

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 [X] 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: [X] 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

1a Name of plan: DCP, LLC EMPLOYEE WELFARE BENEFIT PLAN
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): DCP, LLC
Mailing address (include room, apt., suite no. and street, or P.O. Box): 200 WEST MAIN PO BOX 269 WASHINGTON, MO 63090
2b Employer Identification Number (EIN): 20-5141038
2c Plan Sponsor's telephone number: 636-239-7831
2d Business code (see instructions): 541513

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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:		<b>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>		300
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).			
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>		300
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>		314
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>		0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>		0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>		314
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>		
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>		
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>		

**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 4L 4Q

<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> 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
(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)

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

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>DCP, LLC EMPLOYEE WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DCP, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-5141038</b>

**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

**UNUM LIFE INSURANCE COMPANY OF AMERICA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>01-0278678</b>	<b>62235</b>	<b>418232</b>	<b>314</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>29248</b>	<b>(b)</b> Total amount of fees paid <b>3412</b>
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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

**MARSH & MCLENNAN AGENCY LLC**

**825 MARYVILLE CENTRE DR STE 200  
CHESTERFIELD, MO 63017**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>29248</b>	<b>3412</b>	<b>ADDITIONAL COMPENSATION</b>	<b>3</b>

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		195043
<b>b</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. ....	<b>10b</b>		0

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>DCP, LLC EMPLOYEE WELFARE BENEFIT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DCP, LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>20-5141038</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	5399069	447	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 <b>23787</b></p>	<p>(b) Total amount of fees paid <b>2163</b></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  
**MARSH & MCLENNAN AGENCY LLC**      **825 MARYVILLE CENTRE DR STE 200**  
**CHESTERFIELD, MO 63017**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20907	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MARSH & MCLENNAN**      **250 PEHLE AVE STE 400**  
**PARK 80 PLAZA 2**  
**SADDLE BROOK, NJ 07663**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2134	SUPPLEMENTAL COMPENSATION	3

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

MARSH & MCLENNAN AGENCY LLC  
 6279 TRI RIDGE BLVD  
 STE 400  
 LOVELAND, OH 45140

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	29	MARKETING FEES	3

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

WATCHTOWER BENEFITS LLC  
 306 W ERIE ST STE 300  
 CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2880	0	N/A	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	

**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.

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	0
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>		
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		209678
<b>b</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. ....	<b>10b</b>		0

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">DCP, LLC EMPLOYEE WELFARE BENEFIT PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">DCP, LLC</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">20-5141038</span></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  
UNUM LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	418233	133	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><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">8349</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">974</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

MARSH & MCLENNAN AGENCY LLC 825 MARYVILLE CENTRE DR STE 200  
CHESTERFIELD, MO 63017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8349	974	ADDITIONAL COMPENSATION	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.

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	0
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>		
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	55686
<b>b</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.	<b>10b</b>	0

N/A

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">DCP, LLC EMPLOYEE WELFARE BENEFIT PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">DCP, LLC</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">20-5141038</span></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  
H&H ASSOCIATES

(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
47-5517143	00000	N/A	330	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	0
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>		
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	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) **▶ EMPLOYEE ASSISTANCE PLAN**

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		8910
<b>b</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. ....	<b>10b</b>		0

Specify nature of costs.

N/A

**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. ▶

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

<b>A</b> Name of plan <b>DCP, LLC EMPLOYEE WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DCP, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-5141038</b>	

**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

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

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

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

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

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

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

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

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

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

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

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**(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)

OPTUM RX, INC.

P.O. BOX 650334  
DALLAS, TX 75265

33-0441200

(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?
12 50 62 99	PHARMACY BENEFIT MGMT	1437306	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2144	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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.

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>DCP, LLC EMPLOYEE WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DCP, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-5141038</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 0	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b> 0	0
<b>(3)</b> Other .....	<b>1b(3)</b> 133681	298588
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 1353826	1886018
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
<b>e</b>	Buildings and other property used in plan operation.....	1e	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e).....	1f	1487507 2184606
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable.....	1g	0 0
<b>h</b>	Operating payables.....	1h	
<b>i</b>	Acquisition indebtedness.....	1i	
<b>j</b>	Other liabilities.....	1j	421162 276300
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j).....	1k	421162 276300
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f).....	1l	1066345 1908306

**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.

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2426604
	(B) Participants.....	2a(1)(B)	707990
	(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)	3134594
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	13464
	(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)	13464
(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)	0
(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)	0

	(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)	
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	3148058

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2142490
(2) To insurance carriers for the provision of benefits .....	2e(2)	94160
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	2236650
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	69447
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(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)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	69447
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	2306097

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	841961
<b>l</b> 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
<b>a</b> 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	0
<b>b</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	0
<b>c</b> 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	0
<b>d</b> 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	0
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	0
<b>g</b> 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	0
<b>h</b> 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	0
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	0
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

# **DCP, LLC Employee Welfare Benefit Plan**

**EIN 20-5141038 PN 501**

**Independent Auditor's Report and Financial  
Statements**

December 31, 2024 and 2023

**DCP, LLC Employee Welfare Benefit Plan**  
**Contents**  
**December 31, 2024 and 2023**

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## Independent Auditor's Report

Governing Board  
DCP, LLC Employee Welfare Benefit Plan  
Washington, Missouri

### **Opinion**

We have audited the financial statements of DCP, LLC Employee Welfare Benefit Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in 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 net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan 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 Plan 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 Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan'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 Plan'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 Plan'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.

