

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CN ENTERPRISES HEALTH PLAN TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): CN ENTERPRISES
2b Employer Identification Number (EIN): 81-4972795
2c Plan Sponsor's telephone number: 580-235-6797
2d Business code (see instructions): 711210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	1488
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)	1484
	6a(2)	1371
	6b	9
	6c	0
	6d	1380
	6e	
	6f	
	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 4E 4Q

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" 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>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" 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 **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CN ENTERPRISES HEALTH PLAN TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CN ENTERPRISES</p>	<p>D Employer Identification Number (EIN) 81-4972795</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
BLUECROSS BLUESHIELD OF OKLAHOMA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	310900	2576	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid 15636</p>	<p>(b) Total amount of fees paid 42</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
SUMMIT FINANCIAL GROUP INC. 1350 S. BOULDER SUITE 300 TULSA, OK 74119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15636	33	ISC GIFTS, MEALS & ENTERTAINMENT AND MEETINGS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CN ENTERPRISES HEALTH PLAN 4040 N LINCOLN BLVD. OKLAHOMA CITY, OK 73105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	9	MISC GIFTS, MEALS & ENTERTAINMENT AND MEETINGS	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	21971623	
	(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)		21971623
b	Benefit charges (1) Claims paid	9b(1)	24202519	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		24202519
	(4) Claims charged	9b(4)		24202519
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)	15636	
	(B) Administrative service or other fees	9c(1)(B)	1085535	
	(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)	-3316431	
	(H) Total retention	9c(1)(H)		-2215260
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	0
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan CN ENTERPRISES HEALTH PLAN TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CN ENTERPRISES	D Employer Identification Number (EIN) 81-4972795	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HEALTH CARE SERVICE CORP

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	1031330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

SUMMIT FINANCIAL GROUP

73-1540990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	BROKER	90000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 29	NONE	47933	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GLOBAL GAMING SOLUTIONS, LLC

32-1206508

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MCAFFEE & TAFT

73-0781676

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	6030	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CN ENTERPRISES HEALTH PLAN TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CN ENTERPRISES	D Employer Identification Number (EIN) 81-4972795

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1233323
		1991720
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3327160
(2) U.S. Government securities	1c(2)	3483662
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	171656
		0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4732139	5475382
Liabilities			
g Benefit claims payable.....	1g	1740000	1482000
h Operating payables.....	1h	368930	190287
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2108930	1672287
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2623209	3803095

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	16842343	
(B) Participants.....	2a(1)(B)	4315756	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		21158099
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8722	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		8722
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		21166821

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16723667	
(2) To insurance carriers for the provision of benefits	2e(2)	2049744	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18773411
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1031330	
(3) Recordkeeping fees	2i(3)	24000	
(4) IQPA audit fees	2i(4)	48883	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6030	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	103281	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1213524
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19986935

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1179886
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.




CN Enterprises Health Plan Trust

EIN 81-4972795 PN 501

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2024 and 2023



**CN Enterprises Health Plan Trust
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December 31, 2024 and 2023**

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Independent Auditor's Report

Board of Trustees
CN Enterprises Health Plan Trust
Ada, Oklahoma

Opinion

We have audited the financial statements of CN Enterprises Health Plan Trust (Trust), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of fiduciary net position and trust's benefit obligations as of December 31, 2024 and 2023 and the related statements of changes in fiduciary net position and changes in trust's benefit obligations for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the fiduciary net position and benefit obligations of the Trust as of December 31, 2024 and 2023 and the changes in its fiduciary net position and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Management is also responsible for maintaining a current trust instrument, including all trust amendments, administering the Trust, and determining that the Trust's transactions that are presented and disclosed in the financial statements are in conformity with the Trust's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Required Supplementary Information

Management has omitted management's discussion and analysis that the Governmental Accounting Standards Board (GASB) requires to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by GASB, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by the missing information.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

**Oklahoma City, Oklahoma
September 18, 2025**

Federal Employer Identification Number: 44-0160260

**CN Enterprises Health Plan Trust
Statements of Fiduciary Net Position
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Interest-Bearing Cash	\$ 3,483,662	\$ 3,327,160
Receivables	1,991,720	1,233,323
Prepaid Expenses	<u>-</u>	<u>171,656</u>
Total Assets	5,475,382	4,732,139
LIABILITIES		
Accounts Payable	<u>190,287</u>	<u>368,930</u>
Fiduciary Net Position	<u>\$ 5,285,095</u>	<u>\$ 4,363,209</u>

