

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NORWALK READY MIXED CONCRETE, INC. BENEFITS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORWALK READY MIXED CONCRETE, INC</u></p> <p><u>MIKE BURKE</u> <u>PO BOX 309</u> <u>1535 NORTH AVE</u> <u>NORWALK, IA 50211-0309</u> <u>NORWALK, IA 50211</u></p>	<p>1c Effective date of plan <u>04/01/2024</u></p> <p>2b Employer Identification Number (EIN) <u>42-0982450</u></p> <p>2c Plan Sponsor's telephone number <u>515-981-0631</u></p> <p>2d Business code (see instructions) <u>327300</u></p>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/28/2025	MIKE BURKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/28/2025	MIKE BURKE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	140
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)	
	6a(2)	140
	6b	
	6c	
	6d	140
	6e	
	6f	140
	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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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 checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>4</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan NORWALK READY MIXED CONCRETE, INC. BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORWALK READY MIXED CONCRETE, INC</p>	<p>D Employer Identification Number (EIN) 42-0982450</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
WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA

(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
42-0318333	88848	B76	88	04/01/2024	03/31/2025

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 27475</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOLMES MURPHY **2727 GRAND PRAIRIE PKWY**
WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27475		INDIRECT COMMISSIONS ALLOCATION	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** 876442

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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)	876442
(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)	876442
b Benefit charges (1) Claims paid		9b(1)	595149
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	595149
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	27475	
(B) Administrative service or other fees	9c(1)(B)	65933	
(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)	187885	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		281293
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

(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)	0
b	Benefit charges (1) Claims paid	9b(1)	48600
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	48600
	(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)	8327
	(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)	8327
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan NORWALK READY MIXED CONCRETE, INC. BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>503</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORWALK READY MIXED CONCRETE, INC</p>	<p>D Employer Identification Number (EIN) 42-0982450</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
FIDELITY SECURITY 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
43-0949844	71870	60790-2232	41	04/01/2024	03/31/2025

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
494	

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

WELLMARK, INC **1331 GRAND AVE**
DES MOINES, IA 50309

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73			

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

HOLMES MURPHY & ASSOCIATES **3333 LEE PKWY**
STE 900
DALLAS, TX 75219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
420			

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	3898	
	(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)		3898
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	
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. ▶

AGENT/BROKER CODES

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan NORWALK READY MIXED CONCRETE, INC. BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORWALK READY MIXED CONCRETE, INC</p>	<p>D Employer Identification Number (EIN) 42-0982450</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
SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	217735	140	04/01/2024	03/31/2025

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 5206	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOLMES MURPHY & ASSOCIATES LLC 1828 WALNUT ST
STE 700
KANSAS CITY, MO 64108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1069	BONUSES AND ADDITIONAL PAYMENTS	3	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOLMES MURPHY & ASSOCIATES LLC PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5206		3	

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

C2 CENTRIC LLC

PO BOX 6824
GRAND RAPIDS, MI 49516

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	166	BONUSES AND ADDITIONAL PAYMENTS	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) 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)	
	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)	48426	
(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)	48426
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	
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. ▶

[BREAKDOWN OF BENEFITS CHARGES AND REMAINDER OF PREMIUM \(SECTION 9\)](#)

INSURANCE INFORMATION
This information is used on your Schedule A and C (Form 5500)
Part III of the ERISA ANNUAL REPORT

Name of Plan Sponsor Norwalk Ready Mixed

Contract of ID No. B76

Type of Benefit: Hosp./Med-Surgical	Approximate Number of Persons Covered @ End of Policy or Contract Year-- <u>88</u>	Policy/Contract Year From Thru
	Wellmark Blue Cross And Blue Shield of Iowa: EIN# 42-0318333 NAIC# 88848 Wellmark Health Plan of Iowa, Inc.: EIN# 42-1455449 NAIC# 95531	4/1/2023 3/31/2024

