

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2013
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE S2 HR SOLUTIONS GROUP 1, LLC 3001 EXECUTIVE DRIVE, SUITE 340 SAINT PETERSBURG, FL 33762
2b	Employer Identification Number (EIN) 45-2568460
2c	Plan Sponsor's telephone number 888-780-8807
2d	Business code (see instructions) 541214

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/31/2025	DENISE STEFAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 21305
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 21305 6a(2) 23776 6b 0 6c 0 6d 23776 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 0

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 13
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 163398132

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA 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
06-6033492	60054	326465	17618	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 917747	(b) Total amount of fees paid 0
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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
ENGAGE INSURANCE AGENCY
4000 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
917747			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	116116312
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HEALTH ADVOCATE SOLUTIONS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-3080019	00000	00	23776	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.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	108774
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
AETNA HEALTH, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-3402799	00000	326465HNO	1167	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 64049	(b) Total amount of fees paid 80747
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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
ENGAGE INSURANCE AGENCY
4000 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
64049	80747	DIRECT 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
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	(c) Amount	(d) Purpose	

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	7589158
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
COMBINED 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
36-2136262	62146	453212416	30	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
1716	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
ENGAGE INSURANCE AGENCY
4000 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1716	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	11463
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

DID NOT PROVIDE THE ADDRESS FOR THE AGENT/BROKER.

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0591617	95669	47083	22	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
5166	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
ENGAGE INSURANCE AGENCY
3001 EXECUTIVE DRIVE, SUITE 340
CLEARWATER, FL 33762

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5166	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	112305
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-1592076	96237	10529	19	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 1718	(b) Total amount of fees paid 0
--	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ENGAGE INSURANCE AGENCY
3001 EXECUTIVE DRIVE, SUITE 340
CLEARWATER, FL 33762

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1718	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	90032
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
SAFEGUARD HEALTH PLANS, INC., A CALIFORNIA CORPORATION

(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
95-2879515	96030	227795	329	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 4691	(b) Total amount of fees paid 0
--	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ENGAGE INSURANCE AGENCY
4000 HOLLYWOOD BOULEVARD
SUITE 400N
HOLLYWOOD, FL 33021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4691	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	56901
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier SAFEGUARD HEALTH PLANS, INC., A FLORIDA CORPORATION
--

(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
65-0073323	52009	227795	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 4431	(b) Total amount of fees paid 0
--	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ENGAGE INSURANCE AGENCY 4000 HOLLYWOOD BOULEVARD SUITE 400N HOLLYWOOD, FL 33021
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4431	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	54868
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
SAFEGUARD HEALTH PLANS, INC., A TEXAS CORPORATION

(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
75-2046497	95051	227795	580	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
8219	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
ENGAGE INSURANCE AGENCY
4000 HOLLYWOOD BOULEVARD
SUITE 400N
HOLLYWOOD, FL 33021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8219	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	101900
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
TEXAS HEALTH AND AETNA HEALTH

(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
81-4749336	16121	326465TH	4	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.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	42966
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
BANNER HEALTH AND AETNA HEALTH

(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
81-5281115	16058	326465BH	40	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.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	166028
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	606686	676	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 75461	(b) Total amount of fees paid 0
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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
ENGAGE INSURANCE AGENCY
3001 EXECUTIVE DRIVE, SUITE 340
CLEARWATER, FL 33762

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75461	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3995944
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

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.
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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	227795	36244	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 1801011	(b) Total amount of fees paid 56372
---	--

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
ENGAGE INSURANCE AGENCY
4000 HOLLYWOOD BOULEVARD
SUITE 400N
HOLLYWOOD, FL 33021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1801011	56372	PRODUCER SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	19873296
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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

A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460

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

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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

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

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)

S2 HR SOLUTIONS DBA ENGAGE

45-2441552

(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?
14	ADMINISTRATION	3238303	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MILLIMAN SOLUTIONS LLC

47-5650627

(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?
11	UNDERWRITING	206766	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

HEALTH ADVOCATE SOLUTIONS

23-3080019

(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?
38	ENROLLMENT/EAP	258533	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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)

BENEFIT RESOURCES

16-1428488

(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?
49	COBRA ADMIN	88499	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

GROOM

52-1219029

(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?
29	LEGAL	255864	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

COHNREZNICK LLP

33-4144829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	27800	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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)

MZQ CONSULTING

38-4010278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	DISCRIMINATION TESTING	62700	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

TALENT ON DEMAND

20-2013538

(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?
99	TEMP SERVICES	89110	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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	
	A Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 THE S2 HR SOLUTIONS GROUP 1, LLC	D Employer Identification Number (EIN) 45-2568460	

Part I	Asset and Liability Statement		
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
a Total noninterest-bearing cash	1a	1792080	2463274
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	495971	746724
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2288051	3209998
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1048660	1858845
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	301141	442359
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1349801	2301204
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	938250	908794

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	108187841	
(B) Participants.....	2a(1)(B)	47534168	
(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)		155722009
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		4139212
d Total income. Add all income amounts in column (b) and enter total	2d		159861221

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	155610573	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		155610573
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	3086745	
(2) Contract administrator fees	2i(2)		
(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)	1193359	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4280104
j Total expenses. Add all expense amounts in column (b) and enter total	2j		159890677

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-29456
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **COHNREZNICK LLP**

(2) EIN: **33-4144829**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

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

Engage PEO Health and Welfare Plan

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

December 31, 2024 and 2023



Engage PEO Health and Welfare Plan

Index

Page

Independent Auditor's Report	2
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6

Independent Auditor's Report

To the Plan Administrator
Engage PEO Health and Welfare Plan

Opinion

We have audited the financial statements of the Engage PEO Health and Welfare Plan (the "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 as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits 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 of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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 for one year after the date that the 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.



Chicago, Illinois
October 6, 2025

Engage PEO Health and Welfare Plan

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 2,463,274	\$ 1,792,080
Return of premium receivable	546,724	495,971
Prepays	<u>200,000</u>	<u>-</u>
Total assets	<u>3,209,998</u>	<u>2,288,051</u>
Liabilities		
Accounts payable and accrued expenses	1,858,845	1,048,660
Due to related parties	<u>442,359</u>	<u>301,141</u>
Total liabilities	<u>2,301,204</u>	<u>1,349,801</u>
Net assets available for benefits	<u>\$ 908,794</u>	<u>\$ 938,250</u>

See Notes to Financial Statements.

Engage PEO Health and Welfare Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Contributions		
Participant contributions	\$ 47,534,168	\$ 41,039,384
Employer contributions	<u>108,187,841</u>	<u>91,034,682</u>
Total contributions	155,722,009	132,074,066
Return of premium	<u>4,139,212</u>	<u>3,646,956</u>
Total additions	<u>159,861,221</u>	<u>135,721,022</u>
Deductions		
Premiums expense	(155,610,573)	(131,987,891)
Administrative expenses	<u>(4,280,104)</u>	<u>(3,314,782)</u>
Total deductions	<u>(159,890,677)</u>	<u>(135,302,673)</u>
(Decrease) increase in net assets	(29,456)	418,349
Net assets available for benefits		
Beginning of year	<u>938,250</u>	<u>519,901</u>
End of year	<u><u>\$ 908,794</u></u>	<u><u>\$ 938,250</u></u>

See Notes to Financial Statements.

Engage PEO Health and Welfare Plan

Notes to Financial Statements December 31, 2024 and 2023

Note 1 - Description of Plan

The following description of the Engage PEO Health and Welfare Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for complete information of the Plan's provisions.

General

The Plan constitutes an employee welfare benefit plan under the applicable section of the Employee Retirement Income Security Act of 1974 ("ERISA") and is sponsored by S2 HR Solutions Group 1, LLC, doing business as Engage PEO (the "Company" and "Plan Sponsor"). The Plan is a fully-insured health and welfare plan that provides eligible employees who have completed a waiting period not to exceed the first of the month after 60 days following their date of hire or reclassification with various forms of coverage. Eligible participants may elect health coverage from several insurance carriers participating in the Plan. The Engage ERISA Benefits Committee (the "Committee") is responsible for oversight of the Plan. The Plan is intended to constitute a single-employer plan for purposes of ERISA. In an abundance of caution and under protest, the Plan files a Form M-1 with the U.S. Department of Labor and also attaches certain additional information to its annual Form 5500 regarding participation by individual client employer entities.

Effective January 1, 2019, the Committee established the Engage PEO Health and Welfare Benefits Plan Trust (the "Trust") to facilitate the collection of Plan contributions, remittance to various Plan service providers, and payment of other Plan expenses.

Enrollment

Enrollment must occur within 30 days of the effective date of coverage. If not enrolled within 30 days, enrollment may occur upon the next annual enrollment period, a special enrollment event or a valid change in status.

Contributions

The Plan is contributory, funded by participant, client and Company contributions, as applicable. Total contributions are based upon rates determined by the Plan Sponsor and the respective Plan service provider.

Fully-insured benefits

The Plan provides (but is not limited to) major medical, dental and vision, life and accident, death and dismemberment plans, and short-term and long-term disability benefits to all eligible employees and their dependents through the purchase of coverage from third-party insurers. These benefits are fully-insured through various contracts with the insurance carriers. The Plan retains no risk of loss associated with these benefits.

Note 2 - Summary of significant accounting policies

Basis of accounting

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

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Engage PEO Health and Welfare Plan

Notes to Financial Statements December 31, 2024 and 2023

Payment of benefits

Premiums, paid by the Trust, are recorded as premiums expense when incurred in the accompanying statements of changes in net assets available for benefits.

Return of premium

Certain amounts are received by the Plan as a return of premium. These amounts are generally paid to the Plan by certain insurance carriers in the form of commissions and are recorded when earned.

Administrative expenses

The Plan incurs administrative costs specific to the operations of the Plan.

Concentration of credit risk

The Plan maintains its cash in a bank deposit account which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such account. The Committee believes the Plan is not exposed to any significant credit risk on cash.

Subsequent events

The Plan has evaluated subsequent events through October 6, 2025, the date the financial statements were available to be issued and nothing was noted that would require adjustment or disclosure.

Note 3 - Related party transactions and party-in-interest transactions

The Plan receives commissions from insurance carriers to support the administrative costs of operating the Plan. These transactions are party-in-interest transactions under ERISA.

Amounts reported as due to related parties on the accompanying statements of net assets available for benefits pertain to administrative expenses incurred in operation of the Plan and are short-term in nature. These transactions are party-in-interest transactions under ERISA.

The Plan has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

Note 4 - Income tax status

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it 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 audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5 - Plan termination

Although it has not expressed any intention to do so, the Company 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 Company or be used for purposes other than for the exclusive benefit of the Plan's participants.



