Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▸ **Complete all entries in accordance with the instructions to the Form 5500.**	**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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▸ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▸ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST	**1b** Three-digit plan number (PN) ▸ 501 **1c** Effective date of plan 03/01/1983
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) UNITED AGRIBUSINESS LEAGUE 54 CORPORATE PARK IRVINE, CA 92606-5105 54 CORPORATE PARK IRVINE, CA 92606-5105	**2b** Employer Identification Number (EIN) 95-3514902 **2c** Plan Sponsor's telephone number 949-975-1424 **2d** Business code (see instructions) 525100

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.	10/14/2025	JAYSON WELTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JAYSON WELTER
	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 [X] 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**	21842
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	**6a(1)**	21711
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	21356
b	Retired or separated participants receiving benefits	**6b**	115
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	21471
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	21471
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 4D 4E 4B

9a Plan funding arrangement (check all that apply)
- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] 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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 2
- (4) [X] **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 163656105

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 AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED AGRIBUSINESS LEAGUE

D Employer Identification Number (EIN)
95-3514902

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	Policy or contract year (g) To
01-0278678	62235	699557	3586	01/01/2024	01/01/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7685	

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

HEALTH CARE PLUS INS SERVICES
16 A JOURNEY STE 150
ALISO VIEJO, CA 92656

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
7685	7685		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 (c) Amount	(d) Purpose	(e) Organization code

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	69861
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

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 AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED AGRIBUSINESS LEAGUE

D Employer Identification Number (EIN)
95-3514902

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
GREAT MIDWESTERN 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	Policy or contract year (g) To
76-0165558	18694	GMICMSL 10828	21493	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
95798	

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

INTEGRATED SOLUTIONS FOR BENEFITS
P.O. BOX 16427
HOOKSETT, NH 03106

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
95798			

(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 (c) Amount	(d) Purpose	(e) Organization code

(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) ▶ STOP LOSS AGGREGATE			

9 Experience-rated contracts:

a Premiums: (1) Amount received	**9a(1)**	2394950		
(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)**	2394950
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add (**1**) and (**2**))			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.

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

A Name of plan UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED AGRIBUSINESS LEAGUE	**D** Employer Identification Number (EIN) 95-3514902

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

HUB INTERNATIONAL INSURANCE SERVICE

600 CORPORATE POINTE SUITE 600
CULVER CITY, CA 90230

33-0315047

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	VENDOR	88468	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

TALON MMS ANALYTICS, INC.

99 BOW STREET SUITE 100 EAST
PORTSMOUTH, NH 03801

47-1212355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	VENDOR	19187	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

THE SPANISH GROUP LLC

1 PARK PLAZA SUITE 600
IRVINE, CA 92614

38-3913177

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	VENDOR	21220	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

CONTEXT HEALTHCARE

55 SHUMAN BLVD
NAPERVILLE, IL 60563

27-0386030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	VENDOR	26289	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

GRADIENT AI CORP.

ONE MARINA PARK DRIVE, SUITE 305
BOSTON, MA 02210

83-1032918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 11	VENDOR	27000	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

SINGERLEWAK LLP

P.O. BOX 80602
CITY OF INDUSTRY, CA 91716

95-2302617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	CONSULTANT	139300	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

HEALTHCARE INTERACTIVE INC

6011 UNIVERSITY BLVD SUITE 360
ELLICOTT CITY, MD 21043

20-8995931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	VENDOR	145976	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

SPRING CARE, INC

60 MADISON AVE FL.2
NEW YORK, NY 10010

81-2832914

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	195269	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

CALIFORNIA DENTAL NETWORK

23291 MILL CREEK DR, STE 100
LAGUNA HILLS, CA 92653

93-0954061

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	5665	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

MOSS ADAMS, LLP

999 THIRD AVENUE, STE 2800
SEATTLE, WA 98104

81-5149270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	CONSULTANT	7000	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

FIND-A-CODE

62 E 300 N
SPANISH FORK, UT 84660

20-8682422

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	VENDOR	10941	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

TRAVELERS INSURANCE

PO BOX 660317
DALLAS, TX 75266

06-0566090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	VENDOR	24217	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

FIRST DENTAL HEALTH

3430 E. SUNRISE DRIVE, SUITE 160
TUCSON, AZ 85718

33-0655193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	26501	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

DATAPATH, INC.

1601 WEST PARK DRIVE, STE 9
LITTLE ROCK, AR 72204

75-1981738

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15	VENDOR	41845	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

VISION SERVICE PLAN

3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

94-1632821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	44922	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

FAIR HEALTH, INC.

530 FIFTH AVENUE, 18TH FL
NEW YORK, NY 10036

90-0524293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	VENDOR	52166	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

SMART DATA SOLUTIONS, INC

960 BLUE GENTIAN ROAD
EAGAN, MN 55121

41-2006324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	VENDOR	62124	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WAKELY CONSULTING GROUP, LLC

120 N WASHINGTON SQ. STE 705
LANSING, MI 48933

38-2599727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	CONSULTANT	91755	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

TELADOC INC.

7402 HOLLISTER AVE
GOLETA, CA 93117

45-3507503

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	121062	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WLT SOFTWARE

26133 US HIGHWAY 19
CLEARWATER, FL 33763

20-1065791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15	VENDOR	172937	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

LIVONGO HEALTH, INC

DEPT CH 17624
PALATINE, IL 60055

26-3542036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	185668	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

COSTCO HEALTH SOLUTIONS INC

999 LAKE DRIVE
ISSAQUAH, WA 98027

81-2865195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	1304067	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ELITE CORPORATE MEDICAL SERVICES IN

4004 S. DEMAREE ST., SUITE B
VISALIA, CA 93277

46-3783345

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	1833059	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

BLUE SHIELD OF CALIFORNIA

PO BOX 749415
LOS ANGELES, CA 90074

94-0360524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PPO	5400809	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

TOLMAN & WIKER INSURANCE SERVICES

PO BOX 1388
VENTURA, CA 93002

20-1135902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	5393	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

SLO COAST INSURANCE SERVICES

1241 JOHNSON AVE STE 208
SAN LUIS OBISPO, CA 93401

20-5777509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	5460	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ANNE FREDERICKSON THOMPSON

7610 FALLEN LEAF LANE
SALINAS, CA 93907

57-1086476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	5826	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

MICHELLE TASCHLER

2459 PRESCOTT AVE
CLOVIS, CA 93619

53-0989453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	6856	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WALTER L. CLARK & ASSOCIATES

7673 N. INGRAM, #103
FRESNO, CA 93711

94-1550395

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	7586	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

DOWNEY,CAVADIAS & DEANE, INC

1123 SOQUEL AVENUE
SANTA CRUZ, CA 95062

77-0172492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	7838	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

KARDEL INSURANCE SERVICES, INC

575 PRICE STREET, SUITE 313
PISMO BEACH, CA 93449

45-3415995

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	9140	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WES BRADFORD INS. SALES, INC

1800 19TH STREET
BAKERSFIELD, CA 93301

77-0043887

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	9757	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

C&B INSURANCE SERVICES, INC

1800 19TH STREET
BAKERSFIELD, CA 93301

75-3101653

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	10006	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

ARLAN WOODWARD

426 E. BREWSTER DR.
DRAPER, UT 84020

52-9525650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	10434	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

DISTINCTIVE INSURANCE AND ALERA

2356 GOLD MEADOW WAY, SUITE 140
GOLD RIVER, CA 95670

83-1729785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	10510	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

GLENN COUNTY INSURANCE AGENCY

P.O. BOX 725
ORLAND, CA 95963

94-1620705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	10925	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

THOMAS R. MEANS, INC

885 PATRIOT DRIVE, UNIT J
MOORPARK, CA 93021

60-3011077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	11754	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