Name and Address of Each Recipient of Fees or Commissions	Amount of Com-missions paid	Amount of fees paid	Purpose for which fees
N/A	\$27,475.00	0.00	Indirect Commissions Allocation *
Premiums Due & Unpaid at End of Plan Year \$			

Experience-Rated Contracts

Premiums	(i) Amount Received	<u>\$876,442.38</u>	
	(ii) Increase (decrease) in amount due but unpaid	<u>\$0.00</u>	
	(iv) Premiums earned, (i) plus (ii) , minus (iii)	<u>\$0.00</u>	<u>\$876,442.38</u>

Benefit Charges

(i) Claims Paid	<u>\$595,148.79</u>	
(ii) Increase (decrease) in claim reserves	<u>\$0.00</u>	
(iii) Incurred Claims (i) plus (ii)	<u>\$0.00</u>	<u>\$595,148.79</u>
(iv) Claims charged		<u>\$595,148.79</u>

Remainder of Premium

(i) Retention Charges on an Accrual Basis		
(A) Commissions	<u>\$27,475.00</u>	
(B) Administrative service or other fees	<u>\$65,933.55</u>	
(C) Other specific acquisition costs	<u>\$0.00</u>	
(D) Other Expenses	<u>\$0.00</u>	
(E) Taxes	<u>\$0.00</u>	
(F) Charges for risks or contingencies	<u>\$187,885.04</u>	
(G) Other retention charges (Prospective Rate(+))	<u>\$0.00</u>	
(H) Total Retention [A+B+C+D+E+F+G]		<u>\$281,293.59</u>
(ii) Dividends or Retroactive Rate Refunds		

Status of Policyholder Reserves at End of Year

(i) Amount held to provide benefits after retirement	_____
(ii) Claim Reserves	_____
(iii) Other Reserves	_____

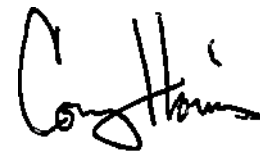
Dividends or retroactive rate refunds due

(Do not include amount entered in (c) (iii)) _____

Non experience-Rated Contracts

(a) Total premiums or subscription charges paid to carrier	<u>\$0.00</u>
(b) Other costs not reported above	_____

* The commission and fee information being provided includes direct compensation and, to the extent applicable, indirect compensation received by the broker or agent identified. Indirect compensation can be in the form of prizes, trips, awards, etc. for business produced and not directly related to any one contract. Indirect compensation, if any, attributable to the insurance contract identified in the attached Schedule A information, has been determined based on a proportionate allocation of the indirect compensation received by the broker or agent among all



Chairman and Chief Executive Officer

**WELLMARK BLUE CROSS AND BLUE SHIELD
ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR THE BLUECARD
PROGRAM**

Applicable to Self-funded ERISA Plans that file Schedule C for Plan Years beginning in 2009

One of the benefits your employees and their dependents (“members”) receive is access to health care services outside the geographic area served by Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Blue Cross and Blue Shield of South Dakota, Wellmark Health Plan of Iowa (collectively “Wellmark”) serves under a Program known as BlueCard. Typically in that situation, members obtain care from health care providers that have a contractual agreement with the local Blue Cross and/or Blue Shield Licensee in that other geographic area (the “Host Blue”). Within that arrangement, Wellmark is referred to as the “Home Blue.” The BlueCard Program is established and operated pursuant to policies established and enforced by the Blue Cross and Blue Shield Association.

The Department of Labor has amended its regulations governing the Form 5500 annual reporting and disclosure requirements. A plan sponsor’s reporting requirements for a self-funded plan on Schedule C are significantly streamlined for “eligible indirect compensation” about which a service provider has shared certain information. As such, below is a list of eligible indirect compensation that has been and/or is likely to be received in connection with the BlueCard Program. Note that the fees and compensation subject to disclosure under the Department of Labor rules include amounts that are not necessarily passed on to your ERISA Plan or your members. The financial terms of the BlueCard Program passed on to your ERISA plan, and additional details about the Program, are described in your administrative services agreement.