***Forvis Mazars, LLP***

**St. Louis, Missouri  
September 24, 2025**

Federal Employer Identification Number: 44-0160260

DCP, LLC Employee Welfare Benefit Plan  
 Statements of Net Assets Available for Benefits  
 December 31, 2024 and 2023

	<u>Balance</u> <u>12/31/2024</u>	<u>Balance</u> <u>12/31/2023</u>
<b><u>ASSETS</u></b>		
CASH - HC CLAIMS FUNDING ACCT	\$1,886,018	\$1,353,826
<b>TOTAL CASH</b>	<b>\$1,886,018</b>	<b>\$1,353,826</b>
OTHER ASSETS		
MMA CASH DEPOSIT STOP LOSS CAPTIVE	\$103,840	\$99,820
ACCOUNTS RECEIVABLE	\$189,748	\$33,861
PREPAID WELLNESS REWARDS	\$5,000	0
<b>TOTAL OTHER ASSETS</b>	<b>\$298,588</b>	<b>\$133,681</b>
<b>TOTAL ASSETS</b>	<b>\$2,184,606</b>	<b>\$1,487,507</b>
<b><u>LIABILITIES</u></b>		
DUE TO DCP LLC	0	\$144,862
SELF FUNDED HEALTH INSURANCE DEPOSITS	\$276,300	\$276,300
<b>TOTAL LIABILITIES</b>	<b>\$276,300</b>	<b>\$421,162</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$1,908,306</b>	<b>\$1,066,345</b>

DCP, LLC Employee Welfare Benefit Plan  
Year to Date  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023

	<u>YTD</u> <u>12/31/2024</u>	<u>YTD</u> <u>12/31/2023</u>
CONTRIBUTIONS		
EMPLOYER FUNDING	\$2,426,604	\$2,514,965
EMPLOYEE FUNDING	\$707,990	\$706,345
<b>TOTAL CONTRIBUTIONS</b>	<b>\$3,134,594</b>	<b>\$3,221,310</b>
SUBROGATION PAYMENTS & OTHER INCOME		
SUBROGATION PAYMENTS	0	\$16,667
INT INCOME OTHER	\$13,464	\$7,432
<b>TOTAL SUBROGATION PAYMENTS &amp; OTHER INCOME</b>	<b>\$13,464</b>	<b>\$24,099</b>
<b>TOTAL ADDITIONS</b>	<b>\$3,148,058</b>	<b>\$3,245,409</b>
CLAIMS PAID		
DCP HC MEDICAL CLAIMS PAID	\$1,119,101	\$1,113,363
PRESCRIPTION CLAIMS PAID	\$1,023,389	\$1,010,203
DCP HC STOP LOSS CLAIMS EXPENSE	\$94,160	\$11,180
<b>TOTAL CLAIMS PAID</b>	<b>\$2,236,650</b>	<b>\$2,134,746</b>
ADMINISTRATIVE EXPENSES		
LEGAL FEES	\$6,760	0
CRS & ACR FEES PAID	\$17,852	\$7,298
REWARDS PAID	\$29,085	\$37,020
AUDIT, TAX & ACCOUNTING FEES	\$15,750	0
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$69,447</b>	<b>\$44,318</b>
<b>TOTAL DEDUCTIONS</b>	<b>\$2,306,097</b>	<b>\$2,179,064</b>
<b>NET INCREASE DURING THE YEAR</b>	<b>\$841,961</b>	<b>\$1,066,345</b>
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	\$1,066,345	0
END OF YEAR	<b>\$1,908,306</b>	<b>\$1,066,345</b>

DCP, LLC Employee Welfare Benefit Plan  
 Statements of Plan Benefit Obligations  
 December 31, 2024 and 2023

	<u>Balance</u> <u>12/31/2024</u>	<u>Balance</u> <u>12/31/2023</u>
<b>Accounts currently payable</b>		
CLAIMS PAYABLE & IBNR	\$238,278	\$234,467
	-----	-----
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS</b>	<b>\$238,278</b>	<b>\$234,467</b>

DCP, LLC Employee Welfare Benefit Plan  
 Year to Date  
 Statements of Changes in Plan Benefit Obligations  
 Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Beginning of Year Obligation Balance	\$234,467	0
Total Claims Reported & Approved for Payment, plus IBNR	\$2,240,461	\$2,369,213
Claims Paid	(\$2,236,650)	(\$2,134,746)
	-----	-----
<b>Balance at end of year</b>	<b>\$238,278</b>	<b>\$234,467</b>

# **DCP, LLC Employee Welfare Benefit Plan**

## Notes to Financial Statements

### December 31, 2024 and 2023

#### **Note 1: Description of Plan**

The following description of the DCP LLC Employee Welfare Benefit Plan (the Plan) provides only general information. Prior to January 1, 2023, the Plan was sponsored by Bank of Washington and was known as the Bank of Washington Employee Welfare Benefit Plan. Effective January 1, 2023, an amendment and restatement created a wrapper plan with a new Plan name and sponsor. The DCP, LLC Welfare Benefit Plan Trust (the Trust) was also established by DCP, LLC (the Sponsor) in connection with and to fund certain benefits under the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

The Trust was established for the purpose of funding group health and other benefits for employees of participating members offered pursuant to the terms of the Plan. The Plan is a self-funded Multiple Employer Welfare Arrangement (MEWA) benefiting the employees of a group of affiliated employers. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

#### **Benefits**

The Plan provides health benefits (medical and Rx) to employees of participating members. The Plan offers several major employee welfare benefit medical plans covering employee claims of participating members. The Plan offers variations of these plans including cost containment plans at reduced contribution rates. Subject to the terms of the Plan and Trust, each participating member determines the criteria by which their employees and their dependents are eligible for benefits.