CN Enterprises Health Plan Trust
Statements of Changes in Fiduciary Net Position
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Interest Income	\$ 8,722	\$ 4,598
Contributions		
Employers	16,842,343	19,201,757
Participants	4,235,576	4,143,787
COBRA	80,180	118,833
Total Contributions	<u>21,158,099</u>	<u>23,464,377</u>
Total Additions	<u>21,166,821</u>	<u>23,468,975</u>
Deductions		
Benefits paid to participants, net of reinsurance submissions and prescription rebates	16,981,667	16,459,830
Premiums	2,049,744	1,739,051
Administrative expenses	1,213,524	1,220,914
Total Deductions	<u>20,244,935</u>	<u>19,419,795</u>
Increase in Fiduciary Net Position	921,886	4,049,180
Fiduciary Net Position, Beginning of Year	<u>4,363,209</u>	<u>314,029</u>
Fiduciary Net Position, End of Year	<u>\$ 5,285,095</u>	<u>\$ 4,363,209</u>

**CN Enterprises Health Plan Trust
Statements of Trust's Benefit Obligations
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Health claims payable	\$ 53,889	\$ 356,068
Other Obligations for Current Benefit Coverage, at Estimated Amounts		
Health claims reported and claims incurred but not reported	<u>1,482,000</u>	<u>1,740,000</u>
Trust's Total Benefit Obligations	<u>\$ 1,535,889</u>	<u>\$ 2,096,068</u>

CN Enterprises Health Plan Trust
Statements of Changes in Trust's Benefit Obligations
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance, beginning of year	\$ 356,068	\$ 622,764
Health claims reported and approved for payment, net of reinsurance submissions	18,195,191	17,680,744
Health claims paid, net of reinsurance submissions	<u>(18,497,370)</u>	<u>(17,947,440)</u>
Balance, End of Year	<u>53,889</u>	<u>356,068</u>
Other Obligations for Current Benefit Coverage, at Estimated Amounts		
Balance, beginning of year	1,740,000	1,203,000
Net change during year of health claims incurred but not reported	<u>(258,000)</u>	<u>537,000</u>
Balance, End of Year	<u>1,482,000</u>	<u>1,740,000</u>
Trust's Total Benefit Obligations	<u>\$ 1,535,889</u>	<u>\$ 2,096,068</u>

Note 1. Organization and Nature of Operations

The following description of CN Enterprises Health Plan Trust (Trust) provides only general information about the Trust's provisions. Participants should refer to the plan document and *Summary Plan Description* for a more complete description of the Trust's provisions, which are available from the trust administrator.

General

The Trust provides health and other benefits for all eligible employees and covered dependents of Global Gaming Solutions, LLC (GGS); Global Gaming RP, LLC (GGRP); Chickasaw Nation Industries, Inc. (CNI); First Med Urgent Care, LLC (FMUC); Solara Surgical Partners, LLC (SSP); Sovereign Properties Holdco, LLC (SPH); Trace Fiber Network, LLC (TFN); Chickasaw Community Bank (CCB); Acclaimed Family Medicine (AFM); Peak Staffing Solutions, LLC (PSS); Peak Strategic Partnership (PSP); and Bryant Street Family Medical (BSF); effective March 19, 2023, Sovereign Native Holdco, LLC (SNH); and effective June 7, 2023, Peak Integration (PIN) (collectively, Employers). During 2023, FMUC, AFM, and BSF were sold and the employees from those entities left the Plan. Employees are eligible based on the following criteria:

- Employees who are hired directly from the Chickasaw Nation are eligible to participate in the Trust on the first day of the month following their date of employment.
- Employees of SSP, FMUC, AFM, and BSF are eligible to participate in the Trust on the first day of the month following 30 days of continuous employment.
- Employees of GGS, GGRP, SPH, TFN, PSS, PSP, SNH, and PIN are eligible to participate in the Trust on the date they complete 90 days of continuous employment.
- Employees of CCB and CNI are eligible to participate in the Trust as of their date of hire.

The Trust is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Benefits

The Trust provides health benefits (medical, vision, and prescription drugs) as well as continuation of certain benefits upon termination of employment through the *Consolidated Omnibus Budget Reconciliation Act* (COBRA).

The Trust also provides health benefits to participants during periods of unemployment, provided they have accumulated, in the current year or in prior years, credit amounts (expressed in hours) in excess of the hours required for current coverage.

