

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>UNITED BENEFITS CONSULTING, INC HEALTH & WELFARE BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>513</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE S2 HR SOLUTIONS GROUP 1, LLC</u> <u>3001 EXECUTIVE DRIVE, SUITE 340</u> <u>SAINT PETERSBURG, FL 33762</u>	1c Effective date of plan <u>01/01/2024</u> 2b Employer Identification Number (EIN) <u>45-2568460</u> 2c Plan Sponsor's telephone number <u>888-780-8807</u> 2d Business code (see instructions) <u>541214</u>

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.	10/13/2025	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	100
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)	100
	6a(2)	1393
	6b	0
	6c	0
	6d	1393
	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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code 163462207

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan UNITED BENEFITS CONSULTING, INC HEALTH & WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 513
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.

1 Coverage Information:

(a) Name of insurance carrier

SELECT 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
87-0409820	95153	G10233303	956	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 102074	(b) Total amount of fees paid 9002
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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, LLC
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	
84070	0		3

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

ZAMP HR INSURANCE
898 NORTH 1200 WEST, SUITE 100
OREM, UT 84057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18003	9002	FEES	3

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

Schedule A (Form 5500) 2024
v. 240311

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	5103684
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

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

A Name of plan UNITED BENEFITS CONSULTING, INC HEALTH & WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 513
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.

1 Coverage Information:

(a) Name of insurance carrier

BLOMQUIST HALE

(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
87-0462684	10310	N/A	552	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 0	(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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) **▶ 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	28815
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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

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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 UNITED BENEFITS CONSULTING, INC HEALTH & WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 513
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.

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	224264	3274	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 146219	(b) Total amount of fees paid 10155
--	--

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

**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	
132731	0		3

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

ZAMP HR INSURANCE

**385 SOUTH 400 WEST, SUITE 120
LINDON, UT 84042**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13488	10155	SUPPLEMENTAL COMPENSATION	3

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

Schedule A (Form 5500) 2024
v. 240311

(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

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	(c) Amount	(d) Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a		1672164
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 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

<p>1a Name of plan <u>UNITED BENEFITS CONSULTING, INC HEALTH & WELFARE BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>513</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE S2 HR SOLUTIONS GROUP 1, LLC</u></p> <p><u>3001 EXECUTIVE DRIVE, SUITE 340</u> <u>SAINT PETERSBURG, FL 33762</u></p>	<p>1c Effective date of plan <u>01/01/2024</u></p> <p>2b Employer Identification Number (EIN) <u>45-2568460</u></p> <p>2c Plan Sponsor's telephone number <u>888-780-8807</u></p> <p>2d Business code (see instructions) <u>541214</u></p>

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

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

SIGN HERE	<p style="font-size: 8pt;">DocuSigned by:</p> <p style="font-size: 24pt; font-family: cursive;"><i>Denise Stefan</i></p> <p style="font-size: 8pt;">532106056C4A4CE...</p>	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	100
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)	100
	6a(2)	1393
	6b	0
	6c	0
	6d	1393
	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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (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 3
- (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 000163462207