#### **Stop-Loss Coverage**

The Sponsor has entered a stop-loss insurance arrangement in an effort to limit its exposure for funding the Trust for self-insured health benefits (individual participant claims exceeding a specific dollar amount).

#### **Contributions**

Participating members make monthly contributions to the Plan to cover the cost of benefit programs provided and the cost of administering the Plan. These contributions may include employee contributions that are determined based upon the arrangements each participating member has with its employees. Rates charged for the benefit programs are determined by the trustees who designate the amount to be charged for each program.

#### **Trustees**

The Sponsor appointed the Bank of Washington as the non-discretionary trustee of the Trust. The trustee's responsibilities include the administration of the Trust and the management of its assets as provided in the Trust document.

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

***Plan Termination***

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of termination of the Plan, 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 Plan may revert to the Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

**Note 2: Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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; claims payable; and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

***Cash***

As of December 31, 2024, the Plan's cash accounts exceeded federally insured limits by \$1,673,614. Funds are held in an interest-bearing account.

***Self-Insured Benefits***

All medical and Rx Plan benefits are self-insured and funded through the Plan. The claims for self-insured benefits are processed by the Plan'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 assets of the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

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

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

***Payment of Benefits***

Claim payments are recorded when paid by the third-party claims processor. As of December 31, 2024 and December 31, 2023, amounts due to the cost containment vendor that have yet to be reimbursed by the Plan are estimated and recorded as a benefit obligation in the accompanying statement of Plan benefit obligations. The third-party claims processors process health and Rx claims of active participants and dependents, but the responsibility for payments to participants and providers is retained by the Plan.

During the year ended December 31, 2024, the Plan received \$439,319 of stop loss reimbursements. There was also \$11,403 within accounts receivable as of December 31, 2024 related to stop loss reimbursements. Along with these reimbursements, there was \$94,160 of expense recorded related to ongoing funding related to the stop loss. This expense was \$11,180 for the year ended December 31, 2023. Stop-loss reimbursements are recorded net of medical claims paid.

***Benefit Obligations***

The Plan benefit obligations to be funded through the Plan for medical and Rx claims incurred but not reported are estimated based on historical claims experience and the expected administration cost to fund the run-out claims. These estimates were provided by the Plan's actuary and are in accordance with accepted actuarial standards. Although such estimates are the best available estimates of the expected liability, the actual claims incurred may vary.

***Refunds***

Refunds due from the Plan's pharmacy rebates are recorded when earned. Refunds earned during 2024 and 2023 totaled \$413,917 and \$88,595, respectively and are netted against claims paid. Included within accounts receivable as of December 31, 2024 are \$178,345 of pharmacy rebates earned in 2024 and paid in 2025.

***Subsequent Events***

Subsequent events have been evaluated through September 24, 2025, which is the date the financial statements were available to be issued.

**Note 3: Related Party and Party in Interest Transactions**

Party-in-interest transactions generally include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50% or more of such an employer or relatives of such person.

The Plan has an agreement with the trustee for the administration and management of the Plan. Duties of the trustee include billing and collecting contributions due from participating members, maintaining accounting records, and furnishing accounting reports.

The Plan maintained operating cash accounts with a member bank. As of December 31, 2024 and 2023, the related operating accounts totaled \$1,886,018 and \$1,353,826, respectively.

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

**Note 4: Tax Status**

The Trust is a “welfare benefit fund” as defined in Internal Revenue Code, Section 419. As such, contributions to this welfare benefit fund by the various participating employers are subject to certain limitations. The Trust, which holds the assets of the Plan, is a taxable trust. The Trust is taxed on the income it earns. However, Trust income does not include contributions by the member employers, which are treated as contributions to the Trust corpus. The Trust is allowed a deduction from its income for the amount of health benefits paid not to exceed the Taxable Trust’s “distributable net income.” For the years ended December 31, 2024, and December 31, 2023, the Trust had no taxable income and, accordingly, no provision for income taxes is reflected in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# **DCP, LLC Employee Welfare Benefit Plan**

**EIN 20-5141038 PN 501**

**Independent Auditor's Report and Financial  
Statements**

December 31, 2024 and 2023

**DCP, LLC Employee Welfare Benefit Plan**  
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## Independent Auditor's Report

Governing Board  
DCP, LLC Employee Welfare Benefit Plan  
Washington, Missouri

### **Opinion**

We have audited the financial statements of DCP, LLC Employee Welfare Benefit Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in 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 net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan 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 Plan 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 Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan'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 Plan'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 Plan'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.