NIELSEN & ASSOCIATES INSURANCE

P.O. BOX 177
EXETER, CA 93221

77-0095458

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	15079	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

INSZONE INSURANCE SERVICES, LLC

2721 CITRUS RD, SUITE A
RANCHO CORDOVA, CA 95742

26-0879471

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	15351	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

DAVID B. CROTHER

P.O. BOX 3300
YUBA CITY, CA 95992

20-2616637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	15556	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

SHERRI J. NUNES

P.O. BOX 1028
VISALIA, CA 93279

56-4179596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	16230	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

SELDON BRUSA INSURANCE AGENCY, INC

1100 W TOKAY ST, STE B
LODI, CA 95240

68-0037117

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	16581	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

FOUNDATION RISK PARTNERS, CORP

3200 VILLA LANE
NAPA VALLEY, CA 94558

81-5191759

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	17056	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

OAKRIDGE CORPORATE HEALTH INSURANCE

699 OLD FARM RD
THOUSAND OAKS, CA 91360

80-4305507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	18124	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

VAN BEURDEN INSURANCE SERVICES, INC

1600 DRAPER ST.
KINGSBURG, CA 93631

94-1681804

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	18811	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

WATSONVILLE INSURANCE ASSOCIATES

783 RIO DEL MAR #7
APTOS, CA 95003

94-2162615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	19847	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WEST CALLAWAY STOTKA, INC

200 GREGORY LANE, BLDG A
PLEASANT HILL, CA 94523

68-0370762

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	20647	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

CHARISE ANN KINNAMAN

PO BOX 1312
HELENDALE, CA 92342

56-5457324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	21727	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

KINGSBURG INSURANCE AGENCY

PO BOX 100
KINGSBURG, CA 93631

94-2291544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	23072	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

CANOPY INSURANCE SERVICES

3740 CHERRYVALE AVE.
SOQUEL, CA 95073

85-3212337

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	23154	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

DI BUDUO & DE FENDIS

6873 NORTH WEST AVE STE 101
FRESNO, CA 93711

94-1530342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	23363	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

HEFFERNAN INSURANCE BROKERS

1350 CARLBACK AVE
WALNUT CREEK, CA 94596

94-2506099

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	25209	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

STAN SMITH INSURANCE SERVICES

509 J STREET SUITE 3
EUREKA, CA 95501

68-0462483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	26073	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

DOHRMANN, AN ALERA GROUP INSURANCE

3415 BROOKSIDE ROAD, SUITE 100
STOCKTON, CA 95219

83-3302808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	26433	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

TANA S. ELIZONDO

707 N. IRWIN ST
HANFORD, CA 93230

54-7296765

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	26643	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

PETER W. MLYNAR

2244 CLAY ST.
NAPA, CA 94559

55-7069916

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	29220	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

KEVIN WRIGHT INSURANCE

PO BOX 8107
VISALIA, CA 93290

57-0414846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	30464	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

DENNIS & CAROLIN MIGLIAZZO

12474 RIDGE DR
SANTA ROSA VALLEY, CA 93012

55-0886089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	34621	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

MCGRIFF INSURANCE SERVICES, LLC

PO BOX 896620
CHARLOTTE, NC 28289

56-1623293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	37216	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

RANDY OLIVEIRA DBA OLIVEIRA INSURAN

14901 DAVID CT
BAKERSFIELD, CA 93314

55-3655748

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	37306	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

JEFF KANE INSURANCE SOLUTIONS, INC

1006 FREEDOM BLVD.
WATSONVILLE, CA 95076

27-1655837

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	39686	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

SINGLEPOINT INSURANCE SERVICES, INC

5000 HOPYARD ROAD, SUITE 328
PLEASANTON, CA 94588

56-2509705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	40852	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

LP INSURANCE SERVICES, LLC

300 EAST 2ND STREET, STE 1300
RENO, NV 89501

27-3054238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	42417	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

BURNHAM BENEFITS INSURANCE SERVICES

2211 MICHELSON DR, STE 1200
IRVINE, CA 92612

33-0643611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	44384	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

NORTH VALLEY INSURANCE SERVICES

2295 HILLTOP DRIVE, STE 5
REDDING, CA 96002

85-1213439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	45005	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

LORRIE A. STROUD

PO BOX 1307
LAKE HAVASU CITY, AZ 86405

56-4739612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	45463	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

WEST INSURANCE BROKERS, INC

7248 S. LAND PARK DRIVE, SUITE 203
SACRAMENTO, CA 95831

47-1366519

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	45569	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

M&O AGENCIES, INC

1835 S. EXTENSION ROAD
MESA, AZ 85210

86-6050329

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	46358	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

THOMAS KUNTZ INSURANCE

1635 MADRONA AVE.
ST HELENA, CA 94574

56-2750325

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	47437	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

GDI INSURANCE AGENCY, INC

801 GEER ROAD
TURLOCK, CA 95380

77-0535579

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	50399	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ASSURED PARTNERS OF CA INSURANCE

1425 RIVER PARK DRIVE, SUITE 226
SACRAMENTO, CA 95815

45-2712335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	53581	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WITHROW INSURANCE SERVICES

2060 TALBERT DRIVE, SUITE 140
CHICO, CA 95928

81-1885817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	55569	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

RICHARD SHELTON INSURANCE MARKETING

719 SAN BENITO ST, STE B
HOLLISTER, CA 95023

03-0376795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	56535	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

THE ROBERT LYNN COMPANY

3761 BERNARD STREET
BAKERSFIELD, CA 93306

95-2695182

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	57966	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

MERCER HEALTH & BENEFITS, LLC

4 EMBARADERO CTR #400
SAN FRANCISCO, CA 94111

34-2015463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	65217	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

RICO,PFITZER PIRES EMPLOYEE BENEFIT

P.O BOX 129
GUSTINE, CA 95322

82-0785899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	65816	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

PAULI-SHAW INSURANCE AGENCY

PO BOX 1105
ARCATA, CA 95518

68-0423843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	66191	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

BNKV INSURANCE SOLUTIONS, INC

6002 DOVETAIL DRIVE
AGOURA HILLS, CA 91301

84-4887841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	66641	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

MARK TIGNER FINANCIAL & INSURANCE

1108 LELAND AVE
TULARE, CA 93274

56-7613260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	72572	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

KEITH W. MORRISON

543 E. MALLARD CIRCLE
FRESNO, CA 93730

55-4900496

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	73731	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

PACIFIC AG INSURANCE AGENCY, INC

1715 N. 11TH AVENUE
HANFORD, CA 93230

77-0525746

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	73788	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

KUHTZ DIEHL INSURANCE & FINANCIAL

2150 N. WINERY AVE
FRESNO, CA 93703

54-2067921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	74475	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

FLYNN FINANCIAL & INSURANCE SERVICE

2121 41ST AVE
CAPITOLA, CA 95010

27-0774190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	82091	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

PACIFIC DIVERSIFIED INSURANCE

15005 CONCORD CIRCLE, STE 110
MORGAN HILL, CA 95037

94-2294669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	91765	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

BAY & BASIN INSURANCE SERVICES, LLC

371 MAIN STREET
SALINAS, CA 93901

87-2152110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	93247	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ALLISON COMMERCIAL INSURANCE

2775 N VENTURA RD, STE 209
OXNARD, CA 93036

20-8512168

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	97407	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WESTERN VALLEY INSURANCE ASSOCIATES

600 E. MAIN STREET #200
TURLOCK, CA 95380

94-2899459

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	101826	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

DAVID ERNSTAM FINANCIAL & INSURANCE
1625 BUTTE HOUSE RD
YUBA CITY, CA 95993

01-0759312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	115189	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

