

**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**

**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
  - special extension (enter description)
  - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>AFFORDABLE CARE, LLC LIFE AND DISABILITY PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>504</u>
<b>2a</b> 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>AFFORDABLE CARE, LLC</u>  <u>629 DAVIS DRIVE, SUITE 300</u> <u>MORRISVILLE, NC 27560</u>	<b>1c</b> Effective date of plan <u>03/01/1994</u>  <b>2b</b> Employer Identification Number (EIN) <u>56-1505559</u>  <b>2c</b> Plan Sponsor's telephone number <u>919-623-9642</u>  <b>2d</b> Business code (see instructions) <u>621210</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	CINDY KLEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3793
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	3793
	<b>6a(2)</b>	3613
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	3613
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	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 4F 4H 4L 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>AFFORDABLE CARE, LLC LIFE AND DISABILITY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>504</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AFFORDABLE CARE, LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>56-1505559</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNUM LIFE INSURANCE COMPANY OF AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	151939	3588	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>330313</b></p>	<p><b>(b)</b> Total amount of fees paid <b>47960</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**LOCKTON COMPANIES, LLC** **4725 PIEDMONT ROW DRIVE, SUITE 510**  
**CHARLOTTE, NC 28210**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
330313	47960	ADDITIONAL COMPENSATION	3

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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, EMPLOYEE ASSISTANCE PROGRAM

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>	0
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>	
(4) Claims charged .....	<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
(G) Other retention charges .....	<b>9c(1)(G)</b>	
(H) Total retention .....	<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>	
(2) Claim reserves .....	<b>9d(2)</b>	
(3) Other reserves .....	<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>	
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2397976
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>AFFORDABLE CARE, LLC LIFE AND DISABILITY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>504</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AFFORDABLE CARE, LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>56-1505559</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNUM 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
04-2381280	67601	479894	1017	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>152169</b></p>	<p><b>(b)</b> Total amount of fees paid <b>14760</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**IBENEFIT COMMUNICATION, LLC** **131 HILLSIDE AVENUE**  
**CHARLOTTE, NC 28209**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
91325	6819	ADDITIONAL COMPENSATION	3

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

**LOCKTON COMPANIES, LLC** **4725 PIEDMONT ROW DRIVE, SUITE 510**  
**CHARLOTTE, NC 28210**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60844	7941	ADDITIONAL COMPENSATION	3

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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) **▶ ACCIDENT, CRITICAL ILLNESS, HOSPITAL**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	698217
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

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><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>AFFORDABLE CARE, LLC HEALTH PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>503</u></p>
<p><b>2a</b> 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>AFFORDABLE CARE, LLC</u></p> <p><u>629 DAVIS DRIVE, SUITE 300</u> <u>MORRISVILLE, NC 27560</u></p>	<p><b>1c</b> Effective date of plan <u>03/01/1994</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>56-1505559</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>919-623-9642</u></p> <p><b>2d</b> Business code (see instructions) <u>621210</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.