***Forvis Mazars, LLP***

**St. Louis, Missouri  
September 24, 2025**

Federal Employer Identification Number: 44-0160260

DCP, LLC Employee Welfare Benefit Plan  
 Statements of Net Assets Available for Benefits  
 December 31, 2024 and 2023

	<u>Balance</u> <u>12/31/2024</u>	<u>Balance</u> <u>12/31/2023</u>
<b><u>ASSETS</u></b>		
CASH - HC CLAIMS FUNDING ACCT	\$1,886,018	\$1,353,826
<b>TOTAL CASH</b>	<b>\$1,886,018</b>	<b>\$1,353,826</b>
OTHER ASSETS		
MMA CASH DEPOSIT STOP LOSS CAPTIVE	\$103,840	\$99,820
ACCOUNTS RECEIVABLE	\$189,748	\$33,861
PREPAID WELLNESS REWARDS	\$5,000	0
<b>TOTAL OTHER ASSETS</b>	<b>\$298,588</b>	<b>\$133,681</b>
<b>TOTAL ASSETS</b>	<b>\$2,184,606</b>	<b>\$1,487,507</b>
<b><u>LIABILITIES</u></b>		
DUE TO DCP LLC	0	\$144,862
SELF FUNDED HEALTH INSURANCE DEPOSITS	\$276,300	\$276,300
<b>TOTAL LIABILITIES</b>	<b>\$276,300</b>	<b>\$421,162</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$1,908,306</b>	<b>\$1,066,345</b>

DCP, LLC Employee Welfare Benefit Plan  
Year to Date  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023

	<u>YTD</u> <u>12/31/2024</u>	<u>YTD</u> <u>12/31/2023</u>
CONTRIBUTIONS		
EMPLOYER FUNDING	\$2,426,604	\$2,514,965
EMPLOYEE FUNDING	\$707,990	\$706,345
<b>TOTAL CONTRIBUTIONS</b>	<b>\$3,134,594</b>	<b>\$3,221,310</b>
SUBROGATION PAYMENTS & OTHER INCOME		
SUBROGATION PAYMENTS	0	\$16,667
INT INCOME OTHER	\$13,464	\$7,432
<b>TOTAL SUBROGATION PAYMENTS &amp; OTHER INCOME</b>	<b>\$13,464</b>	<b>\$24,099</b>
<b>TOTAL ADDITIONS</b>	<b>\$3,148,058</b>	<b>\$3,245,409</b>
CLAIMS PAID		
DCP HC MEDICAL CLAIMS PAID	\$1,119,101	\$1,113,363
PRESCRIPTION CLAIMS PAID	\$1,023,389	\$1,010,203
DCP HC STOP LOSS CLAIMS EXPENSE	\$94,160	\$11,180
<b>TOTAL CLAIMS PAID</b>	<b>\$2,236,650</b>	<b>\$2,134,746</b>
ADMINISTRATIVE EXPENSES		
LEGAL FEES	\$6,760	0
CRS & ACR FEES PAID	\$17,852	\$7,298
REWARDS PAID	\$29,085	\$37,020
AUDIT, TAX & ACCOUNTING FEES	\$15,750	0
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$69,447</b>	<b>\$44,318</b>
<b>TOTAL DEDUCTIONS</b>	<b>\$2,306,097</b>	<b>\$2,179,064</b>
<b>NET INCREASE DURING THE YEAR</b>	<b>\$841,961</b>	<b>\$1,066,345</b>
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	\$1,066,345	0
END OF YEAR	<b>\$1,908,306</b>	<b>\$1,066,345</b>

DCP, LLC Employee Welfare Benefit Plan  
 Statements of Plan Benefit Obligations  
 December 31, 2024 and 2023

	<u>Balance</u> <u>12/31/2024</u>	<u>Balance</u> <u>12/31/2023</u>
<b>Accounts currently payable</b>		
CLAIMS PAYABLE & IBNR	\$238,278	\$234,467
	-----	-----
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS</b>	<b>\$238,278</b>	<b>\$234,467</b>

**DCP, LLC Employee Welfare Benefit Plan**  
**Year to Date**  
**Statements of Changes in Plan Benefit Obligations**  
**Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Beginning of Year Obligation Balance	\$234,467	0
Total Claims Reported & Approved for Payment, plus IBNR	\$2,240,461	\$2,369,213
Claims Paid	(\$2,236,650)	(\$2,134,746)
	-----	-----
<b>Balance at end of year</b>	<b>\$238,278</b>	<b>\$234,467</b>

# **DCP, LLC Employee Welfare Benefit Plan**

## Notes to Financial Statements

### December 31, 2024 and 2023

#### **Note 1: Description of Plan**

The following description of the DCP LLC Employee Welfare Benefit Plan (the Plan) provides only general information. Prior to January 1, 2023, the Plan was sponsored by Bank of Washington and was known as the Bank of Washington Employee Welfare Benefit Plan. Effective January 1, 2023, an amendment and restatement created a wrapper plan with a new Plan name and sponsor. The DCP, LLC Welfare Benefit Plan Trust (the Trust) was also established by DCP, LLC (the Sponsor) in connection with and to fund certain benefits under the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

The Trust was established for the purpose of funding group health and other benefits for employees of participating members offered pursuant to the terms of the Plan. The Plan is a self-funded Multiple Employer Welfare Arrangement (MEWA) benefiting the employees of a group of affiliated employers. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

#### **Benefits**

The Plan provides health benefits (medical and Rx) to employees of participating members. The Plan offers several major employee welfare benefit medical plans covering employee claims of participating members. The Plan offers variations of these plans including cost containment plans at reduced contribution rates. Subject to the terms of the Plan and Trust, each participating member determines the criteria by which their employees and their dependents are eligible for benefits.

