the Plan's ERISA funding requirements is equal to the market value of assets.

PBGC Variable-Rate Premium Method

The Plan Sponsor elected to use the alternative methodology for determining the PBGC variable-rate premium for the 2020 plan year. As such, the Plan must continue to use this methodology until the plan year beginning March 1, 2025.

Amortization Method

For the Plan's ERISA funding requirements, incremental funding shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430. The Plan Sponsor elected to eliminate existing shortfall amortization bases and begin reflecting a fifteen-year amortization period for plan years beginning after February 28, 2021.

Appendix B – Summary of Actuarial Assumptions

Funding Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	4.37%	4.37%
Segment 2 (5–20 years)	4.96%	4.96%	4.96%
Segment 3 (20+ years)	5.59%	4.95%	4.95%
Effective Interest Rate	5.22%	4.93%	4.93%

ERISA minimum funding: 24-month average segment rates, using a two-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted March 1, 2008). The Plan Sponsor elected to begin reflecting an extended segment rate stabilization corridor for plan years beginning after February 28, 2021 for funding and IRC Section 436 purposes.

Maximum deductible contribution and PBGC premium: 24-month average segment rates, using a two-month lookback period, but not adjusted to reflect segment rate stabilization.

Expected investment return: 5.70% per year (limited to 5.59%) for the 2024 plan year (6.00% per year, limited to 5.74%, for the 2023 plan year) to reflect future expected market conditions, limited to the third segment rate. The expected investment return is based on the median results for a 10-year period from Milliman's investment return model, which uses Milliman's capital market outlook as of December 31, 2023 and the Plan's target asset allocation as of the valuation date, rounded to the nearest 10 basis points.

Expenses

Administrative expenses expected to be paid with plan assets is equal to the average of actual expenses paid during the last three plan years, net PBGC premiums, plus the PBGC premium for the current plan year, rounded to the nearest $5,000 ($30,000 for the 2024 plan year and $80,000 for the 2023 plan year).

DEMOGRAPHIC ASSUMPTIONS

Unless prescribed by statute, the following demographic assumptions are based on the actuary's judgment and experience expectations for the Plan.

Special Data Adjustments

None

Benefits not Valued

Although the top-heavy test has not been performed, frozen plans are not subject to the additional benefit requirements for top-heavy plans per IRC Section 416, so these provisions are not reflected.

Decrement Timing

Decrements are assumed to occur in the middle of the year, except that 100% retirement (see below) is assumed to occur at the beginning of the year.

Mortality

ERISA minimum funding, maximum deductible contribution, and PBGC premium: Statutory static tables for 2024, with combined annuitant and non-annuitant rates applicable to small plans, based on the PRI-2012 Mortality Table with mortality improvement, based on the MP-2021 projection scale capped at 0.78%, projected from 2012 to 8 years and 9 years beyond the plan year for males and females, respectively, adjusted by age per

IRC 430(h)(3)-1(c)(3), is used for all lives. No mortality improvement is reflected for the 2020 through 2023 calendar years as an approximate effect of the COVID-19 pandemic.

Retirement

The following are annual rates of retirement for active participants eligible for retirement:

Age	Rate
62	15%
63 – 64	5%
65	100%

Current and future terminated vested participants are assumed to retire at age 65.

Termination

Sample annual rates of termination are as follows (per 1,000 participants):

Age	Years of Service					
	0	1	2	3	4	5+
25	400	400	400	300	300	290
30	400	400	400	300	300	220
35	400	400	400	300	300	188
40	400	400	400	300	300	168
45	400	400	400	300	300	142
50	400	400	400	300	300	100
55	400	400	400	300	300	30
56+	0	0	0	0	0	0

Disability

The following are sample annual rates of disablement for active participants based on age (per 100 participants):

Age	Male Rate	Female Rate
25	0.03	0.03
30	0.03	0.04
35	0.04	0.07
40	0.08	0.13
45	0.16	0.24
50	0.33	0.40
55	0.69	0.64
60	1.15	0.90
65	0.00	0.00

Form of Payment

5-year certain and life annuity; 50% joint and survivor annuity for future death benefits. Benefit amounts for active and terminated vested participants over the age of 65 are actuarially increased based on plan administrative practice.

Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions

Waltham Services, LLC Employees' Pension Plan

EIN: 51-0068479 PN: 008

The mortality assumption was updated as of March 1, 2024 from the statutory static tables for 2023, with separate rates for annuitants and non-annuitants, based on the RP-2014 Mortality Table, adjusted to 2006, with mortality improvement projected from 2006 to 8 years and 9 years beyond the plan year for males and females, respectively, adjusted by age per IRC 430(h)(3)-1(c)(3), based on the MP-2021 projection scale to the statutory static tables for 2024, with combined annuitant and non-annuitant rates applicable to small plans, based on the PRI-2012 Mortality Table with mortality improvement, based on the MP-2021 projection scale capped at 0.78%, projected from 2012 to 8 years and 9 years beyond the plan year for males and females, respectively, adjusted by age per IRC 430(h)(3)-1(c)(3).

Schedule SB, Line 22 – Weighted Average Retirement Age

Waltham Services, LLC Employees' Pension Plan

EIN: 51-0068479 PN: 008

The average retirement age has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
62.5	15.00%	1.0000	9.38
63.5	5.00%	0.8500	2.70
64.5	5.00%	0.8075	2.60
65	100.00%	0.7671	49.86
		Weighted Average	64.54

Marital Characteristics

Actual beneficiary birth dates if included in the census data. Otherwise, 80% of participants are assumed to be married with males assumed to be 3 years older than females.

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/28/2024 and ending 02/28/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
WALTHAM SERVICES, LLC EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 03/01/1978

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instr.)
ROLLINS, INC.
2170 PIEDMONT ROAD, NE

ATLANTA GA 30324-4196

2b Employer Identification Number (EIN) 51-0068479

2c Sponsor's telephone number 404-888-2000

2d Business code (see instructions) 561710

3a Plan administrator's name and address [X] 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

5a Total number of participants at the beginning of the plan year	**5a**	69
b Total number of participants at the end of the plan year	**5b**	29
c (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d (1) Total number of active participants at the beginning of the plan year	**5d(1)**	35
d (2) Total number of active participants at the end of the plan year	**5d(2)**	9
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of plan administrator	8/14/2025 Date	Kelly Keith Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	8/14/2025 Date	Kelly Keith Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2024)
v. 240311

J18571 11-27-24

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Waltham Services, LLC Employees' Pension Plan

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Rollins, Inc.

D Employer Identification Number (EIN)
51-0068479

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 3 Day 1 Year 2024

2 Assets:

a Market value	**2a**	1,988,728
b Actuarial value	**2b**	1,988,728

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	11	261,211	261,211
b For terminated vested participants	24	385,797	385,797
c For active participants	35	1,222,992	1,233,744
d Total	70	1,870,000	1,880,752

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.22 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	30,000
c Target normal cost	**6c**	30,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

06/18/2025
Date

Mary Kathryn McCorison
Type or print name of actuary

23-08344
Most recent enrollment number

Milliman, Inc.
Firm name

(404)254-6751
Telephone number (including area code)

3424 Peachtree Road, Suite 1900

Atlanta GA 30326
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,253
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1,253
10	Interest on line 9 using prior year's actual return of 13.84 %	0	173
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		313,375
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.31 %		16,640
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		330,015
c	Total available at beginning of current plan year to add to prefunding balance		660,030
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,426

Part III Funding Percentages

14	Funding target attainment percentage	14	105.66%
15	Adjusted funding target attainment percentage	15	105.74%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	71.17%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/21/2025	207,796	0			
			Totals ► 18(b)	207,796	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	197,708

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	4.96 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	30,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	30,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	197,708
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	197,708
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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OMB No. 1210-0110

2024

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D Employer Identification Number (EIN)
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Statement by Enrolled Actuary

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SIGN HERE

MKM 6/18/25
Signature of actuary — Date

Mary Kathryn McCorison
Type or print name of actuary

23-08344
Most recent enrollment number

Milliman, Inc.
Firm name

(404)254-6751
Telephone number (including area code)

3424 Peachtree Road, Suite 1900

Atlanta GA 30326
Address of the firm

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