Insured Benefits

The Trust offers three Preferred Provider Organization (PPO) plans participants can choose from. The vision plan is an embedded benefit with the medical plan and is available to all enrolled participants.

Stop-Loss Coverage

The Trust has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims exceeding a specific dollar amount as well as its aggregate exposure for all claims). The specific stop-loss amount is \$215,000 per covered person for 2024 and 2023. The Trust's aggregate stop-loss amount was approximately \$22,976,000 and \$21,842,000 for 2024 and 2023, respectively.

Self-Insured Benefits

All other trust benefits are self-insured. The claims for self-insured benefits are processed by the Trust's third-party claims processors under administrative services-only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the general assets of the Employers. Despite the Trust's

CN Enterprises Health Plan Trust
Notes to Financial Statements
December 31, 2024 and 2023

utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Trust.

The Trust utilizes a pharmacy benefit manager (PBM) that periodically makes refunds to the Trust based on the Trust's actual utilization pattern of specific drugs.

Contributions

In addition to deductibles and co-payments, participants may contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The Employers make contributions to the Trust, as needed, to fund claims in excess of participants' contributions. Any deficiency of the Trust's fiduciary net position over benefit obligations is funded by the Employers on a pay-as-you-go basis.

Trustees

The Trust is governed by a board of five trustees consisting of members appointed by the Employers. The trustees' responsibilities include the administration of the Trust and the management of its assets as provided in the trust document. The trustees serve as administrators of the Trust.

Trust Termination

Although they have not expressed any intention to do so, the Employers have the right under the Trust to modify the benefits provided to, and contributions required of, participants; to discontinue their contributions at any time; and to terminate the Trust, subject to the provisions of ERISA. In the event of termination of the Trust, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants.

No assets of the Trust may revert to the Employers or be used for purposes other than for the exclusive benefit of the Trust's participants.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units using the accrual basis of accounting. The Governmental Accounting Standards Board is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, health claims payable, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Deposits

The Trust maintains its cash in bank deposit accounts, which at times may exceed the federally insured and collateralized limits. The Trust does not have any policies that address custodial risk for deposits. The custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover deposits or will not be able to recover collateral securities that are in the possession of

CN Enterprises Health Plan Trust
Notes to Financial Statements
December 31, 2024 and 2023

an outside party. At December 31, 2024 and 2023, the Trust's deposits were approximately \$3,795,000 and \$4,593,000, respectively. There were no bank deposits not collateralized or insured by the Federal Deposit Insurance Corporation at December 31, 2024 and 2023.

Payment of Benefits

Premiums paid by the Trust are recorded as administrative expenses in the accompanying statements of changes in fiduciary net position.

Claim payments are recorded when paid by the third-party claims processors. Amounts due to claims processors that have yet to be reimbursed by the Trust are recorded in accounts payable on the accompanying statements of fiduciary net position. The third-party claims processors process health claims of active participants, dependents, and beneficiaries, but the responsibility for payments to participants and providers is retained by the Trust.

Stop-Loss Insurance

Premiums for stop-loss insurance are included in administrative expenses in the accompanying statements of changes in fiduciary net position. Stop-loss refunds totaling approximately \$794,000 and \$1,184,000 in 2024 and 2023, respectively, have been netted with claims paid, net of reinsurance submissions in the accompanying statements of changes in fiduciary net position.

Refunds

Refunds due from the Trust's PBM are recorded when earned with the offset being netted against claims paid, net of reinsurance submissions. Pharmacy rebates totaling approximately \$2,403,000 and \$1,874,000 were credited toward claims paid during 2024 and 2023, respectively.

Pharmacy audits from 2023 and 2024 were concluded after year-end. Refunds from these audits, if any, are passed on to the participants and, therefore, not included in the Trust's pharmacy rebates.

Other Trust Benefits

Trust obligations for health claims incurred but not reported are estimated based upon historical claims experience and actual claims reported subsequent to the Trust's fiscal year-end. Additional accruals are included for the estimated ultimate cost of future claims only if such claims are covered as of the Trust's fiscal year-end and the Trust is obligated to pay for the care regardless of continued participation in the Trust.

Administrative Expenses

Administrative expenses may be paid by the Employers or the Trust at the Trust's discretion.