<b>SIGN HERE</b>	<p style="font-size: 8pt;">DocuSigned by:</p> <p style="font-size: 8pt;">0DF0BE298B364F8...</p>	10/14/2025	Cindy Klein
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2362
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2222
	<b>6a(2)</b>	2231
	<b>6b</b>	23
	<b>6c</b>	100
	<b>6d</b>	2354
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 \_\_\_\_\_
  - (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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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FEIN	Company Name
56-1678938	Affordable Dentures Dental Laboratories, LLC
56-1505559	Affordable Care, LLC
84-3357563	Affordable Dentures & Implants - Texas, PLLC
84-2275723	Kirby J. Robinson, DDS of Missouri, LLC
84-2320244	Affordable Dentures & Implants - Oklahoma, PLLC
84-2172508	Kirby J. Robinson, DDS of Arkansas, PLLC
84-2219553	Olajumoke Adedoyin, DDS of Louisiana, a Professional Dental LLC
84-3224068	Affordable Dentures & Implants of Pennsylvania, PLLC
84-2405413	Sevaredent Sourcing Solutions, LLC
84-2290219	Stephanie Harding, DDS of Mississippi II, PLLC
88-1271106	J. David Moody, DDS, a Professional Dental Corporation
83-3819807	Affordable Dentures & Implants - Lake Mary II, P.A.
88-3305010	Arizona Dental Affiliates, PLLC
81-2248691	Joseph Boone, DMD, P.C.
84-2331114	Affordable Dentures & Implants - Tennessee, PLLC
87-3190508	Affordable Dentures & Implants - Michigan, PLLC
20-0546675	C. Gregory Martin, DDS P.A.
84-2190480	Affordable Dentures & Implants - Kentucky, PLLC
56-1477739	Affordable Dentures - Bluff City, P.C.
92-0350727	Colorado Dental Affiliates, PLLC
87-1275282	Affordable Dentures & Implants - Florida II, PLLC
87-3897874	Shaun O'Hearn, DDS, PLLC
30-0116084	Affordable Dentures - Rockford, P.C.
47-3414298	Affordable Dentures - Oak Park, P.C.
35-1981451	Affordable Dentures - Franklin, P.C.
86-2497970	Affordable Dentures & Implants - Illinois, PLLC
85-2075575	Affordable Dentures & Implants of Georgia II, LLC
83-4272440	Affordable Dentures & Implants - West Melbourne II, P.A.
26-3827888	Dixie Dental Center, P.C.
92-1976968	Tera Nix, DDS. P.A.
83-2237286	Affordable Dentures & Implants - Lenoir City III, P.C.
37-1708962	Affordable Dentures - Columbia, P.C.
86-2524758	Affordable Dentures and Implants - NY, P.C.
84-2349096	Affordable Dentures & Implants - Alabama, LLC
20-3467207	Affordable Dentures - Tampa, P.A.
26-1085858	Cher Y. Chang, DMD, P.C.
83-1055888	Affordable Dentures & Implants - Port Charlotte, P.A.
82-4309001	Shaun P. O'Hearn, DDS, P.A.
20-1013600	Larissa M. Mastro, DDS, P.A.
82-2086130	Affordable Dentures & Implants - Anderson, P.C.
20-8755392	Affordable Dentures - Sun City, P.C.
47-3317809	Affordable Dentures - Norwood, Sherry Senters, DMD, Inc.
27-1524930	Affordable Dentures - Zanesville, Mark H. Cleary, DDS, Inc.
88-1595656	Keith Fetterolf, DMD, P.A.