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Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan ENGAGE PEO HEALTH AND WELFARE PLAN	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 01/01/2013
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE S2 HR SOLUTIONS GROUP 1, LLC 3001 EXECUTIVE DRIVE, SUITE 340 SAINT PETERSBURG, FL 33762	2b Employer Identification Number (EIN) 45-2568460 2c Plan Sponsor's telephone number 888-780-8807 2d Business code (see instructions) 541214

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	DocuSigned by: Denise Stefan 532106056C4A4CE...	10/13/2025	Denise Stefan
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Form 5500 (2024)

Page 2

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	21305
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	21305
		6a(2)	23776
		6b	0
		6c	0
		6d	23776
		6e	
		6f	
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4F 4H 4L 4Q			

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>13</u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (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 000163398132

2024 -Multiple-Employer Plan Participants
Engage PEO_ Health and Welfare Plans
EIN 45-2568460

(a) Name of Participating Employer		(b) EIN	(c) Percent of Total Contrubtions
121001	UNION TITLE SERVICES, INC	59-2499757	0.07%
121015	BAY AREA CHEST PHYSICIANS, PA	59-3051816	0.03%
121016	CARTER & CLARK	58-2262039	0.24%
121033	PARTNERS IN RADIOLOGY, LLC	02-0620715	0.12%
121046	IT COMPUTING SERVICES, INC	58-2419963	0.00%
121047	INSURANCE AGENCY MANAGEMENT, INC.	22-2976697	0.09%
121057	EATONTOWN TV & APPLIANCE	22-1821513	0.00%
131002	HOSPITALITY AMERICA, INC.	62-1592846	0.01%
131005	HILTON COLUMBIA CENTER	30-0187567	0.01%
131007	HAMPTON INN and SUITES RIVERPLACE	20-1298300	0.00%
131009	HAMPTON INN - COLUMBIA HISTORIC DISTRICT	58-2472203	0.01%
131027	HAMPTON INN and SUITES BATON ROUGE	27-3449301	0.00%
131028	WINTON MACHINE COMPANY	58-2295108	0.02%
131032	ARTISTIC GENERAL CONTRACTING	59-3716455	0.00%
131065	CREATIVE COMMUNITY SERVICES, INC.	58-1581610	0.20%
131079	H & M PLATING COMPANY, INC.	74-1690466	0.00%
131111	NEWMAN & TAUB VISION CENTER, LLP	75-2899968	0.07%
135924	IRON LOTUS, LLC	26-2635068	0.17%
141003	GULF COAST CONCRETE AND SHELL, INC.	86-1066550	0.00%
141022	THE KITCHEN, LLC	54-2032679	0.01%
141050	SYNERGY HOMECARE	46-4447991	0.00%
141064	THE 69TH GROUP PROPERTY MANAGEMENT, LLC	46-6410071	0.00%
141079	SUNCREST SUPPLY INC.	59-2639835	0.02%
141086	HUPER OPTIK USA, LP	76-0638357	0.01%
141094	VISION QUEST, LLC	20-2081767	0.00%
141106	Pearhead, Inc	11-3527061	0.27%
141107	LIFECARE THERAPY SERVICES	81-0607545	0.00%
151006	WEISS SAND & CLAY	20-3582229	0.01%
151008	READS MOVING SYSTEMS OF FLORIDA, INC.	23-2879572	0.02%
151017	HAL, INC.	76-0372795	0.16%
151034	CVI.CHE 105	76-0831061	0.02%
151035	CVI.CHE 105 SOUTH BEACH	46-3841378	0.01%
151036	POLLOS Y JARRAS	38-3831655	0.01%
151040	THE KNIFE - MIAMI INTL MALL	20-4482876	0.01%
151041	THE KNIFE - BAYSIDE MARKETPLACE	20-3236385	0.01%
151043	PERICO DISTRIBUTION, LLC	27-4647126	0.01%
151059	KENCO BUCKET TRUCKS, LLC	81-0618573	0.02%
151061	GH CRANES & COMPONENTS USA INC	75-2183510	0.36%
151075	WESTFALL CONSTRUCTORS, LTD	76-0209976	0.01%
151088	J.D. MARTIN CO., INC.	52-2169072	0.07%
151120	SENTRY SELF STORAGE LC	65-0849049	0.15%
151143	HAMPTON INN AND SUITES-ROANOKE DOWNTOWN	45-4633386	0.00%
151148	YACHT STARSHIP DINING CRUISES, LLC	20-8686227	0.03%
152001	GELLER PROPERTIES	22-2091085	0.06%
152003	BROOK VALLEY APT	20-2602976	0.00%
152005	CHERRY BRANCH TOWNHOMES	30-0198695	0.01%
152009	GEORGETOWN MANOR APTS	22-2410316	0.00%
152011	HIGHLAND TRACE APTS	20-2602802	0.01%
152020	WOODHOLME MANOR APTS	46-0634114	0.01%

152022	NEW HAMPTON COMMONS APTS	47-4259154	0.02%
152023	WATERSIDE AT LYNHAVEN	81-3546595	0.02%
155001	MENADA, INC.	65-0850241	0.09%
155002	BEACH PARADISE HOLDINGS, LLC	20-8679924	0.01%
161019	DEVANCO FOODS	20-1397746	0.03%
161021	KINGSMILL POLICE DEPARTMENT, INC	47-5605327	0.02%
161022	CLOFINE DAIRY & FOOD PRODUCTS	21-0734938	0.01%
161037	Synergy Homecare	47-3736461	0.00%
161042	TISSUEGEN INC.	75-2890803	0.00%
161047	PETROLEUM REALTY CORP	31-1643024	0.02%
161048	PETROLEUM REALTY III, LLC	31-1643024	0.01%
161054	PIRATE WATER TAXI	38-3987543	0.00%
161055	HARVILL INDUSTRIES LTD	75-2724058	0.00%
161057	TRIAS FLOWERS	59-1541694	0.01%
161064	SpiderBoost Intl, LLC	81-1624362	0.02%
161067	HUDSON RIVER MILLS, INC.	11-3280849	0.08%
161068	RENAL MANAGEMENT GROUP, LLC	43-1971830	0.10%
161088	REEDY PHOTO	59-2110882	0.01%
161090	VEIN DISEASE CARE OF EL PASO, PLLC	46-3163369	0.00%
161107	MAGNUM REAL ESTATE GROUP	46-1050906	0.18%
161114	EMBASSY SUITES GREENVILLE DOWNTOWN	46-2152283	0.01%
161115	H.R. SLATER CO., INC.	36-3995714	0.02%
161119	CFH GROUP LLC	14-1878290	0.03%
161122	S AND W HEALTHCARE CORPORATION	59-3098996	0.01%
161131	WESTBROOKE APTS.	81-3076440	0.01%
161137	MIDWEST POST ACUTE CARE LLC	47-1519244	0.32%
161141	MPAC HEALTHCARE MANAGEMENT, LLC	47-5067556	0.05%
161145	EVERYDAY BLESSINGS, INC.	30-0578702	0.03%
161146	INTERNATIONAL SEAWAYS SHIP MANAGEMENT LLC	81-3657605	0.11%
161147	RANGER LIFT TRUCKS	36-4789817	0.00%
161149	SYNERGY HOMECARE LITTLE ROCK	81-3452370	0.00%
161164	CUSTOM MARINE COMPONENTS	46-2341995	0.03%
162000	PALMS ADVISORY GROUP LLC	93-2715901	0.03%
163001	SECURITY PEST, INC	04-3643157	0.11%
163002	SECURITY PEST OF SARASOTA INC	13-4216000	0.03%
163003	HOLLYWOOD EAST PEST CONTROL, INC	59-3518575	0.01%
163004	PEST SHIELD OF SAINT PETERSBURG	59-3398131	0.02%
163005	ONE HOUR AIR CONDITIONING AND HEATING OF YUMA	45-4103400	0.01%
163006	YUMA PEST AND TERMITE SYSTEMS	86-0944448	0.02%
163008	SPARTAN CONSTRUCTION SERVICE, INC	47-0975689	0.00%
164002	THE MEDICINE SHOPPE - 106	26-3968500	0.00%
164003	THE MEDICINE SHOPPE - 112	26-3968646	0.00%
164005	THE MEDICINE SHOPPE - 1153	37-1705106	0.00%
164007	THE MEDICINE SHOPPE - 1788	26-3968858	0.00%
164008	THE MEDICINE SHOPPE - 1798	26-3912160	0.01%
171007	VISIO FINANCIAL SERVICES, INC.	37-1739594	0.00%
171010	NAMBE, LLC	20-3697954	0.02%
171014	ASPEN CREEK MANAGEMENT INC	27-0755429	0.01%
171020	SCRIVAS, LLC	46-5147371	0.02%
171025	ANCHOR HOME HEALTH CARE	35-1830736	0.01%
171038	True Gritt	81-5024358	0.01%
171042	VELKO HINGE, INC.	36-2878438	0.01%
171049	COR WELLNESS, LLC	81-4775756	0.00%
171057	PANDEL, INC.	58-1747652	0.18%
171060	HELLER ESPENKOTTER PLLC	81-5187066	0.00%
171064	WRIGHT	36-4338057	0.45%

171068	DRAKE REAL ESTATE PARTNERS	46-1953849	0.01%
171073	ADLER REALTY INVESTMENTS, INC.	95-4827820	0.11%
171076	LANIER ALUMINUM PRODUCTS, INC	58-2526460	0.00%
171084	HOUSTON MEDIA SOURCE, INC.	76-0194617	0.01%
171090	SSL MANAGEMENT, LLC	81-1928906	0.07%
171095	MOTUS GI, LLC	86-1182918	0.02%
171098	VASC-ALERT, LLC	01-0748592	0.04%
171101	PRO STAR RENTAL, LLC	46-4857542	0.04%
171104	SSL NOC MANAGEMENT, LLC	37-1827179	0.07%
171110	SOUTHPOINT FINANCIAL SERVICES, INC.	58-2363251	0.00%
171112	APPLIED ECONOMICS LLC	58-2513171	0.07%
171113	SRC MANAGEMENT COMPANY, LP	90-0821730	0.01%
171114	SOUND SENSATIONS	58-1238026	0.01%
171119	MIAMI SPINE SPECIALISTS	81-4037183	0.02%
171120	GRAMERCY SURGERY CENTER, INC.	20-4336660	0.17%
171123	WINDSOR REAL ESTATE HOLDINGS, LLC	27-0303772	0.01%
171127	R. JAMES PROPERTIES, INC	58-2081340	0.33%
171133	THE SOCIETY OF THE SISTERS OF CHRISTIAN CHARITY	22-1487348	0.05%
171140	LET IT FLY	20-0422126	0.05%
171141	LONE STAR EXHIBITS	26-3409794	0.10%
171143	HATTON ELECTRIC	46-0827388	0.08%
171144	SELF STORAGE SECURITY SOLUTIONS, LLC	65-0855305	0.02%
171154	CAPTIVA CONTAINERS LLC	35-2479054	0.17%
171167	ETA TRANSIT SYSTEMS	73-1689659	0.12%
171169	Blue Ox Healthcare Partners LLC	82-2190342	0.08%
171171	MARS2 LLC	45-4070648	0.00%
171172	MARS2 MANAGEMENT & BROKERS LLC	27-4516898	0.00%
171173	BRUCKER COMPANY	36-4149170	0.01%
171178	TRANSMARINE PROPULSION SYSTEMS	35-2588050	0.10%
171179	HOMESTEAD ORTHOPEDIC ASSOCIATES	65-0212350	0.03%
171184	PROJECT QUEST INC	36-4453415	0.01%
171187	MIKI & ALFONSO HAND & UPPER EXTREMITY CENTER LLC	37-1621640	0.00%
171193	COMMON JUSTICE INC.	82-0993366	0.57%
171194	PRINTECH LABEL CORPORATION	58-2062282	0.01%
171202	ECONOMY POOLS OF FLORIDA INC.	47-5449533	0.00%
171203	GEORGIA MACHINE	58-2060038	0.03%
171208	MOTUS GI HOLDINGS, INC.	81-4042793	0.07%
171209	TRELLIS DNB LLC	82-2202968	0.00%
171210	RAVINIA COMMUNITIES	45-3741473	0.19%
171215	CVI.CHE 305 AVENTURA	81-2172425	0.06%
171224	WOODLAWN MHC LLC	45-5064396	0.00%
171230	CONCERTIUM LLC	82-3283883	0.10%
171232	SSL SJ MANAGEMENT, LLC	32-0546636	0.07%
174001	MRI MANAGEMENT	58-2397041	0.05%
174002	OPEN MRI OF MACON	58-1797919	0.03%
174003	ELITE MRI OF LAURENS	20-5260744	0.00%
174004	OPEN MRI OF TIFTON	58-2545050	0.01%
174005	OPEN MRI OF DECATUR	63-1207586	0.02%
174006	CHENAL MRI	58-2548147	0.02%
174007	OPEN MRI OF CONWAY	58-2549183	0.00%
174008	SEARCY OPEN MRI	20-0064301	0.01%
174009	NASSAU OPEN MRI	20-0102387	0.02%
174010	SUNCOAST OPEN MRI	58-2377947	0.04%
178000	SENIOR HEALTH CARE MANAGEMENT	82-2690997	0.00%
178002	CANDLER LIVING CENTER	36-4810339	0.00%
178003	CRESCENT PARK VILLAGE ALF	30-0931315	0.00%