2024 Form 5500 – Attachment for Multiple Employer Plans

2024 Multiple-Employer Plan Participating Employer Information

Name of Plan: UNITED BENEFITS CONSULTING, INC HEALTH & WELFARE BENEFIT PLAN

EIN/PN: 45-2568460 / 513

(a) Participating Employer	(b) EIN	(c) Percent of Total Contributions
1440 LLC	86-2716790	N/A
4 HALLS ENTERPRISES INC (BEEHIVE HOMES OF VERNAL)	84-4673398	N/A
5TH FLOOR MEDIA LLC	83-3436514	N/A
ABILITY AZ, LLC	92-0554733	N/A
A-CORE CONCRETE POURING	83-0883978	N/A
ACTIVE HOSPICE LLC	81-1369623	N/A
ACTIVUS, LLC (ACTIVE HOME HEALTH)	82-5002819	N/A
AEROXTREME LLC	93-4171672	N/A
AGE SCIENCES, INC (PMD BEAUTY)	27-2511920	N/A
AMERICAN CAR CARE OF EPHRAIM LLC	20-2653988	N/A
AMERICAN MARKETING INC	84-2941780	N/A
AMERICAN PATRIOT SERVICE CORP	45-3827638	N/A
AMK BUILDERS	47-3498466	N/A
ANDREW THOMPSON SOLE MBR (HENDRICKSONS ROAD SOLUTIONS, LLC)	93-3949445	N/A
ANDREW THOMPSON SOLE MBR (SKYHOOK ROAD SOLUTIONS LLC)	93-3971618	N/A
ANTON PLUT SOLE MBR (LARRY'S ROAD SOLUTIONS LLC)	93-3935731	N/A
ARROWHEAD MANAGEMENT LLC (COVINGTON SENIOR LIVING OF FARMINGTON)	86-2623930	N/A
ASSURANCE FAMILY CARE LLC (SYNERGY HOMECARE OF IDAHO FALLS)	93-3619100	N/A
ATACAMA CAPITAL MANAGEMENT, LLC	92-1958238	N/A
ATHENA LEGAL GROUP PLLC	83-4460419	N/A
ATLAS SEALS INC	20-1344403	N/A
AUTISM & BEHAVIORAL INTERVENTION, LLC	46-3068145	N/A
AUTOWORKS CAR CARE	87-0629167	N/A
BAR W CATTLE CO LLC	20-4097196	N/A
BANYAN CONSULTING GROUP LLC	81-4808133	N/A
BEESMARK INVESTMENTS LC	87-0547098	N/A

2024 Form 5500 – Attachment for Multiple Employer Plans

BENNETT PAVING & CONSTRUCTION, INC.	11-3693859	N/A
BEST MANAGEMENT TEAM LLC	06-1747056	N/A
BLAZE MASTER FIRE PROTECTION INC	84-1396653	N/A
BLUE COLLAR BUILDERS INC	35-2553503	N/A
BLUE MOUNTAIN MEATS	87-0279425	N/A
BURNINGHAM ENTERPRISES, INC (BURNINGHAM TRUCKING)	87-0456108	N/A
BUSINESS PROMOTION LLC (DENTALQORE, LLC)	26-2079296	N/A
C&J LINDLEY FAMILY	27-4895398	N/A
CALDWELL CAULKING INC	87-0545427	N/A
CALL CENTER SERVICES, LLC (CCSI)	20-2578200	N/A
CAPA TOSTA INC. (KITCHEN TUNE-UP TUCSON/MARANA)	85-1938525	N/A
CARE A LOT HOMES LLC (ERIKA'S HOUSE ALF)	82-3559919	N/A
CEDAR PEAK TRUCKING	82-4884321	N/A
CHARLEE'S CONTRUCTION SERVICES	87-0649522	N/A
CHASE HEALTHCARE LLC (ABILITY HOME HEALTH)	86-1742668	N/A
CIVICA INC	83-1246927	N/A
CIVICA OUTPATIENT SUBSIDIARY, LLC (CIVICA SCRIPT)	84-4777602	N/A
COLLABORATIVE PHARMACY CONSULTING PLLC	81-1024112	N/A
COLLINS ROOFING INC	87-0306507	N/A
CONNECT BUSINESS SOLUTIONS,LLC	86-3171652	N/A
CORNUCOPIA MANAGEMENT GROUP LLC (KOA OF ELY)	27-2483708	N/A
COUGAR CARE, LLC (BEEHIVE HOMES PROVO)	85-3230848	N/A
COUNTRY TOWING & RECOVERY C/O ANTON PLUT SOLE MBR (STAUFFER'S ROAD SOLUTIONS LLC)	93-3949089	N/A
COVINGTON SENIOR LIVING LLC (COVINGTON SENIOR LIVING OF LEHI)	81-4153502	N/A
CPC INC (CONTROL POWER CONCEPTS)	20-8613472	N/A
CRUMBL COOKIES - MANAGEMENT	00-0000001	N/A
CURO365, LLC	87-3864684	N/A
CV ELECTRIC, INC	87-0538008	N/A
D.G. CONCRETE INC	87-0486156	N/A
DENTALQORE, LLC	26-2079296	N/A
DIAMOND S MANUFACTURING	81-2402107	N/A
DIRECTORY RESOURCES LLC	87-0624961	N/A
DL DESIGN AND CONSTRUCTION LLC	87-0647777	N/A
DOCKSTADER HOLDINGS (INTERIOR CUSTOM CONCEPTS)	87-0623444	N/A
DOWN UNDER CONSTRUCTION	87-0577803	N/A
DRIVE FULFILLMENT	47-2519886	N/A
DRIVEN AUTO SALES, LLC	80-0970893	N/A
DYNAMIC PSYCHIATRY, PLLC	87-4559035	N/A