1. BlueCard Access Fees: Access Fees are usually charged on a per-claim basis and are charged as a percentage of the savings that a Host Blue passes along to the Home Blue by virtue of its relationships with health care providers. These fees are paid by the Home Blue to the Host Blue. These fees are charged for making the Host Blue’s provider network available to the Home Blue’s members. The BlueCard Access Fees charged directly to your ERISA Plan in connection with your members’ claims are specified in your administrative services agreement.

If your ERISA Plan’s BlueCard arrangement with Wellmark is based on a per contract per month fee, the BlueCard Access Fees that Wellmark pays to Host Plans may be a negotiated per contract per month fee or will be one or more of the following arrangements, depending on the size and distribution of your ERISA Plan’s enrollment:

Access Fees for 2009:

Standard BlueCard Claims

7.16% of savings (max = \$2,000 per claim)

Reduced PPO Claims

3.98% of savings (max = \$2,000 per claim) - 1000 – 9999 enrolled PPO contracts

3.70% of savings (max = \$2,000 per claim) – 10,000+ enrolled PPO contracts

2. Administrative Expense Allowances (AEA): This is usually a flat per-claim fee paid by the Home Blue to the Host Blue. It is paid for administrative services that the Host Blue provides in processing the claim for benefits for a member of the Home Blue. The AEA fees charged directly to your ERISA Plan in connection with your members' claims are specified in your administrative services agreement. If your ERISA Plan's BlueCard arrangement with Wellmark is based on a per contract per month fee, the BlueCard Access Fees that Wellmark pays to Host Plans may be a negotiated per contract per month fee or will be one or more of the following arrangements, depending on the size and distribution of your ERISA Plan's enrollment:

AEA Fees for 2009:

Standard BlueCard Claims
Institutional \$11.00 per claim
Professional \$5.00 per claim

Reduced PPO Claims
Institutional \$9.75 per claim
Professional \$4.00 per claim

Note: To be considered for reduced PPO fees, the claim must be for an account whose total Blue PPO enrollment exceeds 1,000 contracts, and the claim must be incurred in a Host Plan's service area.

3. Use of Estimated or Average Pricing by Host Blues. As described in your administrative services agreement, some Host Blues use estimated or average prices to determine the negotiated price that is made available to us when plan participants access the Host Blue's participating provider network. This may result in a difference (positive or negative) between the price you pay on a specific claim and the actual amount paid to the provider by the Host Blue.

The following describes the formula used for determining an estimated or average price:
Estimated: A percentage is used to modify the claim price for covered services. This percentage (either positive or negative) allows Host Blues to incorporate adjustments and actuarial projections prospectively into the final price. The percentage is determined by figuring the aggregate cost to the Host Blue over a look-back period less any initial payments made to providers divided by the total of payments initially made to providers. The aggregate cost in the numerator includes all provider retrospective settlements, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, performance-related bonuses or incentives, interest, other non-claim transactions and any positive or negative balance in the variance account. The percentage is then actuarially adjusted for anticipated changes in claims expenses for the prospective period. As of October 13, 2009, the modifying percentage applied to claims from those Host Blues that use estimated pricing ranged from -1.9% to +16.5%.

Average: An average price is determined for a defined category of provider (*e.g.*, institutional, professional, etc.) of a Host Blue in a given geographic area. The average is determined as follows:

Total amount paid to such providers over a look-back period, including initial payments as well as applicable claim and non-claim related transactions, which may include but are not limited to provider retrospective settlements, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, performance-related bonuses or incentives, interest, etc., and any positive or negative balance in the variance account

divided by

Total amount of such providers' corresponding charges for covered services over the same look-back period (claims for non-covered services are not included in the calculation)

This result is an average price that is applied to each claim for the defined category of provider of the Host Blue in the geographic area and presented as the negotiated price.