178004	HUDSON MANOR	38-3995736	0.00%
178005	PINEBROOK	32-0467370	0.00%
178006	HERMITAGE RETIREMENT CENTER	81-4668592	0.00%
178008	MCALPINE ADULT CARE	81-4668338	0.00%
178011	OPEN ARMS	36-4874740	0.00%
178013	PATRIOT LIVING	35-2607283	0.00%
181006	PRESTIGE WEALTH MANAGEMENT GROUP, LLC	22-3346932	0.01%
181011	PULIDO TRANSPORT LP	76-0471774	0.09%
181017	CAPITAL TECHNOLOGIES LLC	93-0835354	0.28%
181020	100 CARNARVON, LLC	46-6660499	0.02%
181025	THE ARAIZA LAW FIRM PC	81-4837789	0.01%
181031	COPPERPOINT-TAMPA, LLC	45-3336451	0.07%
181042	POOLWERX	82-1895632	0.00%
181044	PRESTIGE WEALTH ACCOUNTING GROUP, LLC	20-8517879	0.00%
181045	PRESTIGE WEALTH SERVICES GROUP, LLC	46-1366137	0.00%
181074	REEL WORKS	20-0936377	0.17%
181075	HEALTHY START COALITION OF PINELLAS IN	59-3109517	0.01%
181077	2BROS RESOURCES LLC	82-3509953	0.03%
181078	DANBURY SQUARE BOX COMPANY, INC	06-0315680	0.09%
181080	200 Eleventh Ave Condominium	27-1059964	0.00%
181081	SENIOR PROPERTY INVESTMENTS	46-5430880	0.00%
181103	BUTLER DOORS AND MORE, INC	86-1082119	0.01%
181105	LEGACY PRECAST ADMINISTRATIVE GROUP LLC	46-2374542	0.01%
181109	ESJ CAPITAL PARTNERS LLC	26-3739583	0.14%
181111	HAGANS PLASTIC COMPANY	75-1720962	0.01%
181113	COMMERCIAL CONCRETE SYSTEMS, LLC	65-0229204	0.16%
181121	CAPO'S CHICAGO LLC	26-4228120	0.00%
181123	PIZZA ROCK GVR	47-1297984	0.00%
181125	PIZZA ROCK LV	46-0555453	0.00%
181129	IBEX TECH CORPORATION	38-3666215	0.05%
181132	COMET CLEANERS	26-3457966	0.03%
181134	SHADOW SYSTEMS LLC	81-2901265	0.02%
181136	ISM RESTAURANT SERVICES, LLC	26-3854317	0.01%
181137	DUCO TECHNOLOGY, INC.	47-4945596	0.32%
181145	MEPERIA DE, LLC	82-4778904	0.14%
181149	QUALITY MEDICAL CONSULTANT GROUP, INC	20-8153119	0.00%
181159	The Blue Army of Our Lady of Fatima	22-2297353	0.05%
181161	COURTYARD BY MARRIOTT BATON ROUGE DOWNTOWN	47-1500402	0.01%
181172	ARCHDALE DNB LLC	82-4676661	0.01%
181178	RESIDENCE INN-GREENVILLE	47-4565893	0.00%
181181	HAMPTON INN & SUITES - KANSAS CITY DOWNTOWN-CROSSROADS	81-2304704	0.01%
181191	Diocese of the Armenian Church of America	13-1628202	0.01%
181193	McVeigh Global Meetings and Events LLC	82-4624430	0.17%
181208	HEAT TRANSFER SYSTEMS OF GEORGIA, LLC	46-1476730	0.13%
181210	YELLOWSTONE PROPERTY MANAGEMENT, LLC.	80-0867049	0.00%
181212	LOGICAL LOGISTICS LLC	20-0900741	0.00%
181213	LOGICAL EDGE LLC	81-4170065	0.01%
181214	LOGICAL MANAGEMENT, INC	27-4107076	0.00%
181215	LOGICAL WAREHOUSING, LLC	27-4107123	0.01%
181219	EMINENCE HOME CARE OF PA	82-3456346	0.03%
181220	EMINENCE HOME CARE OF NJ	83-0741926	0.03%
181223	SSL NOC2 MANAGEMENT, LLC	30-0993990	0.08%
181224	ORCHESTRA BIOMED, INC.	81-4914672	1.25%
181225	SCHELL MARTIN COMPANY LLC	82-4766790	0.00%
181230	JM Bullion, Inc.	46-1785757	0.62%
181232	NDAC	82-4575068	0.08%

181237	WEST HILLS DNB LLC	83-0933143	0.01%
181241	UPTOWN DNB LLC	83-1104261	0.01%
181243	OYSTER DNB LLC	83-1104199	0.01%
181245	SONGY HIGHROADS LLC	45-4485594	0.11%
181246	ADVENTURE PILOT	20-3705559	0.00%
181249	Colonnade Senior Living	45-4885588	0.08%
181251	Quail Ridge Senior Development	20-4695452	0.08%
181255	CLAY CONSULTING, LLC LA OPS	74-2975481	0.01%
181256	PECO Fasteners Inc	58-1053849	0.24%
181263	EBJ/Insite Sagamore LLC	59-1719157	0.00%
181265	Nickson LLC	81-1791269	0.22%
181269	REBUILD MIAMI, LLC	46-2930024	0.02%
181278	Precision Machine & Tool Works, Inc.	58-1818518	0.16%
181279	The Whole Coffee Company, LLC	26-0370323	0.00%
181284	MAR PRIMARY CARE LLC	83-1611860	0.01%
181291	Buena Vista Gaming Authority	27-5343243	1.20%
191006	ADVOCATE MY MEDS LLC	82-2356611	0.09%
191010	Meridian Constructors, LLC	76-0633580	0.05%
191011	ALACHUA GC, LLC	47-3197653	0.00%
191012	TIOGA GC LLC	47-3179701	0.00%
191013	G5975 GC, LLC	38-3900224	0.00%
191015	G5977 GC, LLC	90-0945088	0.00%
191016	G5978 GC, LLC	35-2470146	0.00%
191017	LAKE WALES GC, LLC	37-1717692	0.00%
191018	WINTER HAVEN GC, LLC	80-0875805	0.00%
191019	TNC GC, LLC	30-0797792	0.00%
191020	PLANT CITY GC, LLC	45-3037063	0.00%
191021	HIGHLAND GC, LLC	45-3036964	0.00%
191022	Gezolan Kraiburg, LP	81-2041636	0.03%
191023	Bank of Houston, N.A.	75-0242176	0.42%
191024	Texas Heritage Surveying, LLC.	27-0501781	0.01%
191027	Crown Concepts Corporation	47-5425188	0.01%
191030	Kerrow Holdings LLC	47-4516938	0.04%
191033	RIL USA INC	77-0721748	0.39%
191035	Legal Council for Health Justice	36-3563802	0.03%
191049	The Handy Tool & Manufacturing Co. Inc.	13-5545937	0.23%
191050	The Northway Surgery & Pain Center	46-4378533	0.00%
191056	Green Lake Tube, LLC	01-0952241	0.03%
191061	ML Deer Management Co	76-0595894	0.01%
191067	GERSH ACADEMY SEATTLE, LLC	82-2562814	0.00%
191073	Tri-C Resources, LLC	26-3922914	0.00%
191074	DJ ACQUISITIONS LLC	27-2402963	0.00%
191075	North Shore Swimming Pool Service Inc	36-2852886	0.07%
191077	Woodruff Brokerage Company, LLC.	58-1819726	0.06%
191078	Capitol Collision Repair Specialists, Inc.	86-0657735	0.01%
191079	1st Impressions Truck Lettering, Inc.	86-0781684	0.00%
191081	PCC CLEANING & RESTORATION	20-0177187	0.01%
191086	Auto Rim Shop	47-2044671	0.03%
191089	P9022 GC, LLC	83-2765688	0.00%
191090	P9023 GC, LLC	83-2765688	0.00%
191092	Silver Dunes Condominium of Destin, Inc.	59-1471816	0.07%
191097	MAGNOLIA FARMS APARTMENTS	83-2711471	0.01%
191098	SSL TAL MANAGEMENT, LLC	61-1903739	0.05%
191099	NATIONAL PUBLIC SEATING	45-1215935	0.51%
191100	EDGEWOOD PARK DNB LLC	83-1972453	0.00%
191101	GSB Industries Inc.	20-4756924	0.14%

191102	J. L. Carr Enterprises, Inc.	46-0921129	0.01%
191106	G.O. WEISS, INC.	74-1737266	0.00%
191113	Right at Home Tallahassee	81-3562396	0.01%
191143	Vladmir LTD	02-0532682	0.01%
191150	TAKE FIVE OIL	83-1592559	0.14%
191151	HAN Enterprises	27-0647098	0.01%
191152	Storage Management Solutions LLC	81-3720855	0.02%
191155	PARK RAVEN DNB LLC	83-2863709	0.01%
191156	Richard's Rainwater, Inc.	82-2125166	0.02%
191157	CORONADO DNB LLC	83-3208365	0.01%
191161	CAMERON INTERESTS, LP	76-0674789	0.00%
191163	Blue Ocean Wealth Solutions	82-2154365	0.06%
191168	Anderson Environmental Inc.	58-2056482	0.04%
191173	CARPENTERS WORKSHOP GALLERY LLC	61-1769619	0.12%
191174	Columbia OmniCorp	13-2545063	0.00%
191175	Carson Tool & Mold	58-2528217	0.01%
191176	All Pro Truck Body Shop Inc.	90-0944203	0.00%
191177	DNA Logistix Management, LLC	83-2959096	0.02%
191178	ADLER INDUSTRIAL LLC	83-4293825	0.10%
191186	Amenity Consulting LLC	26-1882873	0.02%
191188	CWC Hartford, LLC	80-0891118	0.01%
191189	MONDIAL AUTOMOTIVE INC	11-3301281	0.11%
191190	Douglas B. Seckendorf DC PC	13-3985645	0.08%
191194	Agropro, LLC	20-4733834	0.00%
191199	Prizmah Center for Jewish Day Schools, Inc.	81-1750864	0.31%
191201	SCRUB HUB CARWASH, LLC	84-1786733	0.02%
191205	C.O.R. Medical Centers of Homestead	82-1053455	0.00%
191206	C.O.R. Medical Centers of Hialeah Inc	81-4039949	0.00%
191207	C.O.R. Medical Centers of Hollywood Inc.	82-1049832	0.00%
191208	C.O.R. Medical Centers of East Miami	83-1161741	0.00%
191209	C.O.R. Medical Centers of North Miami Inc.	81-2665139	0.00%
191210	C.O.R. Medical Centers of West Broward Inc.	81-4842673	0.00%
191211	C.O.R. Medical Centers Inc	47-5620852	0.00%
191212	C.O.R. Interventional Medicine Inc.	81-3146395	0.00%
191213	C.O.R. Medical Centers of Orlando	81-2487428	0.00%
191214	305 No Fault Inc	26-1534596	0.01%
191224	Morespace Management LLC	81-4527596	0.10%
191226	Beacon Capital Management LLC	02-0739554	0.16%
191228	NT Connect Holdings Inc.	82-5409522	0.06%
191330	CLAY CONSULTING LLC TX OPS	83-4543192	0.11%
191332	AIRWAY AEROSPACE INC	45-4312256	0.07%
191337	MEADOW DNB LLC	83-4521948	0.01%
191338	CAMBRIDGE DNB LLC	83-4521865	0.01%
191440	ESSEX PARK APARTMENTS	84-1814239	0.01%
191444	PROVIDENCE COMMUNITIES	27-1356897	0.01%
191601	BAY FOOD BROKERAGE INC	59-3169433	0.01%
191602	ESTHERS PLACE	84-2687026	0.00%
191604	Elite Water Systems	26-2721592	0.09%
191608	ADLER REAL ESTATE PARTNERS LLC	46-0565432	0.14%
191612	XPERIENCE ROBOTICS INC	84-2584474	0.00%
191616	ADLER REAL ESTATE SERVICES LLC	81-4735146	0.41%
191618	MISSION: HOPE	64-0866959	0.02%
191619	DOOR RESOURCES	56-1751466	0.01%
191621	AJA TANKS LLC	81-5352821	0.01%
191629	AS Manager	83-2387555	0.11%
191630	INTI-MO BY JUAN CHIPOCO, LLC	84-2627312	0.00%