POWERS-LEAVITT INSURANCE AGENCY
111 E. MONROE AVE., SUITE 200
BUCKEYE, AZ 85326

86-0376390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	126645	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

RELATION INSURANCE SERVICES
1277 TREAT BLVD, SUITE 400
WALNUT CREEK, CA 94597

26-4823657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	131025	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

LEAVITT CENTRAL COAST INSURANCE

950 EAST BLANCO RD, STE 103
SALINAS, CA 93901

26-3895931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	137419	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ANDREINI & COMPANY

220 W 20TH AVE
SAN MATEO, CA 94403

94-1482568

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	139768	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

GCI BENEFITS, LLC

55 INDEPENDENCE CIRCLE, SUITE 108
CHICO, CA 95973

93-3317332

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	145042	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

SWEENEY & SWEENEY INSURANCE, INC

6518 LONETREE BLVD, STE. 152
ROCKLIN, CA 95765

94-2773722

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	152529	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

MEDEIROS BENEFITS COMPANY, LLC

PO BOX 78
HANFORD, CA 92323

87-2753682

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	156554	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

GRAYBILL INSURANCE AGENCY, INC

101 PARKSHORE DR. SUITE 100
FOLSOM, CA 95630

20-8895111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	160334	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

LOCKTON-DUNNING SERIES OF LOCKTON C

444 W. 47TH ST, SUITE 900
KANSAS CITY, MO 64112

20-5846158

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	161745	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

DOUGLAS D. LIGHTLE

190 FORREST AVE
FAIRFAX, CA 94930

27-5562267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	170927	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

MALLOY IMRIE & VASCONI INSURANCE

PO BOX 725
ST HELENA, CA 94574

68-0423938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	184965	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

ALLIANT INSURANCE SERVICES

701 B STREET, 6TH FLOOR
SAN DIEGO, CA 92101

33-0785439

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	190214	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

PACIFIC COAST BENEFIT INSURANCE

7600 MONTEREY ROAD, STE 140
GILROY, CA 95020

26-4465846

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	201899	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ERNST CONSULTING SOLUTIONS

4900 CALIFORNIA AVE, TOWER B-210
BAKERSFIELD, CA 93309

26-2795236

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	204946	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

GEORGE PETERSEN INSURANCE AGENCY

175 WEST COLLEGE AVE
SANTA ROSA, CA 95401

94-2674185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	219283	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

WINTON IRELAND STROM & GREEN INS

627 E. CANAL DRIVE
TURLOCK, CA 95380

94-2667917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	253561	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

THE BACHAN GROUP, LLC

PO BOX 698
WATSONVILLE, CA 95077

83-2690791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	266916	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

COOK & ASSOCIATES

PO BOX 2076
SONOMA, CA 95476

55-2356384

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	273981	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

GALLAGHER BENEFIT SERVICES, INC

45 RIVER PARK PLACE WEST, SUITE 605
FRESNO, CA 93720

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	302135	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

JAMES G PARKER INSURANCE ASSOCIATES

1753 E. FIR AVENUE
FRESNO, CA 93720

94-2494444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	333934	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

HUB INTERNATIONAL INSURANCE SERVICE

3635 RIVERSIDE PLAZA DR, BLDG M3
STE 32
RIVERSIDE, CA 92506

33-0315047

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	384084	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

RELATION INSURANCE SERVICES

2290 HUNTINGTON DRIVE, SUITE 200
SAN MARINO, CA 91108

26-1441725

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	642592	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

INTERWEST INSURANCE SERVICES, LLC

PO BOX 8110
CHICO, CA 95927

68-0266090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	702341	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

MORRIS & GARRITANO INSURANCE AGENCY
1122 LAUREL LANE
SAN LUIS OBISPO, CA 93401

95-2304670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	787737	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

KEVIN SALTZMAN INC
3924 W. CALDWELL AVE SUITE A
VISALIA, CA 93277

20-0142443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	871706	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

MOORE INSURANCE SERVICES, INC
2967 DAVISON CT, STE C
COLUSA, CA 95932

68-0469176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	1049802	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

NIKSSARIAN INSURANCE SERVICES, INC

700 CAMINO EL ESTERO
MONTEREY, CA 93940

20-0307796

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	1175516	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

BRENT EASTMAN INSURANCE SERVICES

51 KATHERINE AVENUE
SALINAS, CA 93901

20-2347916

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	INDEPENDENT CONTRACTOR	1612858	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

a Name:	**b** EIN:
c Position:	
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Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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 AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED AGRIBUSINESS LEAGUE

D Employer Identification Number (EIN)
95-3514902

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	250751	-7872814
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	231526	843727
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9204038	7648231
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20228573	17175521
(2) U.S. Government securities	1c(2)	20369138	26635342
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	27134297	41623430
(B) All other	1c(3)(B)		1066120
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7987836	17351986
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	1008112	959989
f	Total assets (add all amounts in lines 1a through 1e)	1f	86414271	105431532
	Liabilities			
g	Benefit claims payable	1g	49909986	53024346
h	Operating payables	1h	3323314	2867406
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	10729471	11290714
k	Total liabilities (add all amounts in lines 1g through1j)	1k	63962771	67182466
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22451500	38249066

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	249003902	
	(B) Participants	2a(1)(B)	1575273	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		250579175
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	803593	
	(B) U.S. Government securities	2b(1)(B)	598997	
	(C) Corporate debt instruments	2b(1)(C)	1271685	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2674275
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	961318	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		961318
	(3) Rents	2b(3)		311835
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	312033832	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	312028181	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		5651
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1521861	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1521861

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1080
d Total income. Add all **income** amounts in column (b) and enter total	2d		256055195

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	198186464	
(2) To insurance carriers for the provision of benefits	2e(2)	7050983	
(3) Other	2e(3)	3033573	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		208271020
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	16600000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	58801	
(5) Investment advisory and investment management fees	2i(5)	175468	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	91755	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	15060585	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		31986609
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		240257629

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		15797566
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SINGER LEWAK, LLP **(2)** EIN: 95-2302617

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

FINANCIAL REPORT

DECEMBER 31, 2024

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

CONTENTS

SingerLewak
Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
United Agricultural Employee Welfare Benefit Plan and Trust

Opinion

We have audited the financial statements of United Agricultural Employee Welfare Benefit Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits and plan benefit obligations as of December 31, 2024 and 2023, the related statements of changes in net assets available for plan benefits and in plan benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

2010 Main St, Suite 300, Irvine California 92614 | T: 949.261.8600 | F: 949.249.8610

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Singer Lewak LLP

May 2, 2025

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31,

	2024	2023
Assets		
Cash and cash equivalents	$ 9,302,707	$ 20,479,323
Investments, at fair value		
U.S. government securities	26,635,342	20,369,135
Registered investment companies	17,351,986	7,987,836
Corporate bonds	42,689,550	27,134,301
Total investments	86,676,878	55,491,272
Due from related parties	-	21,224
Receivables		
Contributions	1,003,311	379,247
Accrued interest	578,862	375,704
Other, net	5,746,903	7,558,061
Total receivables	7,329,076	8,313,012
Prepaid expenses and deposits	980,920	645,832
Deferred tax asset	176,416	480,788
Property and equipment, net	959,990	1,008,112
Total assets	105,425,987	86,439,563
Liabilities		
Accounts payable	1,552,317	1,680,988
Accrued liabilities	1,309,544	1,343,476
Income taxes payable	-	324,144
Deferred contributions	11,290,714	10,729,471
Total liabilities	14,152,575	14,078,079
Net assets available for plan benefits	**$ 91,273,412**	**$ 72,361,484**

See notes to financial statements.