Note 3. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Trust, any person who provides services to the Trust, an employer whose employees are covered by the Trust, an employee organization whose members are covered by the Trust, a person who owns 50% or more of such an employer or employee association, or relatives of such persons. Trust participants, at times, will receive services from Chickasaw Nation-owned facilities.

CN Enterprises Health Plan Trust
Notes to Financial Statements
December 31, 2024 and 2023

The following information details the premiums and fees paid to various vendors by the Trust for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Premiums		
Sigmatico, LLC	\$ 2,049,744	\$ 572,473
Point6 Healthcare, LLC	-	1,166,578
	<u>\$ 2,049,744</u>	<u>\$ 1,739,051</u>
Administrative expenses		
Blue Cross Blue Shield	\$ 1,031,330	\$ 1,056,830
Global Gaming Solutions, LLC	24,000	24,000
Summit Financial Group	90,000	78,301
Forvis Mazars, LLP	47,933	47,460
Other	20,261	14,323
	<u>\$ 1,213,524</u>	<u>\$ 1,220,914</u>

The Employers provide all funding and certain additional administrative services at no cost to the Trust. GGS provides certain accounting services to the Trust. The Trust paid GGS \$24,000 for these services during 2024 and 2023.

Note 4. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of fiduciary net position to Form 5500 per the financial statements at December 31:

	<u>2024</u>	<u>2023</u>
Fiduciary net position per the financial statements	\$ 5,285,095	\$ 4,363,209
Less health claims reported and claims incurred but not reported	<u>1,482,000</u>	<u>1,740,000</u>
Fiduciary net position per Form 5500	<u>\$ 3,803,095</u>	<u>\$ 2,623,209</u>

The following is a reconciliation of the changes in fiduciary net position to Form 5500 per the financial statements for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Change in fiduciary net position per the financial statements	\$ 921,886	\$ 4,049,180
Less health claims reported and claims incurred but not reported – current year	(1,482,000)	(1,740,000)
Add health claims reported and claims incurred but not reported – prior year	<u>1,740,000</u>	<u>1,203,000</u>
Change in fiduciary net position per Form 5500	<u>\$ 1,179,886</u>	<u>\$ 3,512,180</u>

CN Enterprises Health Plan Trust
Notes to Financial Statements
December 31, 2024 and 2023

Health claims reported and approved for payment but not paid at year-end and claims incurred but not reported are not considered liabilities under GAAP but are reported on the accompanying statements of trust's benefit obligations. Therefore, these claims are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

Note 5. Risks and Uncertainties

The benefit obligations are reported based on certain assumptions pertaining to interest rates, healthcare inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the accompanying financial statements.

Note 6. Tax Status

The Trust received an exemption letter from the Internal Revenue Service dated May 25, 2018 stating that the Trust, as then designed, was tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code. However, as a result of the Trust's funding policy, from time to time, the Trust may be subject to income taxes. No federal or state income taxes have been recorded in the accompanying financial statements. The trustees believe the Trust is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 7. Subsequent Events

Subsequent events have been evaluated through September 18, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

CN Enterprises Health Plan Trust
EIN 81-4972795 PN 501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Rate	Maturity Date	Cost	Current Value
Interest-Bearing Cash				
Simmons Bank DDA/Sweep	Varies	N/A	<u>\$ 3,483,662</u>	<u>\$ 3,483,662</u>

CN Enterprises Health Plan Trust
EIN 81-4972795 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity	Description	Purchase/ Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Simmons Bank	Transfers from (75 transactions) January 1, 2024–December 31, 2024	\$ 19,262,889	\$ 19,262,889	\$ 19,262,889	\$ -
Simmons Bank	Transfers to (65 transactions) January 1, 2024–December 31, 2024	\$ 19,419,391	\$ 19,419,391	\$ 19,419,391	\$ -

CN Enterprises Health Plan Trust
EIN 81-4972795 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity	Description	Purchase/ Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Simmons Bank	Transfers from (75 transactions) January 1, 2024–December 31, 2024	\$ 19,262,889	\$ 19,262,889	\$ 19,262,889	\$ -
Simmons Bank	Transfers to (65 transactions) January 1, 2024–December 31, 2024	\$ 19,419,391	\$ 19,419,391	\$ 19,419,391	\$ -

CN Enterprises Health Plan Trust
EIN 81-4972795 PN 501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Rate	Maturity Date	Cost	Current Value
Interest-Bearing Cash				
Simmons Bank DDA/Sweep	Varies	N/A	<u>\$ 3,483,662</u>	<u>\$ 3,483,662</u>