191633	CUBICHE 105 LLC	47-4036457	0.01%
191634	PRECISION MONITORING, LLC.	47-4767094	0.27%
191636	SCHUMACHER-DIXIE, LLC	35-2668250	0.03%
191637	HUFFINES MANAGEMENT PARTNERS	71-1012783	0.02%
191646	American Healthcare Management Group, LP	02-0728143	0.02%
191653	CORVUS CONSTRUCTION COMPANY, INC.	75-2419513	0.34%
191657	RUFFIAN WINE BAR	46-4075488	0.05%
191659	F-Wave, LLC.	37-1793263	0.37%
191662	Midwest Arbor Corporation	36-3881905	0.16%
191665	OLEANDER 4528, LLC	26-0883723	0.01%
191669	HOME2SUITES BY HILTON ASHEVILLE AIRPORT	82-3226211	0.00%
201000	BMS TECHNOLOGIES	20-5994788	0.13%
201006	Gleneagles Capital Management, LLC	62-1689665	0.18%
201008	Numina Group Incorporated	36-3194086	0.31%
201011	Corsair Consulting LLC	45-4687429	0.02%
201015	Caliper Contracting Services LLC	82-2395275	0.00%
201016	PRODUCTION TECHNOLOGY SERVICES, INC.	26-0332358	0.06%
201018	PRODUCTION TESTING COMPANY, INC.	92-0133905	0.02%
201027	Bay Management Corporation	13-2665595	0.30%
201028	CenClub Recreation Management	65-0123144	0.25%
201029	Harbor Tower Apartments	13-2978535	0.10%
201030	Green House Apartments	04-2855673	0.10%
201032	GLASS DOCTOR OF METRO ATLANTA	58-2481003	0.11%
201034	Stepping Stone Child and Preschool	84-2421523	0.00%
201035	AIR DRILLING ASSOCIATES, INC.	01-0695270	0.01%
201042	Tablescapes Event Rentals	36-3585076	0.00%
201050	Centerstone Investors, LLC	47-4951104	0.11%
201072	The Pump & Motor Works, Inc.	26-3923062	0.00%
201074	Doguet's Rice Milling Company	74-2160903	0.12%
201086	AI CONSTRUCTION INC.	84-3615354	0.09%
201094	Surestay Ontario Airport	32-0027492	0.00%
201095	Holiday Inn Express & Suites	27-0030986	0.00%
201101	Veteran Evaluation of Florida LLC	84-2588333	0.03%
201103	BOBCAT OF NEW YORK, INC.	11-1945745	0.21%
201112	Fennec Pharmaceuticals, Inc.	20-0442384	0.06%
201117	STAR V LEARNING CENTERS	84-2598936	0.01%
201119	GARDEN VILLAS HERITAGE LLC	84-3574732	0.00%
201120	NET COST ADVISORS, INC.	26-0035272	0.00%
201121	PACIFIC SHORE HOLDINGS INC	46-2029626	0.13%
201123	PACIFIC SHORE STONES LLC	95-4586480	0.10%
201124	PACIFIC SHORE BAKERSFIELD LLC	26-1217457	0.09%
201134	NUTRITIONAL SALES AND SERVICES, LLC	84-3800664	0.01%
201148	PROGRESSIVE LEAK DETECTION INC.	84-4594453	0.02%
201150	PRESTIGE ASSOCIATION MANAGEMENT GROUP	84-3599177	0.02%
201151	Structure Tech Corporation	65-0353132	0.07%
201152	Church of the Saviour	23-1862788	0.18%
201157	Levitt & Boccio, LLP	47-2210945	0.28%
201159	EDWARD BEINER	36-4955799	0.08%
201160	Codan US Inc.	41-2032006	0.00%
201161	40 East End Avenue Condominium	83-3253339	0.02%
201165	Pronto Pizza	20-8238476	0.00%
201173	MINELAB AMERICA, INC	88-0423058	0.03%
201174	WATCHMEN PROTECTIVE SERVICES, LLC	47-2653326	0.01%
201179	ReadWorks, Inc.	13-3593812	0.11%
201182	GENERATION CHURCH	86-0633920	0.34%
201185	The Keystone Policy Center	84-0688506	0.20%

201187	GREEN SPOON LLC	45-4649934	1.09%
201188	VETERAN EVALUATIONS OF GEORGIA	84-3629352	0.01%
201194	ENVIRO MANAGEMENT GROUP LLC	26-3222678	0.02%
201196	NFM Consulting LLC	82-1261048	0.01%
201197	Society of Economic Geologists, Inc.	84-1576304	0.01%
201198	HD MOTORSPORTS, LLC	84-4957046	0.02%
201201	CENTAURI MARTIN COMPANY LLC	85-1147996	0.00%
201202	Lange Mechanical Services, L.P.	54-2080495	0.01%
201204	RELIANCE MARCELLUS, LLC	27-2270153	0.01%
201206	NAEC SOL	83-3720270	0.06%
201213	FRAME IT EASY	20-1875037	0.21%
201214	Soho Medical Doctors PLLC	45-3135227	0.47%
201216	Guardion Health Sciences, Inc	47-4428421	0.02%
201217	Valley Beth Shalom	95-1890769	0.00%
201220	MAREL POWER SOLUTIONS, INC	83-3948596	0.23%
201221	ADVANCED ORTHOPEDICS NEW ENGLAND, PC	06-0950232	0.28%
201222	ADVANCED ORTHOPEDICS NEW ENGLAND	04-2641429	0.02%
201229	SOUTHEAST REIMBURSEMENT GROUP, LLC	58-2473225	0.05%
201230	Jewish Funerals USA, LLC	45-4980845	0.01%
201232	Total Gym Commercial, LLC	45-3116719	0.14%
201233	Specialty's Bakery & Cafe	85-2589242	0.13%
201254	COTTONWOOD CREEK OF CHEYENNE	83-2560557	0.01%
201260	Fundermax North America	35-2527695	0.11%
201262	50,000 Feet, Inc	93-1385122	0.02%
201264	POLLOS Y JARRAS BY JUAN CHIPOCO	85-3165312	0.01%
201269	8 Ball Motorcycles of San Diego	81-2631705	0.01%
201270	8 Ball Motorcycles of Escondido	82-4928024	0.00%
201272	Southerleigh Hospitality Group	83-1594316	0.07%
201273	CVI.CHE 105 DADELAND	85-3095767	0.04%
201274	RCW ENERGY SERVICES, LLC.	45-5573240	0.03%
201277	Guideline Geo Americas Inc.	04-3356113	0.08%
201279	CAREFIELD CASTRO VALLEY ASSISTED LIVING & MEMORY CARE	47-4710178	0.01%
201280	MADONNA GARDENS ASSISTED LIVING & MEMORY CARE	81-1670052	0.01%
201281	PARK VISALIA ASSISTED LIVING & MEMORY CARE	81-5166602	0.01%
201282	CAREFIELD PLEASANTON MEMORY CARE	83-3058222	0.00%
201284	THE BOSARGE FAMILY FOUNDATION	27-3139347	0.01%
210010	CrossPeak Solutions LLC	82-2275699	0.05%
210011	Rosco Laboratories Inc	04-3101783	0.38%
210012	TrueFire Studios, LLC	84-3598883	0.13%
210013	I.T. Solutions, Inc.	20-1186211	0.28%
210016	All of Blue, LLC	82-3344123	0.07%
210017	David Rago Auctions, LLC	84-3942373	0.42%
210020	Mickie Service Company Inc.	76-0341511	0.02%
210023	Altus Ace Management LLC	36-4814820	0.01%
210025	TAYLOR & HILL INC	74-2069034	0.07%
210027	Slight Edge Difference DBA The Blue Collar Success Group	33-1098104	0.09%
210028	AFFILIATED DIALYSIS OF CALIFORNIA	27-1167446	0.23%
210029	Finario Corp.	26-2280829	0.07%
210031	High 5 Plumbing	45-5352465	0.24%
210033	Usablenet	94-3367317	0.36%
210034	NIPPON TRENDS FOOD SERVICE, INC.	77-0530903	0.00%
210036	TouchSource	81-4721717	0.30%
210038	Portmeirion Group USA Inc.	06-0991964	0.03%
210043	Risk and Insurance Management Society, Inc.	13-1860397	0.50%
210046	IKAR	20-1210098	0.02%
210048	Leopard Supervision Services, LLC.	26-3571532	0.03%

210050	B&G INTERNATIONAL	35-2677899	0.01%
210053	ZAMORA COMPANY USA, LLC	83-1182395	0.15%
210054	YELLOW ROSE DISTILLING, LLC	27-4020857	0.01%
210055	THE ZAMORA AMERICAS, INC.	20-4035358	0.12%
210056	RavenVolt, Inc.	84-5142113	1.47%
210057	SOHO MEDICAL DOCTORS CALIFORNIA	85-3567763	0.01%
210059	TOWNEPLACE SUITES ASHEVILLE	84-1895871	0.00%
210062	Cloud 10 Car Wash	84-1788592	0.00%
210064	Cloud 10 Car Wash	83-4442576	0.01%
210069	Terry's Tree Service of SW FL LLC	26-4050563	0.03%
210071	Atlantic Hosiery & Apparel Inc.	65-0483828	0.05%
210072	Atlantic Hosiery LLC	59-1171984	0.00%
210073	Atlantic Hosiery Outlet, LLC	59-2661715	0.00%
210075	SOHO MANAGING COMPANY	83-2081369	0.10%
210076	M & B Tools LLC	85-4143417	0.06%
210088	Hampton Inn Bennington-Marshall Payroll Services	20-1328794	0.00%
210096	Holiday Inn NW Houston Beltway 8 - Marshall Payroll Services	20-1328794	0.00%
210101	Seralago Hotel & Suites-Marshall Payroll Services	20-1328794	0.00%
210108	GLEN LAKES HOMEOWNERS ASSOCIATION, INC.	75-1726398	0.01%
210113	Blackpointe Group Construction and Management, Inc.	84-2670627	0.02%
210116	130 William Street Condominium	85-2826675	0.09%
210136	STAR V LEARNING CENTERS	86-1595781	0.00%
210138	SSL TRE MANAGEMENT, LLC	85-1181536	0.11%
210140	Servcorp US Holdings, Inc.	27-0439877	0.08%
210148	Conchita Foods, Inc.	59-1172823	0.13%
210153	Remotiv LLC	20-8443802	0.06%
210159	Active Residential Management Services	81-3978182	0.01%
210161	STAYBRIDGE SUITES AUBURN	83-1144880	0.00%
210163	Springhill Suites Winchester	82-2438896	0.00%
210164	The George Washington Hotel	74-3190702	0.00%
210165	Grand Eastonian Hotel & Suites	23-3057391	0.00%
210169	City Health Partners LLC	84-1988103	0.10%
210170	Hudson MD Group, LLC	84-1928885	0.14%
210171	The Carrington at Lincolnwood	86-2912231	0.22%
210179	Bethel Towers	31-1627254	0.00%
210181	Canaan-Detroit	31-1208153	0.00%
210182	Deliverance Manor	36-3521771	0.00%
210183	Fellowship Manor	36-4065330	0.00%
210187	Market Place	31-1208141	0.00%
210188	Mt Sinai	31-1533298	0.00%
210190	True Love Manor	31-1208138	0.00%
210198	Southerleigh Haute South	84-2453216	0.01%
210199	Southerleigh Fine Food & Brewery	32-0439626	0.11%
210207	SYNERGY HomeCare	85-4275895	0.05%
210211	HGU New York	81-1201961	0.00%
210215	Steller Innovations, LLC	81-4878678	0.00%
210216	De Sousa Hughes LLC	94-3321597	0.11%
210217	Business Platforms Inc.	85-3230193	0.00%
210219	OAA, One Agents Alliance	73-1597424	0.10%
210223	FRANCIS SCOTT KEY FAMILY RESORT	84-4305920	0.00%
210225	ProClinix Sports Physical Therapy Chiropractic Wellness, PLLC	20-0200926	0.18%
210228	LifeTime Physical Therapy & Chiropractic, PLLC	47-4398060	0.02%
210232	Veteran Evaluations of South Carolina	86-3694426	0.01%
210233	EMINENCE HOME CARE OF NH	85-2603370	0.08%
210235	THE VIRGINIAN LYNCHBURG	82-3424617	0.01%
210236	Veteran Evaluations of Nevada	86-3861661	0.00%