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Years Ended December 31,

	2024	2023
Additions to net assets available for plan benefits		
Contributions		
Employers	$ 249,003,902	$ 237,991,020
COBRA participants	1,575,273	1,527,204
Total contributions	250,579,175	239,518,224
Investment income		
Interest and dividends	3,635,593	2,228,939
Rent	311,835	481,767
Other	1,080	2,640
Net realized and unrealized appreciation in fair value of investments	1,527,512	2,046,955
Net investment income	5,476,020	4,760,301
		-
Total additions	256,055,195	244,278,525
Deductions to net assets available for plan benefits		
Benefit payments		
Claims benefits	195,072,105	177,261,719
Insured benefit programs	10,084,556	9,756,248
Total benefits paid	205,156,661	187,017,967
Operating expenses		
Trust administration services	16,600,000	15,600,000
Service fees	13,653,468	13,001,694
Provision for federal and state income taxes	1,094,277	1,409,207
Professional fees	169,925	125,275
Administrative	233,114	200,424
Other	187,699	133,538
Depreciation	48,123	48,120
Total operating expenses	31,986,606	30,518,258
Total deductions	237,143,267	217,536,225
Change in net assets available for plan benefits	18,911,928	26,742,300
Net assets available for plan benefits, beginning	72,361,484	45,619,184
Net assets available for plan benefits, ending	**$ 91,273,412**	**$ 72,361,484**

See notes to financial statements.

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

December 31,

	2024	2023
Amounts currently payable		
Claims payable and claims incurred but not paid	$ 53,024,346	$ 49,909,986
Plan's total benefit obligations	**$ 53,024,346**	**$ 49,909,986**

See notes to financial statements.

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

Years Ended December 31,

	2024	2023
Amounts currently payable		
Balance at beginning of year	$ 49,909,986	$ 39,378,270
Claims reported and approved for payment, including benefits reclassified from benefit obligations	198,186,465	187,793,435
Claims paid	(195,072,105)	(177,261,719)
Balance at end of year	53,024,346	49,909,986
Plan's total benefit obligations	**$ 53,024,346**	**$ 49,909,986**

See notes to financial statements.

NOTE 1 – TRUST DESCRIPTION AND RELATED INFORMATION

Nature of Operations

United Agricultural Employee Welfare Benefit Plan and Trust (the "Plan" or the "Trust") was formed by United Agribusiness League (the "League"), a California nonprofit mutual benefit corporation, in March 1983 for the purpose of providing health and welfare benefits to eligible employees of employer members of the League. The Trust is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974. The Trust is a multiple employer welfare arrangement subject to the jurisdiction of the U.S. Department of Labor, as well as licensed by the California Department of Insurance and the Arizona Department of Insurance. It is exempt from certain federal income taxes under Section 501(c)(9) of the Internal Revenue Code (IRC) and from certain state income taxes under Section 23701(i) of the California Revenue and Taxation Code. However, it also pays tax on its unrelated business income generated from its investments.

Benefit Payments

The Trust provides health benefits (preventative, primary care, hospital, surgical, and major medical), vision benefits, dental benefits, prescription benefits, and group term life insurance benefits to active qualified employees (participants), and their eligible dependents, of employer members of the League. The Trust also provides health benefits to COBRA-eligible beneficiaries who continue to self-pay the required contributions for coverage. Claims benefits paid on the statements of changes in net assets available for plan benefits are paid to providers, Preferred Provider Organizations (PPOs), participants, and the Trust's stop loss and group term life carriers.

The Trust is self-funded for participants' medical, prescription, vision, and dental benefits. In addition, the Trust has a specific and aggregate stop loss insurance contract which provides coverage when health claims exceed specified limits. The Trust's specific stop loss limit was $1,250,000 and $1,000,000 for 2024 and 2023, respectively. The Trust paid claims for six and thirteen claimants during 2024 and 2023, respectively, that exceeded the stop loss limit. At December 31, 2024 and 2023, the Trust accrued stop loss reimbursements of approximately $250,000 and $1,510,000 respectively, which is included in other receivables in the statements of net assets available for plan benefits. Additionally, the Trust provides group term life insurance to participants through an insurance contract. The Trust intends to continue to self-fund benefits and maintain aggregate and specific stop loss insurance to minimize risk and to be in compliance with California Insurance Code 742.20 et. sec.

Funding Policy

The Trust is funded by employer member contributions and income earned on investments. The Trust uses actuarial and underwriting principles in determining contributions made to the Plan by employers. These rates are evaluated by the Trust's independent actuary and the Trust's underwriters to ensure that contribution rates are adequate to pay existing and future claims. Contributions vary among employer members based on the type of benefit coverage received, as documented in each employer member's plan agreement.

NOTE 1 – TRUST DESCRIPTION AND RELATED INFORMATION (Continued)

Plan Termination
Although they have not expressed the intent to do so, the trustees have the right under the Plan to manage and control the Trust's assets, amend the Plan, discontinue contributions at any time, and terminate the Plan subject to the provisions set forth in ERISA. Any remaining funds would be used in accordance with the following priority: to continue payment of administrative expenses and fees for professional services, payment of benefits to participants under the Plan, and distributions of remaining assets to participants as directed by the U.S. Department of Labor.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates
The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, amounts incurred but not reported, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents
The Trust considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Concentrations of Credit Risk
Financial instruments that potentially subject the Trust to concentrations of credit risk consist principally of cash and cash equivalents, investments, and accounts receivable. The Trust maintains its cash with financial institutions. These cash balances may at times exceed federally insured limits. The Trust has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for plan benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trust's investments consist of U.S. government securities, U.S. mortgage-backed securities, registered investment companies, and corporate bonds. Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements*, established a single authoritative definition of fair value, sets a framework for measuring fair value, and requires additional disclosures about fair value measurement. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment

Property and equipment consist of real property located at 54 Corporate Park, Irvine, California, along with certain furniture and equipment and leasehold improvements. These assets are used as operating assets and are reported at cost, net of accumulated depreciation. Buildings are depreciated using the straight-line method over an estimated useful life of forty years. Furniture and equipment are depreciated using the straight-line method over an estimated useful life of three to five years. Leasehold improvements are depreciated using the straight-line method over the shorter of the lease term or the estimated useful life of the improvements.

Accounts Receivable and Allowance for Credit Losses

The Trust offsets gross accounts receivable with an allowance for credit losses. The allowance for credit losses is management's best estimate of the amount of probable credit losses in the Trust's existing accounts receivable and is based upon historical loss patterns, the number of days that billings are past due, and an evaluation of the potential risk of loss associated with specific accounts. Account balances are charged against the allowance after all means of collection have been exhausted and the potential for recovery is considered remote.

Estimating credit losses based on risk characteristics requires significant judgment by the Trust. Significant judgments include but are not limited to assessing current economic conditions and the extent to which they would be relevant to the existing characteristics of the Trust's accounts receivable. Additionally, management has determined that the current and reasonable and supportable forecasted economic conditions are consistent with the economic conditions included in the historical information. As a result, the historical loss rates have not been adjusted for differences in current conditions or forecasted changes. The allowance for credit losses was approximately $160,000 and $148,000 as of December 31, 2024 and 2023, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Deferred Income Taxes
Income taxes are recognized under the asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of events that have been included in the financial statements. Deferred tax assets are recognized to the extent that the assets are more likely than not to be realized. The Trust records uncertain tax positions in accordance with ASC 740 on the basis of a two-step process in which (1) the Trust determines whether it is more likely than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more-likely-than-not recognition threshold, the Trust recognizes the largest amount of tax benefit that is more than 50 percent likely to be realized upon ultimate settlement with the related tax authority.

Contributions/Deferred Contributions
Contributions from employer members are recognized when earned (in the period which the participants are eligible to receive benefits). The Trust's policy is to bill members for contributions in advance of services being rendered. Contributions are recorded as deferred until earned.