2024 Form 5500 – Attachment for Multiple Employer Plans

EAGAR HEATING AND COOLING INC	26-4041367	N/A
ECOBRITE FRANCHISING LLC	84-3154418	N/A
ECOBRITE SERVICES LLC	27-0953331	N/A
ELDREDGE MASONRY	90-6044976	N/A
ELITE REPAIRS AND SPECIALIZED SERVICES, LC	26-1332053	N/A
ENGAGE GLOBAL INC	46-1327598	N/A
ESM INC (ESM FULFILLMENT)	82-1921961	N/A
EVERYDAY EXCAVATORS LLC	87-0687707	N/A
FILTER SERVICE & TESTING CORP	75-2980773	N/A
FLEXIBLE JEWELRY LLC DBA ENSO RINGS	83-0752448	N/A
FORTIFIED BENEFITS LLC (UTAH SENIOR PLANNING)	26-1127079	N/A
FST FILTRATION LLC	35-2833308	N/A
FUNDWISE CAPITAL LLC	82-1209791	N/A
GATENBY MANAGEMENT LLC	83-2139586	N/A
GDA ZHR LLC (ZAMP HR)	56-2551817	N/A
GILLETTE HEATING AND AIR CONDITIONING L.L.C.	46-2128670	N/A
GLASS MASTER 801 LLC	93-4563787	N/A
GOLD STREAM CONSTRUCTION CORP	45-3192427	N/A
HOBBLEVIEW HAVEN, LLC (SYNERGY HOMECARE OF PROVO)	88-3714494	N/A
HOLDMAN STUDIOS LLC	46-3302350	N/A
HOLMES PROPERTY MAINTENANCE LLC	27-3943161	N/A
HOME CARE COLORADO LLC (SYNERGY HOMECARE – LONGMONT)	46-5155035	N/A
HORBATH HOT RODS (US STREET RODS AND COLLISION, LLC)	47-4408185	N/A
HORSESHOE MOUNTAIN ACADEMY FOUNDATION	82-1787089	N/A
HUNSAKER FAMILY FOUNDATION	87-3986574	N/A
HUNSAKER MANAGEMENT SERVICES, INC	92-1507059	N/A
HURRICANE FAMILY PHARMACY, INC (FAMILY PHARMACY)	81-0874995	N/A
HYLETE 2-0 LLC	93-3725889	N/A
IDAHO NATURAL AND ORGANIC FOODS (INAOF)	84-3577706	N/A
IN TIME TEC LLC	26-4143088	N/A
INTEGRATED FINANCIAL GROUP	26-1535729	N/A
INTEGRITY BILLING, LLC	88-4066446	N/A
INTERWEST ELECTRIC COMPANY LLC	83-1227488	N/A
INTRUST TECHNOLOGIES LLC	88-1831127	N/A
JAMES D WINGET LLC (TUXEDO YARD CARE)	20-4642888	N/A
JEREMY TRAIL INSURANCE	20-4252587	N/A
JERRY BROOME CONCRETE, LLC	37-1488852	N/A
JMC CYPRESS, LLC (CRUMBL COOKIES – CYPRESS)	84-1896104	N/A
JOHNSON VETERINARY SERVICES PC	46-3440731	N/A