#### **Stop-Loss Coverage**

The Sponsor has entered a stop-loss insurance arrangement in an effort to limit its exposure for funding the Trust for self-insured health benefits (individual participant claims exceeding a specific dollar amount).

#### **Contributions**

Participating members make monthly contributions to the Plan to cover the cost of benefit programs provided and the cost of administering the Plan. These contributions may include employee contributions that are determined based upon the arrangements each participating member has with its employees. Rates charged for the benefit programs are determined by the trustees who designate the amount to be charged for each program.

#### **Trustees**

The Sponsor appointed the Bank of Washington as the non-discretionary trustee of the Trust. The trustee's responsibilities include the administration of the Trust and the management of its assets as provided in the Trust document.

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

***Plan Termination***

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of termination of the Plan, 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 Plan may revert to the Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

**Note 2: Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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; claims payable; and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

***Cash***

As of December 31, 2024, the Plan's cash accounts exceeded federally insured limits by \$1,673,614. Funds are held in an interest-bearing account.

***Self-Insured Benefits***

All medical and Rx Plan benefits are self-insured and funded through the Plan. The claims for self-insured benefits are processed by the Plan'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 assets of the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

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

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

***Payment of Benefits***

Claim payments are recorded when paid by the third-party claims processor. As of December 31, 2024 and December 31, 2023, amounts due to the cost containment vendor that have yet to be reimbursed by the Plan are estimated and recorded as a benefit obligation in the accompanying statement of Plan benefit obligations. The third-party claims processors process health and Rx claims of active participants and dependents, but the responsibility for payments to participants and providers is retained by the Plan.

During the year ended December 31, 2024, the Plan received \$439,319 of stop loss reimbursements. There was also \$11,403 within accounts receivable as of December 31, 2024 related to stop loss reimbursements. Along with these reimbursements, there was \$94,160 of expense recorded related to ongoing funding related to the stop loss. This expense was \$11,180 for the year ended December 31, 2023. Stop-loss reimbursements are recorded net of medical claims paid.

***Benefit Obligations***

The Plan benefit obligations to be funded through the Plan for medical and Rx claims incurred but not reported are estimated based on historical claims experience and the expected administration cost to fund the run-out claims. These estimates were provided by the Plan's actuary and are in accordance with accepted actuarial standards. Although such estimates are the best available estimates of the expected liability, the actual claims incurred may vary.

***Refunds***

Refunds due from the Plan's pharmacy rebates are recorded when earned. Refunds earned during 2024 and 2023 totaled \$413,917 and \$88,595, respectively and are netted against claims paid. Included within accounts receivable as of December 31, 2024 are \$178,345 of pharmacy rebates earned in 2024 and paid in 2025.

***Subsequent Events***

Subsequent events have been evaluated through September 24, 2025, which is the date the financial statements were available to be issued.

**Note 3: Related Party and Party in Interest Transactions**

Party-in-interest transactions generally include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50% or more of such an employer or relatives of such person.

The Plan has an agreement with the trustee for the administration and management of the Plan. Duties of the trustee include billing and collecting contributions due from participating members, maintaining accounting records, and furnishing accounting reports.

The Plan maintained operating cash accounts with a member bank. As of December 31, 2024 and 2023, the related operating accounts totaled \$1,886,018 and \$1,353,826, respectively.

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

**Note 4: Tax Status**

The Trust is a “welfare benefit fund” as defined in Internal Revenue Code, Section 419. As such, contributions to this welfare benefit fund by the various participating employers are subject to certain limitations. The Trust, which holds the assets of the Plan, is a taxable trust. The Trust is taxed on the income it earns. However, Trust income does not include contributions by the member employers, which are treated as contributions to the Trust corpus. The Trust is allowed a deduction from its income for the amount of health benefits paid not to exceed the Taxable Trust’s “distributable net income.” For the years ended December 31, 2024, and December 31, 2023, the Trust had no taxable income and, accordingly, no provision for income taxes is reflected in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# **DCP, LLC Employee Welfare Benefit Plan**

**EIN 20-5141038 PN 501**

**Independent Auditor's Report and Financial  
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December 31, 2024 and 2023

**DCP, LLC Employee Welfare Benefit Plan**  
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## Independent Auditor's Report

Governing Board  
DCP, LLC Employee Welfare Benefit Plan  
Washington, Missouri

### **Opinion**

We have audited the financial statements of DCP, LLC Employee Welfare Benefit Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in 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 net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan 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 Plan 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 Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan'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 Plan'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 Plan'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.