Estimated Claims Incurred But Not Paid
The Plan establishes the claims payable and claims incurred but not paid (IBNP) based on estimates of the ultimate cost of claims in process and a provision for IBNP claims, which is actuarially determined based on historical claim payment experience and other statistics. Such estimates are continually monitored and analyzed, with any adjustments made as necessary in the period the adjustment is determined. The Plan retained Wakely Consulting Group, LLC (Wakely), an independent actuary, to provide estimates of the December 31, 2024 and 2023 claim liabilities. Amounts for claims payment incurred related to prior years vary from previously estimated liabilities as the claims ultimately are settled. While management believes that the amounts recorded are reasonable, there can be no assurance that the amount of such claims actually paid will equal the amounts recorded. Differences between actual claims paid and previous estimates are recorded in the period of payment.

Compliance with Insurance Code
California Insurance Code Section 742.24(k) requires that the Trust maintain appropriate loss and loss adjustment reserves as determined by sound and actuarial principles, and section 742.24(n) requires that the Trust maintain a Surplus of $4,000,000. At December 31, 2024 and 2023, the net assets available for the plan benefits of the Trust exceeded these requirements.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Leases

The Trust leases office space to the League. Lease components are elements of an arrangement that provide the customer with the right to use an identified asset. Nonlease components are distinct elements of a contract that are not related to securing the use of the leased asset and revenue is recognized in accordance with ASC Topic 606, *Revenue from Contracts with Customers*. The trust assessed and concluded that the timing and pattern of transfer for nonlease components and the associated lease component are the same. The trust determined that the predominant component was the lease component and, as such, its leases will continue to be accounted for as operating leases and the Trust has made a policy election to account for and present the lease component and the nonlease component as a single component in the statements of changes in net assets available for plan benefits within rental income. The trust capitalizes incremental direct leasing costs and expenses non-incremental direct costs.

Subsequent Events

Management has evaluated subsequent events through May 2, 2025, which is the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

a. Quoted prices for similar assets or liabilities in active markets;
b. Quoted prices for identical or similar assets or liabilities in inactive markets;
c. Inputs other than quoted prices that are observable for the asset or liability; and
d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Level 3: Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Registered investment companies (mutual funds): Shares of registered investment company funds (or mutual funds) are valued at the net asset value of shares held by the Trust and are valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities and U.S. mortgage-backed securities: Valued at the closing price reported on the major market on which the individual securities are traded or have reported broker trades which may be considered indicative of an active market. Where quoted prices are available in an active market, the investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available for the specific security, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, discounted cash flows, and other observable inputs. Such securities are classified within Level 2 of the valuation hierarchy.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. The corporate bonds are classified within Level 2 of the valuation hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Trust's investments at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Investments at Fair Value 2024			
	Level 1	Level 2	Level 3	Total
U.S. Government securities	$24,890,302	$ 1,745,040	$ -	$26,635,342
Registered investment companies	17,351,986	-	-	17,351,986
Corporate bonds	-	42,689,550	-	42,689,550
Total investments at fair value	**$42,242,288**	**$44,434,590**	**$ -**	**$86,676,878**

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

	Investments at Fair Value 2023			
	Level 1	Level 2	Level 3	Total
U.S. Government securities	$18,297,070	$ 2,072,065	$ -	$20,369,135
Registered investment companies	7,987,836	-	-	7,987,836
Corporate bonds	-	27,134,301	-	27,134,301
Total investments at fair value	**$26,284,906**	**$29,206,366**	**$ -**	**$55,491,272**

NOTE 4 – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

	2024	**2023**
Land and buildings	$ 1,776,974	$ 1,776,974
Furniture and equipment	493,493	496,507
Leasehold improvements	269,630	269,630
	2,540,097	2,543,111
Accumulated depreciation	(1,580,107)	(1,534,999)
Total property and equipment, net	**$ 959,990**	**$ 1,008,112**

NOTE 5 – ESTIMATED CLAIMS INCURRED BUT NOT PAID

Incurred and paid claims development as of and for the years ended December 31, 2024 and 2023 is as follows (in thousands):

	2024	2023
Claims payable and claims incurred but not paid, beginning of year	$ 49,910	$ 39,378
Incurred claims and allocated claim adjustment expense, net of reinsurance		
Current year	204,915	189,137
Prior years	3,114	10,532
Subtotal	208,029	199,669
Claims payments, net of reinsurance		
Current year	(150,385)	(137,639)
Prior years	(54,530)	(51,498)
Subtotal	(204,915)	(189,137)
Claims payable and claims incurred but not paid, end of year	**$ 53,024**	**$ 49,910**

NOTE 6 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Trust Administration Services

The League performs all Trust administration and claims processing functions and performs certain management functions on behalf of the Trust. Fees for these services were $16,600,000 and $15,600,000 for December 31, 2024 and 2023, respectively.

Rental Income

The Trust leases office space to the League. The lease was amended and extended on January 14, 2024 to December 31, 2027. Rental charges paid by the League to the Trust were $311,835 and $481,767 during the years ended December 31, 2024 and 2023, respectively.

Future undiscounted cash flows to be received on the lease are as follows for the years ending December 31:

2025	$ 311,835
2026	311,835
2027	311,835
	$ 935,505

Expense Reimbursements

The Trust incurs certain operating and administrative expenses on behalf of the League and its subsidiary. Each month, the Trust bills the League for reimbursement.

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following table reconciles certain balances as presented in the statements of net assets available for plan benefits to the Form 5500 at December 31:

	2024	2023
Net assets available for plan benefits per the financial statements	$ 91,273,412	$ 72,361,484
Estimated claims incurred but not paid	(53,024,346)	(49,909,986)
Net assets available for plan benefits per the Form 5500	**$ 38,249,066**	**$ 22,451,498**

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following table reconciles certain balances as presented in the statements of changes in net assets available for plan benefits to the Form 5500 for the years ended December 31:

	2024	2023
Benefits paid to participants per the financial statements	$ 205,156,661	$ 187,017,967
Adjustments		
IBNP	3,114,359	10,531,718
Benefits paid to participants per the Form 5500	**$ 208,271,020**	**$ 197,549,685**

In addition, the Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

The following differences between the December 31, 2024 financial statements and the 2024 Form 5500 are described below:

	Financial Statements	Form 5500
Cash and cash equivalents	$ 9,302,707	($ 7,872,814)
Interest-bearing cash	-	17,175,521
U.S. government securities	26,635,342	26,635,342
Registered investment companies	17,351,986	17,351,986
Corporate bonds	42,689,550	42,689,550
	$ 95,979,585	**$ 95,979,585**
Total assets	**$ 105,425,987**	**$ 105,431,532**
Total liabilities	**$ 67,176,921**	**$ 67,182,465**

NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following differences between the December 31, 2023 financial statements and the 2023 Form 5500 are described below:

	Financial Statements	Form 5500
Cash and cash equivalents	$ 20,479,323	$ 250,751
Interest-bearing cash	-	20,228,573
U.S. government securities	20,369,135	20,369,138
Registered investment companies	7,987,836	7,987,836
Corporate bonds	27,134,301	27,134,297
	$ 75,970,595	**$ 75,970,595**
Total assets	**$ 86,439,563**	**$ 86,414,272**
Total liabilities	**$ 63,988,065**	**$ 63,962,771**

NOTE 8 – CONTINGENCIES

The Plan is subject to various claims and legal proceedings that arise in the ordinary course of business activities. Management believes that any liability that may ultimately result from the resolution of these matters will not have a material adverse effect on the financial condition of the Plan.

NOTE 9 – TAX STATUS AND PROVISION FOR INCOME TAXES

Pursuant to Section 501(c)(9) of the IRC, the Trust was established to hold the Plan's assets. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service (IRS), and the plan sponsor believes that the Trust continues to qualify and to operate in accordance with applicable provisions of the IRC.