2024 Form 5500 – Attachment for Multiple Employer Plans

JR LAW GROUP PLLC	647-20-3758	N/A
JRC MEMORIAL LLC (CRUMBL COOKIES – MEMORIAL)	86-1628553	N/A
JRC SUGARLAND, LLC (CRUMBL COOKIES – SUGARLAND)	87-4373180	N/A
JRM MANUFACTURING LLC (DIAMONDBACK MANUFACTURING)	87-0881695	N/A
KEB ENTERPRISES LLC	87-0528751	N/A
KIM'S NEW STAR LLC (TWIN OAKS ASSISTED LIVING AND MEMORY CARE)	82-0903572	N/A
KMW CONSTRUCTION INC	26-2131694	N/A
KUDOS MARKETING LLC	84-4499599	N/A
LAS VEGAS GRILLS LLC (RODIZIO GRILL – HENDERSON)	82-2341044	N/A
LASTING IMPRESSIONS JANITORIAL, INC.	87-0568650	N/A
LAYTON AUTOBODY INC	84-2101110	N/A
LEHI ROLLER MILLS LLC	27-2767244	N/A
LIMITLESS FLIGHT INC	86-1463524	N/A
M2 AUTOMATION & CONTROL SERVICES, INC.	82-0500999	N/A
MAPLE LEAF COMPANY	87-0624424	N/A
MAPLE MOUNTAIN CONSTRUCTION INC	20-3172685	N/A
MATTRESS WAREHOUSE MANAGEMENT LLC (MATTRESS WAREHOUSE UTAH INC)	20-5684678	N/A
MCKAY & ASSOCIATES INC	87-0674837	N/A
MESA GRILLS LLC (RODIZIO GRILL – MESA)	81-3106338	N/A
MIC Rock Senior Care, LLC (COVINGTON SENIOR LIVING – OREM)	46-2463744	N/A
MICHAEL E SAPPINGTON LLC (PAGE FIVE CONSTRUCTION)	27-1357993	N/A
MK INVESTMENT & HOLDING LLC (SPECTRUM LANDSCAPING SERVICES)	27-1020962	N/A
MKJ CONSTRUCTION LLC	87-0537159	N/A
MONUMENT BOWER LODGE LLC	87-1903532	N/A
MONUMENT RESORT LLC	87-1903532	N/A
MOSHER INITIATIVES INC (SYNERGY HOMECARE - CONROE TX)	20-5859260	N/A
MOUNTAIN STATES CONTRACTORS, INC.	30-0141035	N/A
NATURE'S DISTRIBUTION	47-5512379	N/A
NEW U LIFE CORPORATION	82-1375076	N/A
NORTH AMERICAN MANAGEMENT LLC	75-3090723	N/A
NOSTRA INC (LEVERAGE FITNESS SOLUTIONS)	27-4042791	N/A
OGDEN'S OWN DISTILLERY INC	20-0685520	N/A
OLIVER SAMUEL PARKINSON FREYRE (PRETTY HOMES LLC)	93-4118815	N/A
ONEGREATFAMILY	87-0628273	N/A
ORCHARD VENTURES LLC	85-1294383	N/A
PALISADES COUNSELING LLC	93-3167040	N/A
PAPPY'S ENTERPRISES LLC (MAACO BODY AND PAINT)	35-2613731	N/A