82-1902251 Hollis Lee Jones, DDS, P.A.  
35-2007676 Affordable Dentures - South Bend, P.C.  
58-2543589 Affordable Dentures - Savannah, P.C.  
84-5092365 Affordable Dentures & Implants - Ocala, P.A.  
46-4301037 Jennifer C. Smith, DDS, P.A.  
86-3787430 Lynn Gilbert, DDS, MPH, Ltd.  
20-1011283 Affordable Dentures - Gainesville, P.A.  
84-4283349 Lacy Mankin, DDS, P.A.  
84-3453570 Affordable Dentures & Implants - Chattanooga II, P.C.  
56-1865764 Eric Y. Lee, DDS, P.C.  
20-0546499 Dennis D. Gaskin, DDS, P.A.  
46-2486912 Christopher Brett Orr, DDS, P.C.  
92-1909076 Affordable Dentures & Implants - Virginia Beach III, P.C.  
93-3537226 New Hampshire Dental Affiliates, PLLC  
87-2432571 Affordable Dentures & Implants - McDonough IV, P.C.  
26-0591393 Affordable Dentures - Daytona Beach, P.A.  
80-0875482 Affordable Dentures - Greenville, P.C.  
93-3704159 Florida Dental Affiliates, PLLC  
27-3088417 Lynne C. Faxio, DDS, P.C.  
86-1434210 Affordable Dentures – Mentor, Natalie Farber, DDS, Inc.  
27-5555555 Christopher A. Parks, DDS, P.C.  
82-0843372 Michael Doe, DMD, P.C.  
93-2177913 Dr. Justin Moody, PLLC  
85-1825314 Nirjal Patel, DMD, P.A.  
20-4063389 Michael W. Sant, DMD, P.C.  
20-5918405 Affordable Dentures - Sarasota, P.A.  
83-4280775 Affordable Dentures & Implants - Morristown III, P.C.  
84-3418238 Affordable Dentures & Implants - Duluth, P.C.  
92-2331426 Eric Hui, DMD, P.C.  
92-3211691 Muhammad Seyal, DMD, P.S.C.  
83-1881571 Affordable Dentures & Implants - Tucson, P.C.  
46-5273725 Affordable Dentures - Stockbridge, P.C.  
88-1597044 Hyung Won Lee, DDS, P.A.  
88-3129201 Affordable Dentures & Implants - Bullhead City V, P.C.  
27-2481938 Mesfin Zelleke, DDS, P.C.  
87-4448095 Tiffany White Parker, DDS, P.A.  
81-5136123 David M. Perez, DMD, P.C.  
45-5358507 DeAndrae W. Alexander, DDS, P.A.  
87-4806680 Affordable Dentures & Implants - Weeki Wachee, P.A.  
47-3273001 Affordable Dentures - Wichita, P.A.  
26-0591645 Lisa D. Patrick, DDS, P.C.  
27-3040978 Affordable Dentures - Augusta II, P.C.  
85-1947454 Affordable Dentures & Implants - Fort Myers, P.A.  
88-1159081 Affordable Dentures & Implants - Clearwater III, P.A.  
86-2249458 Affordable Dentures & Implants - East Augusta, P.C.

47-4563943 Affordable Dentures - Carrollton II, P.C.  
92-2154797 Affordable Dentures & Implants - Smyrna, P.C.  
26-3060155 Kenneth D. Sullivan, DMD, P.C.  
88-1441295 Affordable Dentures & Implants - Sevierville VI, P.C.  
83-4144487 Affordable Dentures & Implants - Fort Worth P.A.  
84-2214956 Stephen Gant, DDS, P.A.  
87-1713545 Affordable Dentures & Implants - West Atlanta II, P.C.  
88-0583745 Affordable Dentures & Implants - Albany GA II, P.C.  
83-3070724 Affordable Dentures - Vineland, Stephanie Harding, DDS, P.A.  
56-1591329 Affordable Dentures - Cookeville, P.C.  
83-2503824 Affordable Dentures - Chillicothe, Husam Najah, BDS, Inc.  
71-0887152 Leotis Richardson III, DDS, P.C.  
87-3061430 Affordable Dentures & Implants - Ohio, LLC  
82-4057477 Affordable Dentures & Implants - Muncie, P.C.  
84-3707391 Affordable Dentures & Implants - Dickson II, P.C.  
56-2222243 Donovan Smith, DDS, A Professional Dental Corporation  
83-1012558 Affordable Dentures & Implants - Fort Payne, P.C.  
83-4421193 Kenneth Killpack, DDS, P.C.  
47-1464481 Affordable Dentures - Mesa, P.C.  
83-2861313 Affordable Dentures & Implants - Dawsonville, P.C.  
83-3164281 Affordable Dentures & Implants - Leesburg II, P.A.  
84-4784426 Mark A. McCatty, DMD, P.A.  
83-0627767 Affordable Dentures & Implants - Lafayette II, P.C.  
92-1368524 Affordable Dentures & Implants - Newnan, P.C.  
83-3239586 Affordable Dentures - Phoenix - Bethany Home II, P.C.  
56-2290907 John J. Doyle, DDS, P.C.  
87-3167301 Affordable Dentures & Implants - West Ashley, P.C.  
20-8367801 Affordable Dentures - Jacksonville, P.A.  
84-2975107 Adam E. Thompson, DMD, PSC  
27-4150440 Affordable Dentures - Wilsonville, P.C.  
92-2735047 Affordable Dentures & Implants - Texas IV, PLLC  
87-4508448 T. Mintz, DDS, P.A.  
88-2257023 Michael Kimble, DMD, P.C.  
34-2001651 Walter J. Wulf, DDS, P.A.  
81-4196382 Giao H. Le, DDS, P.A.  
47-3573398 Jamiah Dawson, DDS, P.C.  
81-4604212 Corey Anderson, DDS, Ltd.  
84-3755058 Affordable Dentures & Implants - Nashville II, P.C.  
47-1449445 Affordable Dentures - Brook Park, Brian W. Redditt, DMD, Inc.  
92-3467383 Kalyani Vellanki Starr, DDS, P.A.  
92-0327866 Clinical Pathway AZ, PLLC  
83-1399328 Affordable Dentures & Implants - Panama City, P.A.  
87-4391533 Affordable Dentures & Implants - East Indianapolis III, P.C.  
92-2631260 Affordable Dentures & Implants - Texas III, PLLC  
92-1467785 Affordable Dentures & Implants - Speedway IV, P.C.