The Plan has investments that potentially generate unrelated business income from interest, dividends, and realized gains and losses on the statements of changes in net assets available for plan benefits.

NOTE 9 – TAX STATUS AND PROVISION FOR INCOME TAXES (Continued)

Income tax expense is comprised of the following for the years ended December 31:

	2024	2023
Current federal tax	$ 575,238	$ 710,451
Current state tax	214,667	265,125
	789,905	975,576
Deferred tax expense	304,372	433,631
	$ 1,094,277	**$ 1,409,207**

Deferred tax assets of $176,416 and $480,788 at December 31, 2024 and 2023, respectively, relate to unrealized gains on investments that will be available to offset future taxable income.

SUPPLEMENTAL SCHEDULES
REQUIRED BY THE DEPARTMENT OF LABOR

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	U.S. Treasury	Note Due 05/15/29, 2.375% ($1,590,000 par amount)	$ 1,762,753	$ 1,465,614
	U.S. Treasury	Note Due 07/31/26, 1.875% ($635,000 par amount)	597,694	612,235
	U.S. Treasury	Note Due 05/15/25, 2.125% ($1,865,000 par amount)	1,822,159	1,850,397
	U.S. Treasury	Note Due 05/31/26, 4.875% ($2,000,000 par amount)	1,998,906	2,016,560
	U.S. Treasury	Note Due 05/15/34, 4.375% ($630,000 par amount)	660,983	620,317
	U.S. Treasury	Note Due 04/30/29, 4.625% ($635,000 par amount)	663,054	641,083
	U.S. Treasury	Note Due 11/15/33, 4.500% ($550,000 par amount)	561,322	547,509
	U.S. Treasury	Note Due 08/15/33, 3.875% ($585,000 par amount)	570,329	556,756
	U.S. Treasury	Note Due 05/15/33, 3.375% ($1,310,000 par amount)	1,275,389	1,203,864
	U.S. Treasury	Note Due 03/31/30, 3.625% ($1,925,000 par amount)	1,857,434	1,855,219
	U.S. Treasury	Note Due 08/31/27, 3.125% ($700,000 par amount)	686,574	679,840
	U.S. Treasury	Note Due 08/15/32, 2.750% ($800,000 par amount)	755,613	709,464
	U.S. Treasury	Note Due 07/31/27, 2.750% ($1,310,000 par amount)	1,236,005	1,261,622
	U.S. Treasury	Note Due 05/31/29, 2.750% ($1,150,000 par amount)	1,098,036	1,075,216
	U.S. Treasury	Note Due 02/15/32, 1.875% ($700,000 par amount)	604,871	588,763
	U.S. Treasury	Note Due 05/31/28, 1.250% ($1,080,000 par amount)	946,605	975,380

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	U.S. Treasury	Note Due 05/15/31, 1.625% ($1,660,000 par amount)	$ 1,426,943	$ 1,400,442
	U.S. Treasury	Note Due 11/15/27, 2.250% ($1,700,000 par amount)	1,679,172	1,607,299
	U.S. Treasury	Note Due 08/15/27, 2.250% ($2,000,000 par amount)	2,012,266	1,901,080
	U.S. Treasury	Note Due 08/15/26, 1.500% ($2,300,000 par amount)	2,199,695	2,201,744
	U.S. Treasury	Note Due 03/31/25, 0.500% ($1,130,000 par amount)	1,053,747	1,119,898
		Subtotal	$ 25,469,550	$ 24,890,302
	Federal Home Loan Mortgage Corporation	Note due on 01/01/50, 5.000% ($1,258,348 par amount)	$ 1,334,438	$ 1,027,856
	Federal Home Loan Mortgage Corporation	Note due on 01/01/32, 4.000% ($104,469 par amount)	111,324	102,657
	Federal Home Loan Mortgage Corporation	Note due on 01/01/31, 2.000% ($116,001 par amount)	113,119	108,248
	Federal Home Loan Mortgage Corporation	Note due on 01/01/30, 2.000% ($27,838 par amount)	27,816	26,366
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($3,333 par amount)	3,327	3,231
	Federal National Mortgage Association	Note due on 01/01/31, 4.000% ($184,844 par amount)	197,147	180,642
	Federal National Mortgage Association	Note due on 01/01/32, 3.000% ($193,703 par amount)	200,301	184,523
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($13,974 par amount)	13,904	13,539
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($12,036 par amount)	12,015	11,662

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($12,172 par amount)	$ 12,151	$ 11,793
	Federal National Mortgage Association	Note due on 01/01/28, 2.000% ($22,338 par amount)	22,083	21,429
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($12,501 par amount)	12,479	12,112
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($11,398 par amount)	11,341	11,084
	Federal National Mortgage Association	Note due on 01/01/28, 2.000% ($29,062 par amount)	28,681	28,039
	Federal National Mortgage Association	Note due on 01/01/26, 5.000% ($1,876 par amount)	1,870	1,859
		Subtotal	$ 2,101,996	$ 1,745,040
	Abbott Laboratories	Corporate Bond due 11/30/26, 3.750% ($730,000 par amount)	$ 829,105	$ 721,277
	Abbvie Inc	Corporate Bond due 11/21/29, 3.200% ($795,000 par amount)	728,769	737,879
	Amazon.Com Inc	Corporate Bond due 12/01/32, 4.700% ($1,155,000 par amount)	1,175,744	1,148,186
	Apple Inc	Corporate Bond due 05/11/30, 1.650% ($1,120,000 par amount)	1,060,732	962,797
	Apple Inc	Corporate Bond due 05/11/25, 1.125% ($210,000 par amount)	197,696	207,495
	Bank Of NY Mellon Corp	Corporate Bond due 02/07/28, VAR% ($1,220,000 par amount)	1,304,053	1,188,951
	Burlingtn North Santa Fe	Corporate Bond due 06/15/27, 3.250% ($740,000 par amount)	736,043	718,947
	Caterpillar Finl Service	Corporate Bond due 08/09/26, 2.400% ($1,025,000 par amount)	1,023,921	991,729

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	CB S&P Global Inc	Corporate Bond due 09/15/33, 5.250% ($1,055,000 par amount)	$ 1,118,754	$ 1,066,120
	Charles Schwab Corp	Corporate Bond due 08/24/34, Var Rt ($390,000 par amount)	422,487	409,469
	Charles Schwab Corp	Corporate Bond due 03/11/26, 0.900% ($865,000 par amount)	860,018	827,511
	Chevron Corp	Corporate Bond due 05/11/30, 2.236% ($1,105,000 par amount)	958,367	973,229
	Cisco Systems Inc	Corporate Bond due 09/20/26, 2.500% ($745,000 par amount)	795,392	721,965
	Coca-Cola Co	Corporate Bond due 03/15/28, 1.000% ($910,000 par amount)	892,060	816,124
	Comcast Corp	Corporate Bond due 10/15/28, 4.150% ($1,120,000 par amount)	1,221,716	1,092,258
	Duke Energy Carolinas	Corporate Bond due 12/01/26, 2.950% ($315,000 par amount)	305,411	305,871
	Duke Energy Progress Inc	Corporate Bond due 08/15/25, 3.250% ($500,000 par amount)	513,370	495,865
	EOG Resources Inc	Corporate Bond due 01/15/26, 4.150% ($980,000 par amount)	1,042,517	975,100
	Exxon Mobil Corporation	Corporate Bond due 10/15/30, 2.610% ($770,000 par amount)	764,870	686,062
	Fifth Third Bank	Corporate Bond due JUL/28/25, 3.950% ($725,000 par amount)	727,668	721,607
	Home Depot Inc	Corporate Bond due 06/25/34, 4.950% ($320,000 par amount)	331,731	315,677
	Home Depot Inc	Corporate Bond due 09/15/26, 2.125% ($775,000 par amount)	812,103	745,604
	Honeywell International	Corporate Bond due 09/01/31, 1.750% ($905,000 par amount)	731,059	741,819
	Honeywell International	Corporate Bond due 11/01/26, 2.500% ($250,000 par amount)	249,100	241,305