210239	My Community Homes LLC Company	86-3511122	0.03%
210241	AC Disaster Consulting LLC	83-2157077	0.33%
210242	TWO Capital Partners, LLC	27-2978679	0.07%
210243	PURE AIR	26-1769685	0.07%
210244	Cyntech US Inc	99-0361949	0.23%
210245	Integrated Label Corp	36-4557130	0.10%
210248	Spectacles	22-3184705	0.02%
210250	Russell Bruce Hubbard MD Inc.	20-8212563	0.01%
210251	Pharmaceutical Media Inc.	22-1938377	0.11%
210252	United Valuation, LLC	47-5541022	0.02%
210253	RICK HITON & ASSOCIATES	36-3118122	0.02%
210256	HAMPTON INN MILFORD	26-1685813	0.00%
210266	Black Optical LLC	86-3692802	0.01%
210272	Staple Street Capital	47-2036264	0.25%
210273	Unicycive Therapeutics, Inc.	81-3638692	0.16%
210274	C.O.R. Medical Centers of Kissimmee	86-2814190	0.00%
210278	Lewis Plastics Co Inc.	36-4447460	0.26%
210279	LOS ANGELES MODERN AUCTION	87-1766111	0.12%
210280	HIREQUIP LLC	82-4110663	0.00%
210281	Tetra Water	81-3869856	0.01%
210284	Regency Electric Inc.	84-1365082	0.32%
210286	Select Power Systems LLC	82-3334088	0.09%
210287	Heritage Manor DNB, LLC	87-1755174	0.01%
210288	The Variel Services, LLC	87-2128950	0.20%
210292	AHG HOTELS LLC	81-5443350	0.00%
210294	SEK Corporation	36-3686807	0.25%
210295	SnowPure Water Technologies	20-1583740	0.09%
210299	MPAC SMH of California PC	87-1695966	0.04%
210302	GRACE'S	82-1709902	0.01%
210303	HARTLEY'S	47-3797118	0.04%
210304	Carbonvert	85-2689007	0.02%
210307	AV Design & Integration, Inc.	02-0675396	0.03%
210308	Steelhead Inc.	74-2568547	0.14%
210312	AV Design & Integration South Inc.	81-0727684	0.01%
210313	WET RENTALS AND TOURS LLC	83-1575355	0.00%
210314	23 Mack Drive LLC	46-5290365	0.06%
210316	Next Vision Instruments LLC	85-2924378	0.11%
210317	Vandale Industries, Inc.	13-3131188	0.33%
210321	TWR Transport, LLC	81-4178199	0.07%
210323	Northeast Georgia Motorsports	58-2186700	0.00%
210329	Midnite Snax	11-3087802	0.16%
210333	Family Policy Alliance	20-0960855	0.18%
210336	ALABASTER OPCO, LLC	87-2641938	0.07%
210341	Force3 Holdings LLC	47-3037193	0.09%
210342	G4 Geomatic Resources LLC	87-1906280	0.24%
210347	IAEE	75-2597310	0.14%
210353	High Level Enterprises Inc.	87-2956187	0.21%
210354	Structurely	47-4798423	0.05%
210358	Wunderkind	87-1169004	0.04%
210360	Sente, Inc.	26-2751288	0.23%
210363	Veteran Evaluations of Virginia	87-3202226	0.01%
210364	Veteran Evaluations of New England	87-3191640	0.01%
210365	Meramec Dermatology, LLC	83-2861758	0.24%
210366	360 Medical Consulting LLC	84-4677779	0.07%
210368	C.O.R. Medical Centers of Pompano	87-2886641	0.00%
210369	Fincham & Associates, Inc.	84-2595391	0.06%

210371	Chelsea Square Geller LLC	87-2911034	0.00%
210372	Olde Cape Geller LLC	87-2850802	0.00%
210378	London Optical	87-3871290	0.02%
220001	Spindrift Beverage Co., Inc	45-4807439	1.81%
220002	Collaborative Management Systems Inc.	87-4253391	0.25%
220003	Kirk Palmer & Associates Inc	13-3442509	0.23%
220004	Common Threads	20-0106847	0.09%
220005	The Ross Institute Inc. DBA Ross School	01-0880911	0.69%
220008	AIGA	13-1623893	0.07%
220010	RC Billing	45-0537831	0.66%
220011	Revenue Cycle Coding Strategies, LLC	81-5033985	0.38%
220012	Francine	83-0585989	0.06%
220013	Hampton Inn Ocean City	27-1015260	0.00%
220017	Xerillion Corporation	04-3593072	0.06%
220018	Big Game Brands	45-4605093	0.05%
220019	Vital Heart and Vein	76-0565432	1.55%
220021	Pennington Wealth Management	20-5078472	0.14%
220022	Monkey Joes Franchising LLC	20-2569087	0.01%
220023	Flying Biscuit Franchising Inc.	20-5622907	0.03%
220024	FB Toco Hills LLC	83-0564141	0.01%
220025	FB Memorial City LLC	84-2217586	0.02%
220028	Vino.com, LLC DBA Total Beverage Solution	43-1917285	0.40%
220029	Horizon Paper Company, Inc.	06-0974284	0.27%
220032	Consumers Pipe & Supply Co.	95-2404784	0.19%
220033	Charlie Gnaim, M.D. P.A.	45-5558417	0.02%
220035	Edward Baptista, M.D. , P.A.	20-5454610	0.02%
220036	Marcy L. Lim, M.D., P.A.	38-3680436	0.01%
220037	Mazen Ganim, M.D., P.A.	76-0548498	0.02%
220038	Ping Fai Wong, M.D. P.A.	76-0565252	0.01%
220039	Ricky Ganim, M.D., P.A.	26-2960350	0.02%
220040	Nitto Kohki U.S.A., Inc.	36-3005042	0.00%
220041	Paramount Depot LLC	20-3504849	0.15%
220044	The DVI Group	58-2576726	0.05%
220047	Victory City Church	36-2687958	0.08%
220052	Palladin Consulting, LLC DBA Palladin Technologies	81-5337322	0.44%
220053	Invest Newark, A NJ Nonprofit Corp	26-0829057	0.15%
220056	Peppermint Technology Inc	38-4165246	0.00%
220059	TC BioPharm (North America), Inc.	87-1394363	0.00%
220061	Center Island Autobody	11-2294287	0.05%
220062	SMP Supply	61-1636762	0.50%
220063	Green Light Expediting LLC	26-3351180	0.01%
220064	Landio, LLC	83-0875358	0.03%
220065	Metal Processing Corporation Inc.	84-4138371	0.02%
220067	Audio, Video & Controls, Inc.	73-1648679	0.15%
220069	Solutions CFS LLC	85-4010086	0.03%
220070	Marlin Mortgage Capital, LLC	84-1858787	0.15%
220073	Procredio Software, LLC	84-3241521	0.00%
220076	Gentle Dental at New City, PLLC	82-2313267	0.03%
220081	C.O.R. Holdings, Inc.	82-4144073	0.01%
220083	Mayridge Cincy LLC	87-3255499	0.01%
220086	Mocama Marine LLC	87-3057561	0.07%
220087	Israel Purdy, LLP	11-3243823	0.27%
220090	La Quinta by Wyndham Ocean City	52-2100667	0.00%
220091	ALL & SUNDRY	87-1852654	0.03%
220094	Volante Senior Living, LLC	87-3117459	0.35%
220097	Danny Grace PLLC	87-4554123	0.01%

220102	Digital Transitions Inc.	45-0507897	0.13%
220103	Pixel Acuity, Inc.	45-3262661	0.03%
220110	Cantu Harden LLP	87-4339436	0.10%
220111	Atlantis Sac Opco LLC	86-2162368	0.04%
220112	Volante of Arlington Heights	87-3803455	0.07%
220113	Volante of Hanover	87-4457562	0.03%
220114	CHIPOCO HOLDINGS LLC	45-3549107	0.13%
220116	Canvas Property Group LLC	83-0622335	0.13%
220118	Myles J. Zakheim, O.D. Optometric Corp.	95-4416045	0.01%
220119	Dr. Myles Josef Zakheim, O.D. Optometric Corporation	95-3403592	0.01%
220121	Holiday Inn Express Gaffney	87-3116886	0.00%
220123	RGA Office of Architectural Design, Inc.	33-0523529	0.14%
220126	The Eye Gallery	87-3871290	0.03%
220127	PestBear of Lakeland	88-0613252	0.02%
220128	PestBear of Jacksonville, INC.	87-4610344	0.01%
220134	Elements Massage	45-4840175	0.00%
220135	DNA LOGISTIX TRANSPORT LLC	88-0724813	0.03%
220136	Haskin Aviation LLC	82-3105854	0.01%
220137	The Action Group, LLC	45-4934167	0.00%
220140	Commercial Kitchen Installers, Inc.	58-1265659	0.13%
220143	HUFFINES ENTERPRISES INC.	87-2347986	0.01%
220144	Long Life Home Care Inc.	46-2788938	0.00%
220145	EeroQ Corporation	82-0917313	0.05%
220147	IGALMED PC c/o Dr. Wesley Hansen	47-1931799	0.00%
220153	AmericanHort	46-4411915	0.11%
220155	Diversified Design and Manufacturing of Wisconsin, Inc.	47-2402687	0.00%
220157	Goodmark Capital Group Inc.	45-5462376	0.00%
220158	Cloud 10 HoldCo	85-1049206	0.07%
220159	Perceptive Technologies	37-1965877	0.19%
220161	ATLANTIS FF OPCO	86-2073322	0.03%
220163	OneMarketData LLC	20-2775274	0.03%
220168	Mr Electric of Asheville	83-1182891	0.00%
220174	Peck & Hale, LLC	11-3473966	0.01%
220175	420 Bal Harbor LLC	87-2155096	0.02%
220176	Tosibox Inc	47-5245559	0.01%
220179	335 Woodbury LLC	85-1932282	0.01%
220180	625 Madison LLC	99-1928533	0.03%
220181	Santoni North America LLC	38-4096554	0.05%
220182	Volante of Hamilton	87-4778123	0.20%
220184	Century Oaks	87-4585892	0.05%
220186	COURTYARD MIDDLETOWN GOSHEN	88-0647008	0.00%
220192	VERUS PINNACLE MORTGAGE LLC	88-1500458	0.02%
220197	Nuance Medical	46-2283506	0.19%
220200	GridBeyond	83-4339590	0.19%
220202	G.S. Wilcox & Co	22-3298541	0.00%
220204	Lester's Material Service, Inc.	36-3274230	0.00%
220206	Rams Hill Golf Course	46-3197133	0.12%
220207	Hope Management Solutions LLC	88-2255560	0.00%
220211	Dabico Airport Solutions, INC.	87-4103702	0.43%
220214	Ability Engineering Technology	26-4288641	0.17%
220215	Unity Home Loans, LLC	88-2342923	0.06%
220216	Lojistic, LLC	56-2501726	0.20%
220218	IPTAY	46-5666637	0.29%
220224	Corrett SH LLC	87-4351639	0.00%
220226	Career Development Solutions, LLC	27-5147920	0.02%
220229	Metergy Solutions LLC	37-2039940	0.57%