***Forvis Mazars, LLP***

**St. Louis, Missouri  
September 24, 2025**

Federal Employer Identification Number: 44-0160260

DCP, LLC Employee Welfare Benefit Plan  
 Statements of Net Assets Available for Benefits  
 December 31, 2024 and 2023

	<u>Balance</u> <u>12/31/2024</u>	<u>Balance</u> <u>12/31/2023</u>
<b><u>ASSETS</u></b>		
CASH - HC CLAIMS FUNDING ACCT	\$1,886,018	\$1,353,826
<b>TOTAL CASH</b>	<b>\$1,886,018</b>	<b>\$1,353,826</b>
OTHER ASSETS		
MMA CASH DEPOSIT STOP LOSS CAPTIVE	\$103,840	\$99,820
ACCOUNTS RECEIVABLE	\$189,748	\$33,861
PREPAID WELLNESS REWARDS	\$5,000	0
<b>TOTAL OTHER ASSETS</b>	<b>\$298,588</b>	<b>\$133,681</b>
<b>TOTAL ASSETS</b>	<b>\$2,184,606</b>	<b>\$1,487,507</b>
<b><u>LIABILITIES</u></b>		
DUE TO DCP LLC	0	\$144,862
SELF FUNDED HEALTH INSURANCE DEPOSITS	\$276,300	\$276,300
<b>TOTAL LIABILITIES</b>	<b>\$276,300</b>	<b>\$421,162</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$1,908,306</b>	<b>\$1,066,345</b>

DCP, LLC Employee Welfare Benefit Plan  
Year to Date  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023

	<u>YTD</u> <u>12/31/2024</u>	<u>YTD</u> <u>12/31/2023</u>
CONTRIBUTIONS		
EMPLOYER FUNDING	\$2,426,604	\$2,514,965
EMPLOYEE FUNDING	\$707,990	\$706,345
<b>TOTAL CONTRIBUTIONS</b>	<b>\$3,134,594</b>	<b>\$3,221,310</b>
SUBROGATION PAYMENTS & OTHER INCOME		
SUBROGATION PAYMENTS	0	\$16,667
INT INCOME OTHER	\$13,464	\$7,432
<b>TOTAL SUBROGATION PAYMENTS &amp; OTHER INCOME</b>	<b>\$13,464</b>	<b>\$24,099</b>
<b>TOTAL ADDITIONS</b>	<b>\$3,148,058</b>	<b>\$3,245,409</b>
CLAIMS PAID		
DCP HC MEDICAL CLAIMS PAID	\$1,119,101	\$1,113,363
PRESCRIPTION CLAIMS PAID	\$1,023,389	\$1,010,203
DCP HC STOP LOSS CLAIMS EXPENSE	\$94,160	\$11,180
<b>TOTAL CLAIMS PAID</b>	<b>\$2,236,650</b>	<b>\$2,134,746</b>
ADMINISTRATIVE EXPENSES		
LEGAL FEES	\$6,760	0
CRS & ACR FEES PAID	\$17,852	\$7,298
REWARDS PAID	\$29,085	\$37,020
AUDIT, TAX & ACCOUNTING FEES	\$15,750	0
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$69,447</b>	<b>\$44,318</b>
<b>TOTAL DEDUCTIONS</b>	<b>\$2,306,097</b>	<b>\$2,179,064</b>
<b>NET INCREASE DURING THE YEAR</b>	<b>\$841,961</b>	<b>\$1,066,345</b>
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	\$1,066,345	0
END OF YEAR	<b>\$1,908,306</b>	<b>\$1,066,345</b>

DCP, LLC Employee Welfare Benefit Plan  
 Statements of Plan Benefit Obligations  
 December 31, 2024 and 2023

	<u>Balance</u> <u>12/31/2024</u>	<u>Balance</u> <u>12/31/2023</u>
<b>Accounts currently payable</b>		
CLAIMS PAYABLE & IBNR	\$238,278	\$234,467
	-----	-----
<b>PLAN'S TOTAL BENEFIT OBLIGATIONS</b>	<b>\$238,278</b>	<b>\$234,467</b>

**DCP, LLC Employee Welfare Benefit Plan**  
**Year to Date**  
**Statements of Changes in Plan Benefit Obligations**  
**Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Beginning of Year Obligation Balance	\$234,467	0
Total Claims Reported & Approved for Payment, plus IBNR	\$2,240,461	\$2,369,213
Claims Paid	(\$2,236,650)	(\$2,134,746)
	-----	-----
<b>Balance at end of year</b>	<b>\$238,278</b>	<b>\$234,467</b>

# **DCP, LLC Employee Welfare Benefit Plan**

## Notes to Financial Statements

### December 31, 2024 and 2023

#### **Note 1: Description of Plan**

The following description of the DCP LLC Employee Welfare Benefit Plan (the Plan) provides only general information. Prior to January 1, 2023, the Plan was sponsored by Bank of Washington and was known as the Bank of Washington Employee Welfare Benefit Plan. Effective January 1, 2023, an amendment and restatement created a wrapper plan with a new Plan name and sponsor. The DCP, LLC Welfare Benefit Plan Trust (the Trust) was also established by DCP, LLC (the Sponsor) in connection with and to fund certain benefits under the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

The Trust was established for the purpose of funding group health and other benefits for employees of participating members offered pursuant to the terms of the Plan. The Plan is a self-funded Multiple Employer Welfare Arrangement (MEWA) benefiting the employees of a group of affiliated employers. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

#### **Benefits**

The Plan provides health benefits (medical and Rx) to employees of participating members. The Plan offers several major employee welfare benefit medical plans covering employee claims of participating members. The Plan offers variations of these plans including cost containment plans at reduced contribution rates. Subject to the terms of the Plan and Trust, each participating member determines the criteria by which their employees and their dependents are eligible for benefits.