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Illinois Tool Works Inc	Corporate Bond due 11/15/26, 2.650% ($765,000 par amount)	$ 834,485	$ 742,869
	Intercontinental Exchange	Corporate Bond due 09/15/27, 4.000% ($820,000 par amount)	798,516	805,043
	John Deere Capital Corp	Corporate Bond due 06/10/26, 2.650% ($1,010,000 par amount)	1,058,441	984,306
	Johnson & Johnson	Corporate Bond due 03/01/26, 2.450% ($720,000 par amount)	697,743	703,894
	Jpmorgan Chase & Co	Corporate Bond due 05/06/30, Var Rt ($1,025,000 par amount)	994,323	970,624
	Lockheed Martin Corp	Corporate Bond due 01/15/33, 5.250% ($1,135,000 par amount)	1,188,583	1,147,020
	Merck & Co Inc	Corporate Bond due 02/10/25, 2.750% ($760,000 par amount)	766,872	758,556
	Meta Platforms Inc	Corporate Bond due 05/15/33, 4.950% ($950,000 par amount)	970,187	951,330
	Microsoft Corp	Corporate Bond due 02/06/27, 3.300% ($1,210,000 par amount)	1,258,324	1,184,663
	Morgan Stanley	Corporate Bond due 04/28/26, Var Rt ($740,000 par amount)	705,213	733,399
	Morgan Stanley	Corporate Bond due 04/21/34, Var Rt ($225,000 par amount)	220,842	221,558
	National Rural Util Coop	Corporate Bond due 06/15/26, 1.000% ($820,000 par amount)	815,023	778,328
	Paccar Financial Corp	Corporate Bond due 01/31/29, 4.600% ($970,000 par amount)	964,946	967,594
	Pepsico Inc	Corporate Bond due 03/19/30, 2.750% ($675,000 par amount)	751,329	613,116
	PNC Financial Services	Corporate Bond due 06/12/29, Var Rt ($470,000 par amount)	485,205	478,206
	PNC Financial Services	Corporate Bond due 05/19/27, 3.150% ($750,000 par amount)	756,248	723,555

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	PPL Electric Utilities	Corporate Bond due 05/15/33, 5.000% ($740,000 par amount)	$ 744,048	$ 731,216
	Procter & Gamble Co	Corporate Bond due 01/26/33, 4.050% ($1,025,000 par amount)	1,009,738	977,727
	Procter & Gamble Co	Corporate Bond due 02/02/26, 2.700% ($175,000 par amount)	174,361	171,822
	Qualcomm Inc	Corporate Bond due 05/20/32, 1.650% ($1,385,000 par amount)	1,078,015	1,103,831
	State Street Corp	Corporate Bond due 08/18/25, 3.550% ($770,000 par amount)	853,553	765,349
	Target Corp	Corporate Bond due 04/15/29, 3.375% ($755,000 par amount)	734,102	716,593
	Texas Instruments Inc	Corporate Bond due 05/04/30, 1.750% ($860,000 par amount)	841,175	736,091
	Thermo Fisher Scientific	Corporate Bond due 01/31/34, 5.200% ($795,000 par amount)	820,758	797,520
	Truist Bank	Corporate Bond due 03/10/25, 1.500% ($740,000 par amount)	699,100	735,316
	Union Pacific Corp	Corporate Bond due 02/21/26, 4.750% ($815,000 par amount)	818,040	817,013
	UnitedHealth Group Inc	Corporate Bond due 04/15/27, 3.375% ($500,000 par amount)	516,290	487,190
	Unitedhealth Group Inc	Corporate Bond due 04/15/33, 4.500% ($520,000 par amount)	500,780	493,363
	US Bancorp	Corporate Bond due 05/12/25, 1.450% ($815,000 par amount)	841,936	805,676
	Visa Inc	Corporate Bond due 12/14/25, 3.150% ($745,000 par amount)	812,572	736,544
	Walmart Inc	Corporate Bond due 04/15/33, 4.100% ($1,145,000 par amount)	1,085,552	1,090,956

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Wisconsin Electric Power	Corporate Bond due 09/30/32, 4.750% ($960,000 par amount)	$ 946,195	$ 946,435
		Subtotal	$ 44,545,181	$ 42,689,550
	Blackrock Eqty Dividend Fund	Income Equity Mutual Fund	$ 1,252,000	$ 1,219,629
	Columbia Dividend Income Fund	Income Equity Mutual Fund	1,165,000	1,263,340
	Columbia Large Cap Index Fund	Large Blend Mutual Fund	5,455,323	5,988,867
	JP Morgan Large Cap Growth Fund	Large Cap Mutual Fund	1,794,234	2,806,479
	Principal Midcap Fund	Mid Cap Mutual Fund	5,775,674	6,073,671
		Subtotal	$ 15,442,231	$ 17,351,986
	Federated Hermes	Govt Obligations Fund	$ 13,985,910	$ 13,985,910
	Federated Hermes	Govt Obligations Fund	3,189,611	3,189,611
		Subtotal	$ 17,175,521	$ 17,175,521

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

Year Ended December 31, 2024

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost of acquisitions	Proceeds of dispositions
Pfizer	Corporate Bond due 05/19/33, 4.75% ($880,000 par amount)	$ 879,886	$ 857,278

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date
Category (i) - transactions in excess of 5% of Plan assets							
Bank of America	Federated Hermes Govt Obligations		$ 5,811,954			$ 5,811,954	$ 5,811,954
Bank of America	Federated Hermes Govt Obligations		4,217,989			4,217,989	4,217,989
Bank of America	Federated Hermes Govt Obligations		5,709,954			5,709,954	5,709,954
Bank of America	Federated Hermes Govt Obligations	$ 5,200,450				5,200,450	5,200,450
Bank of America	Federated Hermes Govt Obligations		4,762,589			4,762,589	4,762,589
Bank of America	Federated Hermes Govt Obligations		4,442,352			4,442,352	4,442,352
Bank of America	Federated Hermes Govt Obligations		4,507,434			4,507,434	4,507,434
Bank of America	Federated Hermes Govt Obligations		3,822,486			3,822,486	3,822,486
Bank of America	Federated Hermes Govt Obligations		4,011,723			4,011,723	4,011,723
Bank of America	Federated Hermes Govt Obligations		9,230,452			9,230,452	9,230,452
Bank of America	Federated Hermes Govt Obligations	4,172,000				4,172,000	4,172,000
Bank of America	Federated Hermes Govt Obligations		4,039,688			4,039,688	4,039,688
Bank of America	Federated Hermes Govt Obligations		5,613,518			5,613,518	5,613,518
Bank of America	Federated Hermes Govt Obligations		3,890,204			3,890,204	3,890,204