220231	Momentum Senior Living LLC	88-0780681	0.00%
220232	Clemson Alumni Association	57-6026334	0.06%
220234	Clemson Athletic Properties Company	87-1538054	0.01%
220235	Material Dynamics Inc.	58-1096551	0.00%
220238	Volante of Chesterfield	88-2449083	0.03%
220239	Volante of Lake Orion	88-2469765	0.07%
220240	Chambers Medical Group Inc.	59-3003599	0.06%
220241	Chambers Medical Group PSC	20-2635593	0.02%
220246	Liberty Chiropractic	84-2343409	0.04%
220247	Volante of Pinellas Park	88-2626059	0.05%
220248	Volante of Largo	88-2652091	0.08%
220249	Volante of Las Vegas	88-3396914	0.10%
220250	Agora Brands LLC	87-3135950	0.00%
220251	Volante of Fort Myers	88-3251498	0.07%
220252	Nuance Solutions	36-2858787	0.06%
220254	Maverick Bankcard Inc.	32-0358047	0.44%
220259	Prime Packaging Corp	11-2712373	0.17%
220261	American Vision	23-2675616	0.00%
220263	Volante of Peachtree	88-3441358	0.01%
220265	Barrier Crest LLC	83-3008136	0.04%
220266	bPrescient Inc	47-5011327	0.00%
220268	EMINENCE HOME CARE OF MD	52-1408816	0.02%
220269	Lebo's Shoe Store Inc.	56-0714386	0.11%
220270	UTC Overseas Inc	13-3511950	1.22%
220271	Brickell Hotel Group LLLP	26-1689696	0.17%
220272	Grove Hotel Group Ltd (Hampton Inn)	65-0502465	0.03%
220273	Airport Hotel Group Ltd. (Hampton Inn)	65-0851368	0.06%
220274	Pines Hotel Group Ltd. (Hampton Inn)	65-0794455	0.05%
220277	Volante of Dunedin	88-2722282	0.05%
220278	Magnolia Terrace Apts	88-2468442	0.02%
220279	HB Architectural Lighting Inc.	27-2951895	0.11%
220280	Onrad Inc.	26-1717749	0.02%
220281	Onrad Medical Group, INC.	33-0748075	0.02%
220282	ALLRads, LLC	84-2935129	0.00%
220283	PCO, PC	84-3038369	0.01%
220284	Genuine Hospitality, LLC	61-1901955	0.00%
220287	Tyrex Group Ltd	74-2942280	0.07%
220291	Almond Street Cold Storage Ltd	75-2856344	0.00%
220292	Pure Air Filtration, LLC	04-3784178	0.12%
220294	I-Pro Martin, LLC	88-3941557	0.01%
220295	Healthbridge Medical, Inc.	90-0732054	0.00%
220296	Yk Property Management Group LLC	86-2236976	0.03%
220298	DDR Technologies Inc.	58-2625026	0.01%
220302	New County Service Corp	47-2985237	0.08%
220303	MDSG LLC	84-4654776	0.02%
220304	FB East Cobb LLC	88-3887432	0.02%
220305	UTC Edlow Logistics, Inc.	45-2818812	0.01%
220306	Volante of Melbourne	88-3907290	0.06%
220307	Volante of Hillsboro	88-3455005	0.05%
220322	LimeLife by Alcone	82-1429909	0.30%
220325	Volante of Delray Beach	88-3937462	0.12%
220326	Inspired Beauty Brands Inc.	11-2238683	0.40%
220328	Scott R. Beckman Trucking Inc.	36-4312107	0.00%
220329	Veteran Evaluations of North Carolina	87-4825467	0.01%
220330	Europtics LLC	88-2512398	0.01%
220331	Nautical Control Solutions	87-0766293	0.17%

220333	Flying Fresh USA Inc.	88-3092045	0.02%
220334	Financial Access Federal Credit Union	59-0860275	0.12%
220336	The World Egg and Sperm Bank	47-4426831	0.10%
220339	Volante of Grapevine	88-3950986	0.06%
220340	Eyes of Wellington	87-3871290	0.00%
224001	Rogers Garment Restoration	59-3579786	0.02%
230001	Golden Gate Urology Inc.	26-4439142	0.03%
230003	Peach State Federal Credit Union	58-6034029	0.95%
230004	Omnivore Agency	47-4258402	0.01%
230007	The Tailored Closet	81-2901795	0.00%
230009	ADB Safegate Americas LLC	94-3470237	0.23%
230010	DBT Transportation Services LLC	81-2865699	0.08%
230013	Aspen Heights Partners	26-2458511	0.06%
230014	P & H CASTERS COMPANY, INC.	75-2643257	0.34%
230015	Panorama Consulting Group	83-3681902	0.14%
230016	Lohxa, LLC	81-1632592	0.16%
230017	Earlens Corporation	20-3834883	0.84%
230020	Armchem International Corporation	59-2220913	0.08%
230021	The Brahms Group	65-0455672	0.03%
230023	RMS Industries of New York Inc.	47-3597248	0.04%
230024	Encore Stone Studio Corporation	45-3849321	0.07%
230025	Newmeasures LLC	46-4841068	0.05%
230026	OES Global Inc.	47-1574940	0.03%
230027	W.S.M. Services Inc.	75-2870631	0.03%
230028	Securely	61-1780025	0.04%
230030	Aria Stone Gallery LLC	46-1984688	0.01%
230031	Katalys, LLC	82-2393504	0.14%
230033	Albus Packaging, LLC	36-3760273	0.41%
230034	Rodo, Inc.	93-2119228	0.05%
230035	First Bauxite, LLC	83-3042074	0.09%
230036	Plastics Inc.	20-8949225	0.01%
230037	Security Management Systems Inc.	11-2477627	0.09%
230040	CSF Consulting LP	20-4087543	0.01%
230041	Ride Aventon Inc.	87-4506961	0.43%
230042	Baoli Miami	32-0569675	0.04%
230044	Georgia Association of Manufacturers	58-0207260	0.01%
230046	Diabsolut LTD	99-0375427	0.27%
230047	Buckeye Recovery Network LLC	82-1224962	0.04%
230049	Rodo Trader LLC	85-1046001	0.02%
230050	T-REX Properties, LP	27-5223342	0.04%
230052	Def-Logix, Inc.	26-2774089	0.35%
230053	Giddy Goat LLC	83-3761522	0.03%
230054	Greene Consulting Associates LLC	58-2298033	0.06%
230058	NPI, LLC	20-0139150	0.40%
230059	Grace Outreach, Inc.	86-1110482	0.09%
230060	Grace Institute Of New York, Inc.	81-0844164	0.09%
230061	Regennexus LLC	92-0989337	0.02%
230062	Parx Acquisition LLC	92-1046288	0.08%
230066	GAR Ventures LLC DBA GAR Products	92-0937333	0.19%
230067	Firefly Events, Inc.	26-2250933	0.02%
230085	Better Living Senior Assistance Services	26-4600192	0.00%
230086	Caring Connections LLC	35-2547993	0.01%
230087	Volante of Round Rock	88-4365400	0.07%
230089	Tactile Engineering Inc.	84-3114397	0.11%
230091	Neway Labs, LLC	86-2356600	0.03%
230093	G6 Cyber Solutions, LLC	92-0497264	0.03%

230098	Health In Balance	33-0992361	0.00%
230101	Pittwater LLC	87-4198231	0.01%
230102	ACS PRO TRAINING SERVICE CENTER	81-3650487	0.00%
230105	Satellite Phone Store	87-4044712	0.15%
230106	Broadview at Purchase College	61-1816180	0.36%
230108	Flagship Management LLC	47-4216580	0.30%
230119	The Oxford Group Appraisal and Consultation, Inc.	22-2875017	0.08%
230120	Oxford AMC LLC	45-2585320	0.02%
230121	ICS Martin, LLC	92-1503098	0.01%
230122	Connective Health Strategies LLC	86-1310307	0.10%
230140	Blue Management Services LLC	92-1622490	0.19%
230141	Springhill Suites by Marriott Roanoke	92-1312204	0.01%
230142	Trend Discovery Holdings LLC	83-2993338	0.08%
230145	Taco Palace Inc. DBA Casita Tejas Mexican Restaurant	59-2759057	0.01%
230152	TWO Resi Build, LLC	85-3856842	0.05%
230153	Marlin Manager Holdings LLC	92-1745309	0.01%
230154	Atlas Putty Products Co	36-2966723	0.06%
230155	Levi & Korsinsky, LLP	26-1235259	0.24%
230156	LK Institutional LLC	82-3677455	0.02%
230157	Ediscovery Services LLC	88-4379731	0.02%
230158	Volante of St. Petersburg	92-1369598	0.12%
230159	Mill Hill Child & Family Development Corporation	22-2123700	0.13%
230160	Sleepy Hollow Hotel and Conference Center	92-1559739	0.04%
230161	DiPerna Associates Inc.	74-3183517	0.04%
230162	1104 Cabazon LLC	88-4176024	0.01%
230164	Teal Shores	92-1950275	0.04%
230165	Volante of Eugene	92-1781571	0.04%
230166	Mihom Healthcare Inc.	61-1461776	0.03%
230167	The Chronicle of Philanthropy	87-2037668	0.05%
230171	Lakeside Canvas	92-3169711	0.00%
230172	Pestbear of Lake Panasoffkee Inc	92-2017394	0.01%
230173	Security Pest of Fort Myers Inc	92-2015690	0.03%
230174	Holland SW International	74-2136484	0.16%
230176	Listen Energy Inc	92-2054742	0.00%
230180	Sendero Administrative Services LLC	92-1417333	0.14%
230181	Sarasota OB/GYN Associates PA	65-0893734	0.15%
230184	Heartland Plant Innovations Inc	26-2721741	0.04%
230186	ThemeWorks Inc	59-3318354	0.20%
230188	Holiday Inn Express McKinney - Marshall Payroll Services	20-1328794	0.00%
230190	Chemtec Energy Services, LLC	65-0936560	0.41%
230193	Sheraton Hartford South-Rocky Hill-Marshall Payroll Services	20-1328794	0.00%
230195	Uhuru Design Inc.	52-2413835	0.13%
230196	Corporate Fuel Advisors LLC	20-3178072	0.01%
230199	Boyd Manor	31-1612278	0.00%
230200	Upshur House	52-1892264	0.00%
230201	Carmel Manor	57-0892550	0.00%
230203	Jax Athletics, LLC	83-1692330	0.00%
230208	Prototype Development Specialist & CNC Machining Inc.	90-1895562	0.03%
230209	Sassetti, LLC	36-2239746	0.21%
230212	Kern Radiology Medical Group, Inc.	77-0251480	0.02%
230213	Integrity Plumbing	22-3472051	0.03%
230215	NowThis Media Group, LLC	92-3317999	0.18%
230217	The Claremont Hacienda	85-3970629	0.02%
230218	Volante of Carson Valley	92-3414830	0.08%
230219	Volante of Reno	92-3471398	0.10%
230220	Highroads Partners, LLC	92-2576378	0.01%