#### **Stop-Loss Coverage**

The Sponsor has entered a stop-loss insurance arrangement in an effort to limit its exposure for funding the Trust for self-insured health benefits (individual participant claims exceeding a specific dollar amount).

#### **Contributions**

Participating members make monthly contributions to the Plan to cover the cost of benefit programs provided and the cost of administering the Plan. These contributions may include employee contributions that are determined based upon the arrangements each participating member has with its employees. Rates charged for the benefit programs are determined by the trustees who designate the amount to be charged for each program.

#### **Trustees**

The Sponsor appointed the Bank of Washington as the non-discretionary trustee of the Trust. The trustee's responsibilities include the administration of the Trust and the management of its assets as provided in the Trust document.

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

***Plan Termination***

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of termination of the Plan, 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 Plan may revert to the Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

**Note 2: Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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; claims payable; and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

***Cash***

As of December 31, 2024, the Plan's cash accounts exceeded federally insured limits by \$1,673,614. Funds are held in an interest-bearing account.

***Self-Insured Benefits***

All medical and Rx Plan benefits are self-insured and funded through the Plan. The claims for self-insured benefits are processed by the Plan'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 assets of the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

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

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

***Payment of Benefits***

Claim payments are recorded when paid by the third-party claims processor. As of December 31, 2024 and December 31, 2023, amounts due to the cost containment vendor that have yet to be reimbursed by the Plan are estimated and recorded as a benefit obligation in the accompanying statement of Plan benefit obligations. The third-party claims processors process health and Rx claims of active participants and dependents, but the responsibility for payments to participants and providers is retained by the Plan.

During the year ended December 31, 2024, the Plan received \$439,319 of stop loss reimbursements. There was also \$11,403 within accounts receivable as of December 31, 2024 related to stop loss reimbursements. Along with these reimbursements, there was \$94,160 of expense recorded related to ongoing funding related to the stop loss. This expense was \$11,180 for the year ended December 31, 2023. Stop-loss reimbursements are recorded net of medical claims paid.

***Benefit Obligations***

The Plan benefit obligations to be funded through the Plan for medical and Rx claims incurred but not reported are estimated based on historical claims experience and the expected administration cost to fund the run-out claims. These estimates were provided by the Plan's actuary and are in accordance with accepted actuarial standards. Although such estimates are the best available estimates of the expected liability, the actual claims incurred may vary.

***Refunds***

Refunds due from the Plan's pharmacy rebates are recorded when earned. Refunds earned during 2024 and 2023 totaled \$413,917 and \$88,595, respectively and are netted against claims paid. Included within accounts receivable as of December 31, 2024 are \$178,345 of pharmacy rebates earned in 2024 and paid in 2025.

***Subsequent Events***

Subsequent events have been evaluated through September 24, 2025, which is the date the financial statements were available to be issued.

**Note 3: Related Party and Party in Interest Transactions**

Party-in-interest transactions generally include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50% or more of such an employer or relatives of such person.

The Plan has an agreement with the trustee for the administration and management of the Plan. Duties of the trustee include billing and collecting contributions due from participating members, maintaining accounting records, and furnishing accounting reports.

The Plan maintained operating cash accounts with a member bank. As of December 31, 2024 and 2023, the related operating accounts totaled \$1,886,018 and \$1,353,826, respectively.

**DCP, LLC Employee Welfare Benefit Plan**  
Notes to Financial Statements  
December 31, 2024 and 2023

**Note 4: Tax Status**

The Trust is a “welfare benefit fund” as defined in Internal Revenue Code, Section 419. As such, contributions to this welfare benefit fund by the various participating employers are subject to certain limitations. The Trust, which holds the assets of the Plan, is a taxable trust. The Trust is taxed on the income it earns. However, Trust income does not include contributions by the member employers, which are treated as contributions to the Trust corpus. The Trust is allowed a deduction from its income for the amount of health benefits paid not to exceed the Taxable Trust’s “distributable net income.” For the years ended December 31, 2024, and December 31, 2023, the Trust had no taxable income and, accordingly, no provision for income taxes is reflected in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**APPENDIX B  
PARTICIPATING EMPLOYERS**

This **Appendix B** will be subject to modification without any formal amendment to this Plan or other formal action of the Plan Administrator or any other person. To the extent that this **Appendix B** is modified, such modified **Appendix B** will replace and supersede the prior version of **Appendix B** upon the effective date of the modified appendix.