Although use of these pricing methods may result in a difference (positive or negative) between the price you pay and the amount actually paid to the provider, the price used to determine your payment is a final price. Any positive or negative differences are accounted for in a variance account held by the Host Blue. Host Blues may prospectively increase or reduce estimated or average prices to correct for over- or underestimation of past prices (*i.e.*, prospective adjustments may mean that a current price reflects additional amounts or credits for claims already paid to providers or anticipated to be paid to or received from providers). Because all amounts paid are final, neither variance account funds held to be paid, nor the funds expected to be received, are due to or from your ERISA Plan. Such payable or receivable would be eventually exhausted by health care provider settlements and/or through prospective adjustment to the negotiated prices.

4. Fee for Recovery of Overpayments: In some cases, a Host Blue will undertake recovery efforts from its participating providers on behalf of Home Blues. These recoveries from a Host Blue can arise in several ways, including, but not limited to, anti-fraud and abuse investigations, provider/hospital audits, credit balance audits, utilization review refunds, and unsolicited refunds. In addition, the Host Blue may engage a third party vendor to assist in identification or collection of recovery amounts. The fees of such a third party may be netted against the recovery and could be up to 35% of the recovered amount or could be assessed at up to 28% of total claims dollars to be audited. Recovery amounts, net of fees, if any, will be applied in accordance with applicable BlueCard Program Policies, which generally require correction on a claim-by-claim or prospective basis.

5. BlueCard Worldwide Program. The BlueCard Worldwide Program provides members with access to an international network of inpatient, outpatient and professional providers. Medical assistance and claims support services are also provided under the program by Mondial Assistance. The fees that the Host Blue pays to Mondial are as follows:

Medical Assistance Services	Per Unit Price	
General Inbound Calls (questions related to the BlueCard Worldwide Program and related processes; requests for provider information for non-medical situations, etc.)	\$10.00/Call	
Phone Translation	\$22.50/Call	
Fulfillment	\$7.50/Mailing	
Medical Referral	\$125.00/Referral	
Misrouted Calls	\$3.00/Call	
Medical Monitoring < 3 days	\$295.00/Case	
Medical Monitoring 3-10 days	\$485.00/Case	
Medical Monitoring > 10 days	\$550.00/Case	
Plan Claim Inquiry	\$15.00/Case	
Medical Evacuation coordination	\$2,000.00/Case	
Medical Repatriation coordination	\$2,000.00/Case	
Repatriation of Remains coordination	\$800.00/Case	

Claims Support Services	Per Unit Price	
Claim Preparation - (Image claim, route claim, verify eligibility, conduct provider follow-ups; excluding translation and currency conversion)	\$12.75/Bill	
Claim Preparation and Currency Conversion	\$16.00/Bill	
Claim Preparation and Translation	\$24.00/Bill	
Claim Preparation, Translation and Currency Conversion	\$26.50/Bill	
Check Issuance (receive funds, match to file, purchase currency, issue check)	\$12.00/Bill	
Member Returned Claim	\$5.75/Bill	
Misrouted Claim (i.e. domestic)	\$5.75/Bill	
Void Check Request	\$20.00/Request	
Other document Translation (i.e. medical records)	\$25.00/Page	
Currency Reconciliation	At Cost	
Outside Translation Costs	At Cost	



Sun Life Assurance
Company of Canada

SC3238
One Sun Life Executive Park
96 Worcester Street
Wellesley Hills, MA 02481-5699
email: ebg_commissions@sunlife.com

Tel: 1-800-440-1311

June 05, 2025

NORWALK READY MIXED CONCRETE, INC.
ATTN: BENEFIT ADMINISTRATOR
933 HUGHES ROAD
NORWALK, IA 50211

Re: Schedule A (Form 5500) Insurance Information
Group Policy Number: 217735

Dear Valued Customer:

We are sending you the enclosed information to assist you in completing Schedule A/C, of IRS/DOL/PBGC Form 5500. We are providing Schedule A/C information to you because we cannot be certain whether or not you require it. Sun Life does not administer your plan and cannot provide tax and legal advice regarding your plan or policies. Please let us know in writing if you do not file a Schedule A/C of Form 5500 and you do not wish to receive this information in the future. We will not resume Schedule A/C reporting with respect to the above-referenced policy unless you otherwise notify us in writing.