85-3814984 Affordable Dentures & Implants - Florida, PLLC  
20-8640824 Affordable Dentures - Covington, P.C.  
83-1216716 Affordable Dentures - St. Clairsville, Harkiran Kaur, DDS, Inc.  
56-2175595 Affordable Dentures - Albertville, P.C.  
20-1044598 Jay Quigley, DDS, P.A.  
92-3400673 Ali Nili, DMD, P.A.  
84-2132510 Calvin Wilson, DDS, a Professional Service Corporation  
84-4210225 Affordable Dentures & Implants - Bethlehem, P.C.  
82-5417394 Charles Cordova, DDS, P.C.  
85-2076984 Affordable Dentures & Implants - New Port Richey II, P.A.  
16-1664004 Affordable Dentures - Pensacola, P.A.  
46-1163560 Marvo C. Odds, DDS, P.C.  
84-2131581 Leonard McElroy Brown, Jr., DDS, P.A.  
27-3480753 Affordable Dentures - Rock Hill. P.C.  
81-3702149 Marlon Hanley, DDS, a Professional Dental Corporation  
88-1427165 Affordable Dentures & Implants - Wisconsin, LLC  
88-3709755 Affordable Dentures & Implants - Sioux City III, P.C.  
92-0836640 Affordable Dentures & Implants - Chester, P.C.  
20-3615727 Valerie H. Washington, DDS, a Professional Dental  
85-2685145 Affordable Dentures & Implants - Kalamazoo, P.C.  
92-1557718 Affordable Dentures & Implants - Alabama III, LLC  
85-2912899 Affordable Dentures & Implants - Norton Shores III, P.C.  
92-2842836 Affordable Dentures & Implants - Downers Grove, P.C.  
88-2790254 Mohammed Alroshaidan, DDS, a Professional Corporation  
82-4621766 Ismail Jolaoso, DDS, P.C.  
85-1209232 Affordable Dentures & Implants - Avon Park, P.A.  
87-2731154 Affordable Dentures & Implants - Kokomo III, P.C.  
27-2655321 Dr. Gerald L. Fairchild, P.S.C.  
82-4964246 Affordable Dentures & Implants - Birmingham-Hoover, P.C.  
93-3046523 USDM ACI Corp  
93-4221882 Hung Hoang Nguyen, DMD, P.C.  
84-2623646 Affordable Dentures & Implants - Miami Lakes III, P.A.  
56-2266001 Affordable Dentures - Huntsville, P.C.  
83-1592441 Affordable Dentures & Implants - Northglenn, P.C.  
47-2709384 Austin Hoang, DDS, P.A.  
83-4580559 Affordable Dentures & Implants - Lakeland, P.A.  
92-1403318 Affordable Dentures & Implants - Texas II, PLLC  
88-1274779 Affordable Dentures & Implants - Montgomery, P.C.  
55-0717921 Dr. Steven B. Nicholas, Ltd.  
86-1818874 Affordable Dentures - Lima, Brian Redditt, DMD, Inc.  
88-3434793 Affordable Dentures & Implants - Duluth GA II, P.C.  
84-2635217 Affordable Dentures & Implants - Pueblo, P.C.  
93-2406933 Affordable Dentures - Toledo, Jaafar Achkar, DDS, Inc.  
92-3196170 Affordable Dentures & Implants - Utah, PLLC  
82-2004151 Affordable Dentures - Columbus, Binal Patel, DDS, Inc.