230221	Hope419, LLC	85-1311093	0.09%
230237	Industrial Shoe Works	95-2950206	0.02%
230239	CARR Machine & Tool, Inc.	36-2802617	0.04%
230240	North Cut Trading LLC	92-3085068	0.06%
230242	TriStar Plumbing & Heating	26-3941871	0.02%
230243	Kimberly M Ross MD	38-3744511	0.01%
230244	Cyndeo Wealth Partners, LLC	85-1413466	0.29%
230245	Morning Star Elevator	82-0544694	0.13%
230249	ICD Group Intl., Inc. DBA ICD Group	13-3743730	0.53%
230251	Osborne & Little Inc.	06-1260473	0.27%
230253	H & M ELP Inc	92-3236854	0.05%
230254	ICD America	06-1455893	0.08%
230255	Volante of Ashbrook	92-3878137	0.02%
230256	EMINENCE HOME CARE OF NJ (ACADIA)	26-3750529	0.04%
230261	EMINENCE HOME CARE OF CT	92-3375328	0.00%
230262	CoreTrans LLC	27-0030213	0.31%
230263	Eagle Trailer Rental and Storage, Inc.	61-0931086	0.00%
230264	WHITAKER GROUP LLC	13-4216748	0.01%
230265	WHITAKER GROUP II LLC	84-1716718	0.01%
230266	Fleetwood Continental Inc.	95-2939186	0.75%
230268	Couronne Company Incorporated	05-0614517	0.06%
230270	Frank Kuwamura III MD	74-2910810	0.10%
230272	Strategy Management, LLC DBA Auto Experts of Colleyville	54-2100406	0.04%
230273	Power Management Concepts, LLC	11-3467317	0.03%
230274	Embassy of Painesville, LLC	87-2243106	0.15%
230275	Embassy of Newark, LLC	87-2264119	0.21%
230276	Embassy of Marion, LLC	87-2243443	0.13%
230277	Embassy of Lyndhurst	87-2122562	0.12%
230278	Embassy of Euclid, LLC	87-2206222	0.08%
230279	Embassy of Euclid dba Regent of Euclid (ALF)	87-2206222	0.03%
230280	Embassy of Lyndhurst dba Regent of Lyndhurst (ALF)	87-2122562	0.04%
230283	LOANFRONT, LLC	87-4159067	0.02%
230284	Bella Casa Custom Builders, LLC	86-2653552	0.02%
230285	SSL CLE MANAGEMENT, LLC	88-3258766	0.03%
230286	Ultimate Assistance for Elders LLC	92-2686384	0.00%
230287	EHHK , INC. DBA Excell Membranes	84-4135203	0.00%
230288	JHRA Group, LLC	20-0989759	0.01%
230289	DMJ Consulting - Schertz, LLC	92-3152396	0.03%
230295	Capital Commons	52-1639996	0.00%
230296	Calvary Plaza	62-1394735	0.00%
230297	Pioneer Sports and Entertainment, LLC	88-1464022	0.27%
230300	DYSPHAGIA MANAGEMENT SYSTEMS, LLC	46-1379730	0.03%
230301	Boca Grove Property Owners Assoc.	59-2197321	0.05%
230302	Pearlstone Partners LLC	82-3694256	0.09%
230303	Lee Real Estate Services, Inc.	74-2906193	0.02%
230305	International Jet Interiors Inc.	11-2840598	0.13%
230306	Unity of Dallas	88-4301781	0.00%
230307	Anesthesia Care Consultants, Inc.	20-8584688	0.01%
230308	Ambulatory Care Management, LLC	84-2149985	0.00%
230311	Thrivewell Infusion LLC	82-2545644	0.15%
230312	NanoHive Inc	93-2235000	0.01%
230313	Complete Medical Management, LLC	85-3037814	0.03%
230314	Complete Management Billing Services, LLC	92-3268931	0.01%
230316	September Bloom Inc.	84-1864869	0.13%
230318	C.O.R. Medical Centers of Tampa Inc.	92-2103823	0.00%
230321	CIA Access	46-0695951	0.04%

230322	Veteran Evaluations of Colorado Springs	92-3944104	0.01%
230323	Angelique Woods	31-1208176	0.00%
230326	Discovery Academy of Deland	84-2421523	0.00%
230327	PARX Home Health Care	59-3518280	0.01%
230328	Mission Medical Care PC	82-3802455	0.17%
230329	Rejuveinate LLC	84-4571307	0.02%
230331	Beach Ford	54-0594427	0.61%
230333	Devon Management Corp	06-1448350	0.20%
230334	Fairgrounds Management Co., LLC	92-0443092	0.00%
230336	MJJ Builders Corp	26-0546758	0.00%
230337	Barton Ford	54-1595726	0.17%
230339	Ridge Homecare LLC	93-1380303	0.00%
230340	Slice House Franchising, LLC	87-2509399	0.00%
230342	8 Ball Motorcycles of Phoenix, LLC	93-2806134	0.02%
230343	Prism Care Inc	84-2237576	0.02%
230344	Appalachian Development Corporation	57-0735286	0.00%
230347	Repertoire Partners LP	84-4926192	0.08%
230350	Omni-X USA	27-4356969	0.36%
230352	BlueTread	47-1053255	0.06%
230353	O-Flex Group, Inc.	62-1651452	0.29%
230355	Sparetek, Inc.	74-2893220	0.01%
230356	Tax Matrix Technologies LLC	25-1839936	0.01%
230357	SG Noble Garden of Hope	31-1480074	0.00%
230359	Association of Energy Services Professionals, Inc	33-0369768	0.07%
230360	Discount Two Way Radio Corporation	95-4890200	0.27%
230361	HCA Solutions	26-3569317	0.14%
230362	Jitsu INC.	47-3916624	0.70%
230364	Einstein Millworks LLC	93-3266485	0.00%
230366	Veteran Evaluations of Tennessee	93-2707386	0.00%
230367	Veteran Evaluations of Pennsylvania	93-3268670	0.01%
230372	PB of Dade City, Inc	93-3010423	0.02%
230373	DAVID'S VACUUMS, FORMERLY MY ORECK STORE	76-0195341	0.18%
230375	Land id, Inc.	92-3535789	0.02%
230380	DePietto CPA PC	11-3045092	0.04%
230381	CVI.CHE 105 CORAL GABLES	92-3310141	0.00%
230382	Klee Woolf Goldman & Filpi LLP	11-3529574	0.16%
230383	Energy Infrastructure Solutions DBA Eninsol	82-2042791	0.14%
230384	First Priority Emergency Vehicles Inc.	22-3582913	0.23%
230385	ANKO Products, Inc.	27-2623406	0.18%
230386	Industrial Plastic Products	20-4504003	0.02%
230387	Safron Manufacturing, LLC	26-3576027	0.02%
230389	Global Integrity Realty Corporation	95-4801473	0.46%
230390	SeaCoast Home Health	26-4036257	0.02%
230392	Tru Touching Humans, LLC	27-0966071	0.04%
230394	Geaux Sooners, LLC DBA Luminare	87-2693059	0.19%
230395	Neoteric Cosmetics Inc.	84-1176439	0.08%
230396	Camellia Place	88-1374251	0.04%
230397	Sandhill Vernon, LLC	46-3633198	0.02%
230398	GGCC, LLC	82-2630825	0.03%
230400	PB of Brandon, Inc	93-3037946	0.01%
230401	PB of Land O Lakes, Inc	93-3079426	0.02%
230402	PB of Casselberry, Inc	93-2984530	0.01%
230403	Empower Living Management, LLC	88-0989192	0.00%
230404	DLW Enterprises, Inc.	22-3332662	0.03%
230405	Sapient Logic, LLC	81-1703713	0.11%
230406	Rogers Solutions Group, Inc	93-3736595	0.05%

230407	Triple Service, Inc.	36-3064024	0.04%
230408	Novum Home Loans LLC	92-1944700	0.04%
230412	Sheraton Bucks County Langhorne - Marshall Payroll Services	20-1328794	0.00%
230413	Sheraton Great Valley	93-2883148	0.01%
230418	San Rafael Ranch, LLC	93-2812507	0.00%
235001	MVM Technology	75-3077239	0.11%
240001	Professional Testing Laboratory	58-1814259	0.13%
240002	Jack Porter, Inc.	27-2320986	0.15%
240003	Brickell Group Construction LLC	45-3110012	0.04%
240004	Dermatology & Skin Surgery Center PC	58-2086711	0.19%
240005	S&F Restaurant Ventures Inc	65-0483354	0.23%
240006	PQL Inc.	77-0523318	0.50%
240007	Action Xpress	36-4840653	0.09%
240008	Boscobel Restoration Inc.	14-1458845	0.09%
240009	Huff N Puff Fitness Repair, LLC	47-3201503	0.00%
240010	DRT LLC	20-1600804	0.06%
240011	PowerSportsx LLC	81-2483545	0.06%
240012	Chromium Dental II LLC DBA Spectrum Killian Dental Lab Alliance	83-2621865	0.38%
240013	Pablo Management LLC	82-4058299	0.10%
240014	Alexander JFS	74-1152607	0.38%
240015	EQUITY INSURANCE GROUP	82-4627821	0.02%
240016	Allan M. Block Agency, Inc.	13-2767608	0.12%
240018	DCE Live Inc.	46-1674306	0.16%
240019	Cognitive Capital Partners LLC	20-5122828	0.01%
240021	LUNG ASSOCIATES OF SARASOTA, LLC	22-3891132	0.40%
240022	Transcom Solutions LLC	26-4117107	0.17%
240024	Green Heart Enterprises	68-0618824	0.07%
240026	Motto by Hilton Bentonville Downtown	83-0548412	0.01%
240027	TicketSauce.com, Inc.	46-4349140	0.15%
240028	Kognitive Networks Inc. f/k/a K4 Mobility Inc.	84-2258198	0.14%
240029	Veteran Evaluations of Ohio	93-3367752	0.00%
240030	TEXAS AUTO CENTER	20-1925669	0.16%
240031	TAC Acceptance Group, LLC	45-3411860	0.05%
240032	GoPivot Solutions, LLC	82-0600843	0.09%
240033	HESCO Group, LLC	93-3969817	0.20%
240034	LDDBlueline, Inc.	58-1802784	0.27%
240035	Cable Holdings Inc.	61-1659964	0.20%
240036	Sandy Plains Auto LLC	85-3554534	0.00%
240037	Roswell Road Auto LLC	85-3587100	0.00%
240038	Hwy Nine Auto LLC	93-3143307	0.00%
240039	Cheshire Bridge Auto LLC	85-3614195	0.00%
240040	Alpha Highway Auto LLC	86-2590643	0.00%
240041	14th Street Auto LLC	85-3601475	0.00%
240042	FourPoints by Sheraton ATL Airport West - Marshall Payroll Services	20-1328794	0.00%
240043	KATIE KIME INC.	81-2231972	0.09%
240044	TownePlace Suites by Marriott Raleigh Durham Airport Morrisville	27-1485940	0.00%
240046	Moran Consulting Corporation	95-3584157	0.00%
240047	North 10 Philadelphia	20-5105110	0.13%
240049	Atlas Wire LLC	81-1111943	0.28%
240050	Everything2go.com, LLC	20-3551243	0.11%
240052	Lionetti Group DBA Rocco's European Garage	85-3548733	0.00%
240053	CSA Employee Services Company LLC	92-3687262	0.02%
240057	Infocap Networks LLC	46-0846538	0.04%
240058	Acacia LLC	76-0562237	0.01%
240059	TRIO AGGREGATE HAULERS, LLC	27-0855347	0.04%
240061	Bobevan Communications LLC	47-2634997	0.02%

240062	Bobevan Hooksett West, LLC	82-3486479	0.02%
240065	Jacisa Holding LLC	84-3219057	0.03%
240067	ePropertyCare Corporation	82-4072345	0.04%
240068	Flying Biscuit Cafe	92-1977085	0.00%
240069	Usio Inc.	98-0190072	0.69%
240071	C.O.R. Medical Centers of West Palm Beach	93-4673744	0.00%
240073	LIPP America Tank Systems LLC	93-3970165	0.02%
240074	Rhodes Martin, LLC	93-4876003	0.00%
240075	BLH Martin, LLC	93-4835454	0.00%
240076	Sonnet Hill Senior Living	36-4775805	0.07%
240077	Mass Beverly Inc.	46-3482273	0.04%
240079	Fort Worth Interventional LLC	87-3107784	0.01%
240080	ECRU Inc	75-3075879	0.03%
240082	Solar kW	88-3787113	0.03%
240083	My Business Platform, LLC	93-4869609	0.08%
240085	Blu Dental PLLC	93-2489329	0.00%
240086	Blu Dental Management LLC	93-4365252	0.00%
240087	1852 Mechanicsburg, LLC	87-2600010	0.00%
240088	Mega Mex LLC	76-0321803	0.04%
240089	Jostrada Consulting LLC	93-4423299	0.02%
240091	SSL PVB MANAGEMENT, LLC	93-3923804	0.13%
240092	Current Tides Vacation Rental and Sales LLC	83-3608713	0.03%
240093	Homer Agency LLC	93-2560218	0.02%
240094	Acoustiguide Incorporated	76-0783370	0.16%
240095	Design Mail, Inc.	75-2905582	0.00%
240096	Volante of Sage Springs	93-4771394	0.08%
240098	Grove Cleaners & Laundry Inc.	65-0310390	0.00%
240099	Vernal Biosciences Inc.	85-4270227	0.14%
240100	The Vistas at Oxnard Senior Living	99-1151916	0.03%
240101	Carrier of Hope Foundation	93-4947201	0.01%
240102	Cirque Entertainment, LLC	47-3101337	0.04%
240104	The Context Network, LLC	20-4027569	0.18%
240105	BurgherGray LLP	41-2221382	0.14%
240106	Highpoint at Stonecrest	99-1321867	0.14%
240107	The Seville	99-2156269	0.02%
240108	The Vered in Encino	99-2168565	0.00%
240109	3E Nano Corporation	92-2051114	0.07%
240112	Move Better Stone Ridge LLC	93-2918150	0.01%
240113	Move Better Shavano Park	88-3625155	0.01%
240115	Move Better Shaenfield	88-3624962	0.01%
240116	Pharmacist Health Labs LLC	84-4301868	0.01%
240117	Unipak Aviation LLC	11-3584821	0.10%
240118	Maximum Demolition & Dismantling, LLC	82-3471080	0.00%
240119	Hoover Pumping Systems Corporation	59-2498106	0.14%
240120	D&K Sales, Inc.	58-2563627	0.07%
240121	Ap-O-Gee Industries Inc.	23-1940824	0.13%
240122	Grayson County Children's Advocacy Center	30-0104345	0.06%
240123	Nuance Solutions LLC	99-1532118	0.06%
240126	Hedges Management Inc.	20-1201677	0.03%
240128	Flying Biscuit	92-1911323	0.01%
240129	Charlie's Wells Irrigation	99-1590188	0.01%
240130	Fiji Pools and Spa Inc	93-4594430	0.02%
240132	DISABILITY ACHIEVEMENT CENTER	59-3102837	0.04%
240136	The Storyhive	81-1457211	0.05%
240137	Winmill Software Inc.	52-2247044	0.38%
240139	Alliance Senior Living Management Company	93-4620108	0.00%