The enclosed information includes all the premiums and/or fees we received, as well as all commissions paid to your broker. The commission information may include:

- Base commissions which are policy specific and are included in the policy rate(s).
- Override commissions (sometimes referred to as special payments, or program management fees) which are also policy specific and generally are included in the policy rate(s).
- Bonus commission and producer conference fees which are not policy specific. They are paid based upon the anticipated annual premiums of all your broker's or administrator's policies with us. The amount of the bonus that is paid to your broker and attributable to your policy is determined by allocating the total bonus amount for the calendar year in proportion to the anticipated annual premium associated with each policy used in the calculation of the total bonus amount. Bonus payments are a company operating expense and, thus, are not directly reflected in the policy rate(s).

During the course of the year, Sun Life sales and other personnel may engage in various activities with the insurance producers connected with your ERISA plan, such as "lunch and learn" meetings, restaurant meals, attending sporting events, and/or playing golf. Generally, these activities are intended to establish or strengthen the business relationship between the Sun Life sales personnel and the insurance producers and are not provided as a compensatory payment attributable to the plan's insurance contract or to the non-insurance services being provided to the plan. Accordingly, we are not reporting such expenses unless we have determined both that a particular expense is in fact a compensatory payment and exceeds the insubstantial value reporting threshold described in the Form 5500 instructions.

The enclosed should not be used for commission and/or premium reconciliation, it is strictly for Schedule A/C Form 5500 filing purposes. If you have any questions concerning this letter or enclosed information, please contact us via the above listed information.

Sincerely,
Broker Services

CC. Holmes Murphy & Associates LLC, C2 Centric LLC

Enclosure

Sun Life Assurance of Canada is a member of the Sun Life group of companies.
www.sunlife.com/us

5500 Schedule A Insurance Information

Name	Policy/Account Number	Date		
Norwalk Ready Mixed Concrete, Inc. 933 Hughes Road Norwalk, IA 50211	217735	06/05/2025		
Name of insurance carrier	EIN (Insurance Carrier)	NAIC code	Policy or Contract Year	
			From	To
Sun Life Assurance Company of Canada	38-1082080	80802	04/01/2024	03/31/2025
Contract or identification number	SEE ABOVE #	Approximate number of persons covered at end of policy or contract year		140
Insurance fees and commissions paid to agents, brokers, and other persons: Total Amount of commissions paid \$5,206.02				
Name and address of the agents, brokers or other persons to whom commissions or fees paid Holmes Murphy & Associates LLC 1828 Walnut St ste 700 kansas city, MO 64108	Bonuses and additional payments paid ²			Organization Code 3
	Type of Benefit	Bonus Amount ¹	Additional Payments	
	Employee Basic Life	\$417.76	\$0.00	
	LTD	\$460.74	\$0.00	
	STD	\$190.42	\$0.00	
Name and address of the agents, brokers or other persons to whom commissions or fees paid Holmes Murphy & Associates LLC PO Box 441 Des Moines, IA 50302	Amount of commissions paid			Organization Code 3
	Type of Benefit	Base Commission ³		
	Basic Long Term Disability	\$2,621.80		
	Basic Short Term Disability	\$835.54		
	Dependant Basic Life	\$51.50		
	Employee AD&D	\$133.62		
	Employee Basic Life	\$1,563.56		
Name and address of the agents, brokers or other persons to whom commissions or fees paid C2 Centric LLC PO Box 6824 Grand Rapids, MI 49516	Bonuses and additional payments paid ²			Organization Code 3
	Type of Benefit	Bonus Amount ¹	Additional Payments	
	Employee Basic Life	\$64.98	\$0.00	
	LTD	\$71.67	\$0.00	
	STD	\$29.62	\$0.00	