92-0321286 William Jeong, DDS, P.A.  
83-3431657 Affordable Dentures & Implants - Colorado Springs II, P.C.  
84-2485768 Erin Palmreuter, DDS, P.C.  
84-4219590 Affordable Dentures & Implants - Quad Cities II, P.C.  
92-2232581 Affordable Dentures - East Columbus, Hatim Leghuel, BDS, Inc.  
92-2300156 Affordable Dentures & Implants - Omaha, P.C.  
92-2517005 Affordable Dentures & Implants - Mobile II, P.C.  
88-3529036 Affordable Dentures & Implants - Fort Wayne III, P.C.  
87-3911404 Affordable Dentures & Implants - North Dakota II, PLLC  
85-3891584 Maryland Dental Affiliates, P.C.  
20-5560496 Affordable Dentures - West Palm Beach, P.A.  
81-3721190 Affordable Dentures - Boardman, Ronald L. Grego, DMD, Inc.  
27-5545594 Affordable Dentures - American Fork, P.C.  
47-3613730 Haitham Mosly, DMD, a Professional Corporation  
20-4983916 Affordable Dentures - Columbus II, P.C.  
81-4269586 Jovian S. Monette, DDS, a Professional Dental Corporation  
84-1969122 Nicole Jackson, DDS, a Professional Dental Corporation  
87-3504568 Affordable Dentures & Implants - West St. Paul IV, P.C.  
83-1354520 Affordable Dentures & Implants - Des Moines, P.C.  
83-2652875 Affordable Dentures & Implants - Evansville, P.C.  
92-1515056 Affordable Dentures & Implants - Christiansburg, P.C.  
92-0926694 Ali Shojania, DDS, P.C.  
92-2740541 Affordable Dentures & Implants - Titusville II, P.A.  
92-3315044 Affordable Dentures & Implants - Virginia II, PLLC  
93-1938135 Affordable Dentures & Implants - Texas VI, PLLC  
84-4668252 Affordable Dentures & Implants of Georgia, LLC  
83-1691817 Affordable Dentures - Akron, Brian Redditt, DMD, Inc.  
93-1843204 Affordable Dentures & Implants - Menomonee Falls III, S.C.  
81-1695639 Affordable Dentures & Implants - Grandville, P.C.  
93-3538465 Affordable Dentures & Implants - Warren II, P.C.  
83-1165401 Affordable Dentures & Implants - Overland Park, P.A.  
84-2106673 Daniel Driskill, DDS, P.A.  
81-5155200 Troy Simmons, DDS, P.A.  
26-3685324 Affordable Dentures - Eau Claire, S.C.  
27-1559296 Sherri J. Dale McGee, DDS, P.C.  
87-3333742 Roger Wei, DDS, a Professional Corporation  
92-0405305 Affordable Dentures & Implants - Orangeburg III, P.C.  
92-2327314 Affordable Dentures & Implants - Danville II, P.C.  
92-1882590 Kamana Joshi, DDS, a Professional Corporation  
93-3724156 Affordable Dentures & Implants - Madison III, P.C.  
82-4689553 Affordable Dentures & Implants - Jeffersonville, P.C.  
82-2552669 Affordable Dentures & Implants - Dothan, P.C.  
84-3071957 Affordable Dentures & Implants - Kissimmee II, P.A.  
46-4079220 Floyd Bagwell, III, DDS, P.C.  
83-3850468 Affordable Dentures & Implants - Orlando IV, P.A.

88-1596342 Kalyani Starr, DDS, P.A.  
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