2024 Form 5500 – Attachment for Multiple Employer Plans

PARK CITY LANDSCAPE AND SNOW REMOVAL	90-1115784	N/A
PARKSIDE COMPLIANCE PARTNERS, LLC	87-1379449	N/A
PET BRANDS, LLC (AMERICAN PET NUTRITION)	84-4815205	N/A
POST CONSTRUCTION COMPANY (POST ASPHALT PAVING & CONSTRUCTION)	87-0557726	N/A
PREMIER PSYCHOLOGICAL COUNSELING & CONSULTING, PC	26-0468941	N/A
PRENTICEWORX LLC	46-4843323	N/A
PRESTIGE HOME BUILDING LLC (OLO BUILDERS BOX ELDER)	85-1446222	N/A
PROFITABLE PPOS LLC	45-4859231	N/A
PROVO BEACH RESORT, LLC	27-1508563	N/A
PW MACKENZIE EXHIBIT	65-1310036	N/A
QOREPT, LLC	86-1650376	N/A
RAYCO & SONS INC (GOFER FOODS)	87-0400943	N/A
READY, SET, MOW!, LLC	45-3344022	N/A
REBER PAINTING INC.	87-0510653	N/A
RED BASIL LLC (RED BASIL WEST JORDAN, LLC)	83-3602264	N/A
RH BORDEN & COMPANY, LLC	27-2531542	N/A
RIDING SIDING INC	41-2065515	N/A
RJC WOODLANDS, LLC (CRUMBL COOKIES – WOODLANDS)	87-2919329	N/A
ROBERTSON ELECTRIC LLC	27-2375527	N/A
ROCK SOLID ROOFING	26-3513563	N/A
ROCKY'S TIRES L.C. (ROCKY'S TIRE PROS)	87-0625105	N/A
S & M VENTURES LLC (FASTSIGNS 360501)	82-2237867	N/A
SAGE HOME SOLUTIONS, LLC (SPC MANAGEMENT)	47-2698855	N/A
SEE HEALTHCARE LLC (ABILITY HOSPICE)	85-3981372	N/A
SHORELINE SOLUTION LLC	92-1837646	N/A
SHOW & TELL AV SOLUTIONS, LLC	46-4368150	N/A
SNOW CANYON RETIREMENT COMM LLC	84-3943424	N/A
SOUTHILL DEVELOPMENT LLC	93-1915788	N/A
SUMSION CONSTRUCTION L.C. (ECKLES PAVING)	20-4327882	N/A
SUNSET COUNSELING SERVICES LLC	83-3464103	N/A
SUPERIOR GRINDING & SALES, INC. (SUPERIOR GRINDING & SWISS MACHINING)	87-0478414	N/A
SYNC AGGREGATE LLC	87-3088086	N/A
TECTON CONSTRUCTION, LLC	82-2453436	N/A
THE CLUB AT RANCHARRAH	82-0910591	N/A
THE HB GROUP, LLC	27-5087959	N/A
THE WRIGHT DIRECTION LLC	85-3455590	N/A
TMS SERVICES INC (THE MENDING SHED)	20-3947017	N/A
TODD SAUNDERS (CLIMB ELECTRIC LC)	86-2679095	N/A

2024 Form 5500 – Attachment for Multiple Employer Plans

TOP JOB LLC (TOP JOB ASPHALT)	26-0175229	N/A
TR2 TOWNE LAKE, LLC (CRUMBL COOKIES - TOWNE LAKE)	85-1212011	N/A
TRADERS EDGE NETWORK, LLC	56-2373073	N/A
TRINITY ALLERGY ASTHMA & IMMUNOLOGY CARE PC	20-5896425	N/A
TRIPLE C CONTRACTORS LLC	46-0955839	N/A
TROY VEACH (BEEHIVE HOMES OF HERRIMAN)	93-4969600	N/A
UTAH SEED LLC	87-0663509	N/A
VALLEY LAND SURVEYING	45-3642996	N/A
VISIDEK LLC	83-4051096	N/A
VR CLUB INC	86-3700756	N/A
WASATCH TRUSS, INC.	47-3960984	N/A
WEALTH MANAGEMENT CPAs, LLC	46-0763406	N/A
WEM OPERATING, LLC (WASATCH ENERGY MANAGEMENT)	92-3444870	N/A
WESTERN PAVING, INC.	87-0260065	N/A
WILSON EXCAVATION LLC	35-2536061	N/A
WORLD CLASS INTEGRATION, LLC (INTRALOG)	82-3490990	N/A
XANTIE LLC	81-3301334	N/A
XCEL GENERAL CONTRACTING INC (XCEL GC MANAGEMENT INC)	46-5638631	N/A
YUMAHOMECARE.COM, LLC (SYNERGY HOMECARE OF YUMA)	46-1554322	N/A
ZITTING BROTHERS CONSTRUCTION, LLC	87-2867789	N/A
ZITTING COMMERCIAL FRAMING LLC	82-4238206	N/A
ZITTING FRAMING COMPANY LLC	83-2030442	N/A
ZITTING WINDOWS & DOOR LLC	83-3497100	N/A



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 United Benefits Consulting, Inc Health & Welfare Benefit 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