Total Premium received 04/01/2024 to 03/31/2025	Type of Benefit	Gross Premium
	Basic Long Term Disability	\$18,618.40
	Basic Short Term Disability	\$8,374.62
	Dependant Basic Life	\$636.00
	Employee AD&D	\$1,637.00
	Employee Basic Life	\$19,160.02
	Total	\$48,426.04

Comments :

Premiums/Fees **for** the time period shown above.

¹ Bonus paid to producer for period 01/01/2023 to 12/31/2023

² Bonus has been pro-rated based on the premium.

³ Base Commissions paid to producer **during** the time period shown above.

Any questions in regards to commissions, bonus or awards should be directed to your producer.

Pursuant to 29 CFR 2520.103-5(c), Sun Life Assurance Company of Canada certifies that the statements above are complete and accurate.

The information reported above is for informational purposes only. It is not to be relied upon for amounts that may be due and owing with respect to the Policy.

If you have questions regarding your filing obligations, please consult with your legal and/or tax advisor.



BENEFIT INFORMATION

This information is used on your Schedule A (Form 5500)

Customer Information

Name of Plan NORWALK READY MIX

Contract or ID Number: 35668

Approximate Number of Persons Covered @ End of Policy or Contract Year: 86

Policy or Contract Year 04/01/2024 - 03/31/2025

Service Provider Information

Delta Dental of Iowa

EIN: 42-0959302

NAIC CODE: 55786

Financial Information

Claims Paid	\$48,600.50
Administrative service fees	\$8,326.70
Total Amount of Commissions Paid:	\$3,319.61
Total Fees Paid/Amount:	\$88.61
Total Fees	\$11,734.92

Name and Address of Recipient of Fees or Commissions

HOLMES MURPHY & ASSOCIATES	Organization Code	3
2727 GRAND PRAIRIE PKWY	Amount of Commissions Paid:	\$3,319.61
WAUKEE, IA 50263	Fees Paid/Amount	\$88.61
	Fees Paid/Purpose	Sales and Persistency Bonus

Delta Dental of Iowa hereby certifies that the foregoing statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Insurance Data for Schedule A Form 5500

Group #60790-2232

Insurance Carrier – Fidelity Security Life Insurance Company

Carrier NAIC Code No. – 71870

Administrator – Avesis Third Party Administrators, Inc.

Policy or Contract Period – 4/01/2024 – 3/31/2025

Carrier EIN – 43-0949844

Benefit Type – Vision Care

Organization Code: 5

Group Legal Name and Address:

Norwalk Ready-Mixed Concrete, Inc.

1535 North Avenue

Norwalk, IA 50211

Approximate Number of Persons Covered at the end of policy or contract period: 84 (41 employees)

Premium:

EE \$ 5.22

EE & Dep \$ 9.87

EE & CHD \$ 10.75

EE & Family \$ 13.85

Total Premium Paid to Carrier

\$ 3,897.85

Commissions Paid for Contract Period

Wellmark, Inc

\$ 73.23

1331 Grand Avenue

Des Moines, IA 50309

Holmes Murphy & Associates

\$ 420.31

3333 Lee Parkway, Ste. 900

Dallas, TX 75219

Total Commission

\$ 493.54

“Total Premium Paid to Carrier” listed above may differ from your records due to timing of posting payments, timing of employee payroll changes and our internal business practices related to the application of premium. For this reason, we suggest you use your Accounts Payable or Payroll Records for reporting “Premium Paid to Carrier.”

Avesis hereby certifies that this statement is furnished pursuant to 29 CFR 2520.103-5 (c) and is complete and accurate as of 6/13/2025.