240140	Village at Mill Creek	84-3820215	0.00%
240141	Guardian Homecare of NH LLC	99-2096007	0.01%
240142	Groezinger Provisions, Inc. DBA Alexian	22-2383034	0.05%
240144	CEM, Ltd.	11-3560961	0.17%
240145	Project Unloaded Inc	87-4212016	0.00%
240146	Financial Asset Management Systems	58-2067428	0.02%
240147	Hach Rose Schirripa & Cheverie LLP, et al	45-2352318	0.13%
240148	Hach & Rose LLP	74-3026795	0.41%
240150	Gentech Ltd.	14-1765913	0.08%
240151	THEODORE ROBINS FORD	95-2509012	0.33%
240152	California Deluxe Windows Inc.	95-4745048	0.14%
240154	Two Custom Contracting, LLC	99-1449953	0.02%
240158	The Realm Restaurant Group LLC	86-2606847	0.00%
240161	Veteran Evaluations of Illinois	99-1241032	0.00%
240162	Statler Nagle LLC	26-1583191	0.00%
240163	Jerry Brittingham AC & Heat Inc	30-0054181	0.07%
240164	Altor National Liability Insurance LLC	47-3098554	0.05%
240165	MSV 360, LLC	82-4910322	0.01%
240167	Quantum Corridor, Inc.	88-1820266	0.06%
240168	CSG Senior Living Management, LLC	88-4339960	0.05%
240169	Glover Park Hotel Georgetown - Marshall Payroll Services	20-1328794	0.00%
240170	The Graham Georgetown - Marshall Payroll Services	20-1328794	0.00%
240171	Team Tractor & Equipment Corp	81-5088490	0.07%
240172	Juju Sportfishing, LLC	92-2323606	0.01%
240174	Photozyme, Inc.	86-3264727	0.06%
240175	Robinson Franzman, LLP	85-1773894	0.13%
240176	Continental Land Title Company, LLC	26-3522374	0.01%
240177	Associated Urologists of North Carolina, PA	27-2528143	0.59%
240178	AVOCA	85-4244888	0.03%
240179	Zackat, Inc	16-1761013	0.00%
240180	Genesis Global Fintech Inc.	81-2944257	0.68%
240181	PSH Corp d/b/a John Herbert Company	14-1787487	0.07%
240183	JH Floors Inc.	57-1144294	0.01%
240184	Knight Electric Inc	83-2477196	0.02%
240186	Joe Hand Promotions Inc.	23-1918200	0.00%
240187	Joe Hand Boxing Gym, Inc	23-2838121	0.00%
240188	Adoni Property Group LLC	86-2065413	0.08%
240190	Raspberry Falls Golf & Hunt Club	47-1853802	0.05%
240191	The Joint Chiropractic Gleannloch Farms	46-0590873	0.02%
240192	The Joint Chiropractic Vintage Park	90-1023602	0.01%
240193	The Joint Chiropractic Spring Town Center	37-1756716	0.01%
240194	The Joint Chiropractic Market Street	37-1824533	0.02%
240195	The Joint Chiropractic Magnolia	32-0493127	0.02%
240196	The Joint Chiropractic Woodlands Parkway	38-4001254	0.01%
240197	The Joint Chiropractic Conroe	32-0675068	0.02%
240198	The Joint Chiropractic Tomball	38-4090430	0.01%
240199	The Joint Chiropractic Spring Creek	61-2021456	0.00%
240201	The Virginia Golf Center	47-2196472	0.01%
240202	Old Hickory Golf Club	54-2057960	0.06%
240203	Augustine Golf Club	27-5079482	0.04%
240204	Bull Run Golf Club	27-1940712	0.03%
240206	Ghidotti Berger LLP	82-3628583	0.03%
240208	SPG MARLBORO LLC	85-4025539	0.00%
240210	131 Morristown Rd LLC	92-1595171	0.00%
240211	The Cloud Minders, LLC	87-4392797	0.06%
240212	the Joint Chiropractic Valley Ranch	36-5096736	0.00%

240214	Seasalt USA Retail Inc.	99-0409462	0.00%
240215	KAK Holdings Inc. DBA Chemvalve, Inc.	76-0417133	0.01%
240216	Concierge Home Care of Maryland LLC	93-1648719	0.00%
240219	Windsor Aughtry Company, Inc.	57-0832565	0.00%
240220	Omega Force Appliance Repair	46-2808576	0.06%
240222	First Baptist Church of New Braunfels	74-2952674	0.05%
240223	Scout Sourcing Partners LLC	92-2358246	0.00%
240225	Nevada Residential Services, LLC	47-4648483	0.00%
240226	Tost Beverages Inc.	87-3871952	0.06%
240228	Dolphin Cooling & Heating Inc.	65-0822470	0.03%
240230	The Four Horsemen	46-4651002	0.09%
240231	Night Moves Bar LLC	83-1233510	0.01%
240232	Flatrock Energy Advisors LLC dba Encap Flatrock Midstream	20-0291215	0.16%
240234	Valiant Billing LLC	93-1842361	0.00%
240235	Fuller Lowenberg & Co., CPAs, P.C.	20-0066099	0.10%
240236	Trilogy Spa Operations, LLC	27-3932499	0.03%
240238	Trilogy Spa SC, LLC	80-0855620	0.07%
240239	Trilogy Destinations LLC	85-1275628	0.05%
240240	Trilogy Spa Properties LLC	90-0894263	0.02%
240241	Trilogy Resources LLC	85-1298846	0.04%
240242	Trilogy Wellness, LLC	46-0668866	0.41%
240243	MembersFirst Credit Union	58-1489204	0.36%
240244	USA Ninja Challenge Franchising LLC	47-4889766	0.00%
240246	Commonwealth LNG Holdings LLC	99-3251896	0.07%
240247	Nicoletti Spinner Ryan Gulino Pinter LLP	13-3999886	0.37%
240251	Slice House by Tony Gemignani	88-2784111	0.03%
240252	Corgan Services Inc. DBA Right at Home Winthrop	88-1110202	0.00%
240253	Hi Rasmus Inc.	86-1532393	0.10%
240254	TLC Total Lawn Care LLC	52-2258688	0.04%
240258	Acclivus Inc.	27-3108215	0.11%
240260	Solomons Resort & Marina - Marshall Payroll Services	20-1328794	0.00%
240261	Achieve Brain and Spine	83-2170935	0.00%
240263	Current Brands LLC	99-1638500	0.01%
240266	RetroTax, LLC	84-3533144	0.10%
240271	Real Care Living	92-1616803	0.00%
240273	GeoMali Inc.	99-2743740	0.01%
240278	Business Furniture, Inc.	22-1453912	0.21%
240279	CNF Technologies Corp	20-1936788	0.11%
240280	Trilogy Management LLC	90-0903581	0.03%
240283	B & L Service Inc.	59-0909335	0.12%
240284	Capital Transportation, Inc.	59-3290313	0.01%
240285	Gaddis Capital Corporation	59-2421704	0.03%
240287	Safe Harbor HomeCare LLC	81-1005331	0.00%
240288	Flying Biscuit	92-1806959	0.01%
240289	Rock Zero Inc.	99-2063725	0.00%
240293	Aaron Wealth Advisors LLC	83-1222676	0.15%
240296	Belmare Senior Living	87-3624951	0.03%
240297	Tablescapes Acquisitions Inc	99-3888115	0.01%
240299	Imagine Senior Living, LLC	83-3783844	0.00%
240300	The Gardens at Shadow Hills	92-0776649	0.01%
240301	E/B/E, Inc.	04-3587771	0.05%
240303	AgroChem USA, LLC	87-2752676	0.21%
240304	Biosan LLC	46-4192558	0.01%
240305	Gallopade International	58-2432586	0.19%
240306	Envelopes & Forms Inc	58-1648763	0.34%
240307	Gulf Coast Memory Care	92-2513858	0.00%

240308	AdVenture Media Digital Marketing LLC /AdVenture Media Group	46-4729053	0.07%
240309	Volante of Roseburg	99-4533707	0.01%
240310	Volante of Creswell	99-4556947	0.01%
240312	KNB Communications, LLC	06-1557550	0.05%
240313	Element Charleston Airport	87-4248953	0.00%
240317	Oxley Energy, LLC	35-2416732	0.06%
240318	William E Williams Valve Corp	11-1640358	0.00%
240319	SelfWorks Group Therapy Professionals	46-5417182	0.05%
240320	Shannon Miller Insurance, LLC	82-1097255	0.01%
240321	Rind Snacks Inc.	84-4110152	0.10%
240323	DFW Fence Contractor, LLC	46-0759384	0.01%
240326	Knowles Mechanical, Inc.	45-2447073	0.24%
240327	SoundSense LLC	11-3565182	0.07%
240328	Slice of Utah, LLC	93-3889638	0.00%
240331	Televoice, Inc	99-3731306	0.00%
240332	Brilliant Industrial & Janitorial Supply Corp	26-2123336	0.02%
240333	RMJ CAPITAL VENTURES LLC	82-1902256	0.08%
240336	FB Cypress TX LLC	93-2921804	0.01%
240342	NH Connection, Inc.	33-1486473	0.06%
240344	See Vision Eye Institute PLLC	88-3662880	0.01%
900000	S2 HR SOLUTIONS GROUP 1, LLC	45-2568460	0.03%
900001	S2 HR SOLUTIONS GROUP 2, LLC	32-0384345	0.03%
900002	ENGAGE INSURANCE, LLC	45-3212416	0.19%
900003	ENGAGE EMPLOYER, INC	45-3340929	2.47%
900004	S2 HR SOLUTIONS 1A, LLC	45-2568563	0.03%
900005	S2 HR SOLUTIONS 1B, LLC	45-2568956	0.01%
900006	S2 HR SOLUTIONS 1C, LLC	45-2569072	0.02%
900007	S2 HR SOLUTIONS 1D, LLC	45-2569148	0.22%
900008	ENGAGE PEO, LLC	61-1696382	0.01%



October 10, 2025

Public Documents Room
EBSA
Room N-1513
US Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

To Whom It May Concern:

Please be advised that we have completed the 2024 Form 5500 filing for The S2 HR Solutions Group 1, LLC for the Engage PEO Health and Welfare Plan via the EFAST2 On-line Filing System.

The S2 HR Group, LLC is the parent of The S2 HR Solutions Group 1, LLC and other affiliated Professional Employer Organizations (PEOs) licensed by various states. By filing this plan with the designation as a multiple-employer plan, The S2 HR Group, LLC seeks to be in compliance with DOL rules. This filing is neither an admission nor an acknowledgement by The S2 HR Group, LLC that this plan it is a MEWA under State or Federal law. Further, The S2 HR Group, LLC is selecting a multiple-employer designation for the plan under protest.

Sincerely,

Denise Stefan