<b>Participating Employer Name, Address and EIN</b>	<b>Participation begins after following Waiting Period</b>	<b>Participating in the following Welfare Programs:</b>
Bank of Washington 200 West Main Street Washington, MO, 63090 43-0170340	First day of the month coinciding with or next following 30 days of employment for Employees of Bank of Washington and Employees who are payrolled by Bank of Washington and work for DCP, LLC and DCShare, LLC	For Employees of Bank of Washington and Employees who are payrolled by Bank of Washington and working for DCP, LLC and DCShare, LLC: <ul style="list-style-type: none"> <li>o Medical (PPO Base Plan, PPO Buy-Up Plan, and H.S.A. Plan)</li> <li>o Dental (Base and Buy-Up Plans)</li> <li>o Employee Voluntary Vision</li> <li>o Basic Life/Accidental Death and Dismemberment (ADD), Short-term Disability (STD), Long-term Disability (LTD)</li> <li>o Employee Voluntary Life/ADD</li> <li>o Employee Assistance Program</li> <li>o Wellness Program               <ul style="list-style-type: none"> <li>o Organ and Tissue Transplant Program (Effective January 1, 2026)</li> </ul> </li> </ul>
United Bank of Union 15 East Main Street Union, MO, 63084 43-0560860	First day of the month coinciding with or next following 30 days of employment	<ul style="list-style-type: none"> <li>o Medical (PPO Base Plan, PPO Buy-Up Plan, and H.S.A. Plan)</li> <li>o Dental (Base and Buy-Up Plans)</li> <li>o Employee Voluntary Vision</li> <li>o Basic Life/Accidental Death and Dismemberment (ADD), Short-term Disability (STD), Long-term Disability (LTD)</li> <li>o Employee Voluntary Life/ADD</li> <li>o Employee Assistance Program</li> <li>o Wellness Program               <ul style="list-style-type: none"> <li>o Organ and Tissue Transplant Program (Effective January 1, 2026)</li> </ul> </li> </ul>
CNB St. Louis Bank 7305 Manchester Road Maplewood, MO 63143 43-0216490	First day of the month coinciding with or next following 30 days of employment	<ul style="list-style-type: none"> <li>o Medical (PPO Base Plan, PPO Buy-Up Plan, and H.S.A. Plan)</li> <li>o Dental (Base and Buy-Up Plans)</li> <li>o Employee Voluntary Vision</li> <li>o Basic Life/Accidental Death and Dismemberment (ADD), Short-term Disability (STD), Long-term Disability (LTD)</li> <li>o Employee Voluntary Life/ADD</li> <li>o Employee Assistance Program</li> <li>o Wellness Program               <ul style="list-style-type: none"> <li>o Organ and Tissue Transplant Program (Effective January 1, 2026)</li> </ul> </li> </ul>

<b>Participating Employer Name, Address and EIN</b>	<b>Participation begins after following Waiting Period</b>	<b>Participating in the following Welfare Programs:</b>
Washington Lumber Supply, Inc. 200 West Main Street Washington, MO, 63090 43-0835200	First day of the month coinciding with or next following 60 days of employment for	<ul style="list-style-type: none"> <li>o Medical (PPO Base Plan)</li> <li>o Basic Life/Accidental Death and Dismemberment (ADD)</li> <li>o Wellness Program</li> <li>o Organ and Tissue Transplant Program (Effective January 1, 2026)</li> </ul>
Eckelkamp Development, LLC 200 West Main P.O. Box 269 Washington, MO 63090 43-1112597	First day of the month coinciding with or next following 60 days of employment	<ul style="list-style-type: none"> <li>o Medical (PPO Base Plan)</li> <li>o Basic Life/Accidental Death and Dismemberment (ADD)</li> <li>o Wellness Program</li> <li>o Organ and Tissue Transplant Program (Effective January 1, 2026)</li> </ul>
Diamond Farms 200 West Main P.O. Box 269 Washington, MO 63090 20-1764696	First day of the month coinciding with or next following 60 days of employment	<ul style="list-style-type: none"> <li>o Medical (PPO Base Plan)</li> <li>o Wellness Program</li> <li>o Organ and Tissue Transplant Program (Effective January 1, 2026)</li> </ul>
Eckelkamp Manchester 270, LLC 200 West Main P.O. Box 269 Washington, MO 63090	First day of the month coinciding with or next following 60 days of employment	<ul style="list-style-type: none"> <li>o Medical (PPO Base Plan)</li> <li>o Basic Life/Accidental Death and Dismemberment (ADD)</li> <li>o Wellness Program</li> <li>o Organ and Tissue Transplant Program (Effective January 1, 2026)</li> </ul>
Louis B. Eckelkamp Inc. 200 West Main P.O. Box 269 Washington, MO 63090 43-0630024	First day of the month coinciding with or next following 60 days of employment	<ul style="list-style-type: none"> <li>o Medical (PPO Base Plan)</li> <li>o Basic Life/Accidental Death and Dismemberment (ADD)</li> <li>o Wellness Program</li> <li>o Organ and Tissue Transplant Program (Effective January 1, 2026)</li> </ul>

This **Appendix B** is effective on and after: **January 1, 2025.**

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

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 [X] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] the first return/report [ ] an amended return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: DCP, LLC Employee Welfare Benefit Plan
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): DCP, LLC
2b Employer Identification Number (EIN): 205141038
2c Plan Sponsor's telephone number: 636-239-7831
2d Business code (see instructions): 541513

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, Date, and Name. Contains signatures and dates for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	300
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	300
	<b>6a(2)</b>	314
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	314
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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 4L 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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**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 \_\_\_\_\_

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