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date
Category (i) - transactions in excess of 5% of Plan assets (continued)							
Bank of America	Principal Midcap Fund CL R6	$ 4,250,000				$ 4,250,000	$ 4,250,000
Bank of America	Bank of America Temporary Overnight Deposit	5,190,000				5,190,000	5,190,000
Bank of America	Bank of America Temporary Overnight Deposit		$ 5,190,000			5,190,000	5,190,000
Bank of America	Bank of America Temporary Overnight Deposit	4,172,000				4,172,000	4,172,000
Bank of America	Bank of America Temporary Overnight Deposit		4,172,000			4,172,000	4,172,000
Category (iii) - series of transactions in excess of 5% of Plan assets							
Bank of America	Federated Hermes Govt Obligations	163,456,002				163,456,002	163,456,002
Bank of America	Federated Hermes Govt Obligations		167,792,945			167,792,945	167,792,945
Bank of America	Principal Midcap Fund CL R6	4,827,000				4,827,000	4,827,000
Bank of America	Bank of America Temporary Overnight Deposit	136,741,803				136,741,803	136,741,803
Bank of America	Bank of America Temporary Overnight Deposit		135,457,913			135,457,913	135,457,913

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024

unitedag
UNITED AGRICULTURAL BENEFIT TRUST

April 16, 2025

RE: Form 5500 Participating Employer Information

Dear Department of Labor and/or Internal Revenue Service Representative(s):

The United Agricultural Employee Welfare Benefit Plan and Trust ("UABT") is a Multiple Employer Welfare Arrangement (MEWA) authorized and governed by ERISA. UABT serves agricultural workers and employers in the states of California and Arizona. As such, UABT files its Form 5500 as a "Multiple-Employer Plan" consistent with the Form 5500 instructions. We believe we are properly classifying UABT under these instructions.

UABT has a direct competitor in the agricultural health care market within California and Arizona which classifies itself as a "Multiemployer Plan" to avoid filing the required Participating Employer Information as required for Multiple-Employer Plans.

Therefore, UABT has not included its Participating Employer Information with its Form 5500 filing. As this is a public filing, we believe including this information would put UABT at a competitive disadvantage. Our direct competitor could use this information to contact our participating employers and try to underprice their products to "buy" us out of the market. However, UABT has prepared this information and will happily provide it to the DOL or the IRS in a non-public disclosure to ensure our competitors do not have access to our participating employer list.

Please contact me if you would like to discuss this disclosure or have any questions.

Sincerely,

Jayson Welter

Jayson Welter, J.D., M.A.
General Counsel
jwelter@unitedag.org
517-420-3004

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	U.S. Treasury	Note Due 05/15/29, 2.375% ($1,590,000 par amount)	$ 1,762,753	$ 1,465,614
	U.S. Treasury	Note Due 07/31/26, 1.875% ($635,000 par amount)	597,694	612,235
	U.S. Treasury	Note Due 05/15/25, 2.125% ($1,865,000 par amount)	1,822,159	1,850,397
	U.S. Treasury	Note Due 05/31/26, 4.875% ($2,000,000 par amount)	1,998,906	2,016,560
	U.S. Treasury	Note Due 05/15/34, 4.375% ($630,000 par amount)	660,983	620,317
	U.S. Treasury	Note Due 04/30/29, 4.625% ($635,000 par amount)	663,054	641,083
	U.S. Treasury	Note Due 11/15/33, 4.500% ($550,000 par amount)	561,322	547,509
	U.S. Treasury	Note Due 08/15/33, 3.875% ($585,000 par amount)	570,329	556,756
	U.S. Treasury	Note Due 05/15/33, 3.375% ($1,310,000 par amount)	1,275,389	1,203,864
	U.S. Treasury	Note Due 03/31/30, 3.625% ($1,925,000 par amount)	1,857,434	1,855,219
	U.S. Treasury	Note Due 08/31/27, 3.125% ($700,000 par amount)	686,574	679,840
	U.S. Treasury	Note Due 08/15/32, 2.750% ($800,000 par amount)	755,613	709,464
	U.S. Treasury	Note Due 07/31/27, 2.750% ($1,310,000 par amount)	1,236,005	1,261,622
	U.S. Treasury	Note Due 05/31/29, 2.750% ($1,150,000 par amount)	1,098,036	1,075,216
	U.S. Treasury	Note Due 02/15/32, 1.875% ($700,000 par amount)	604,871	588,763
	U.S. Treasury	Note Due 05/31/28, 1.250% ($1,080,000 par amount)	946,605	975,380

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	U.S. Treasury	Note Due 05/15/31, 1.625% ($1,660,000 par amount)	$ 1,426,943	$ 1,400,442
	U.S. Treasury	Note Due 11/15/27, 2.250% ($1,700,000 par amount)	1,679,172	1,607,299
	U.S. Treasury	Note Due 08/15/27, 2.250% ($2,000,000 par amount)	2,012,266	1,901,080
	U.S. Treasury	Note Due 08/15/26, 1.500% ($2,300,000 par amount)	2,199,695	2,201,744
	U.S. Treasury	Note Due 03/31/25, 0.500% ($1,130,000 par amount)	1,053,747	1,119,898
		Subtotal	$ 25,469,550	$ 24,890,302
	Federal Home Loan Mortgage Corporation	Note due on 01/01/50, 5.000% ($1,258,348 par amount)	$ 1,334,438	$ 1,027,856
	Federal Home Loan Mortgage Corporation	Note due on 01/01/32, 4.000% ($104,469 par amount)	111,324	102,657
	Federal Home Loan Mortgage Corporation	Note due on 01/01/31, 2.000% ($116,001 par amount)	113,119	108,248
	Federal Home Loan Mortgage Corporation	Note due on 01/01/30, 2.000% ($27,838 par amount)	27,816	26,366
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($3,333 par amount)	3,327	3,231
	Federal National Mortgage Association	Note due on 01/01/31, 4.000% ($184,844 par amount)	197,147	180,642
	Federal National Mortgage Association	Note due on 01/01/32, 3.000% ($193,703 par amount)	200,301	184,523
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($13,974 par amount)	13,904	13,539
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($12,036 par amount)	12,015	11,662

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($12,172 par amount)	$ 12,151	$ 11,793
	Federal National Mortgage Association	Note due on 01/01/28, 2.000% ($22,338 par amount)	22,083	21,429
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($12,501 par amount)	12,479	12,112
	Federal National Mortgage Association	Note due on 01/01/28, 5.000% ($11,398 par amount)	11,341	11,084
	Federal National Mortgage Association	Note due on 01/01/28, 2.000% ($29,062 par amount)	28,681	28,039
	Federal National Mortgage Association	Note due on 01/01/26, 5.000% ($1,876 par amount)	1,870	1,859
		Subtotal	$ 2,101,996	$ 1,745,040
	Abbott Laboratories	Corporate Bond due 11/30/26, 3.750% ($730,000 par amount)	$ 829,105	$ 721,277
	Abbvie Inc	Corporate Bond due 11/21/29, 3.200% ($795,000 par amount)	728,769	737,879
	Amazon.Com Inc	Corporate Bond due 12/01/32, 4.700% ($1,155,000 par amount)	1,175,744	1,148,186
	Apple Inc	Corporate Bond due 05/11/30, 1.650% ($1,120,000 par amount)	1,060,732	962,797
	Apple Inc	Corporate Bond due 05/11/25, 1.125% ($210,000 par amount)	197,696	207,495
	Bank Of NY Mellon Corp	Corporate Bond due 02/07/28, VAR% ($1,220,000 par amount)	1,304,053	1,188,951
	Burlingtn North Santa Fe	Corporate Bond due 06/15/27, 3.250% ($740,000 par amount)	736,043	718,947
	Caterpillar Finl Service	Corporate Bond due 08/09/26, 2.400% ($1,025,000 par amount)	1,023,921	991,729

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	CB S&P Global Inc	Corporate Bond due 09/15/33, 5.250% ($1,055,000 par amount)	$ 1,118,754	$ 1,066,120
	Charles Schwab Corp	Corporate Bond due 08/24/34, Var Rt ($390,000 par amount)	422,487	409,469
	Charles Schwab Corp	Corporate Bond due 03/11/26, 0.900% ($865,000 par amount)	860,018	827,511
	Chevron Corp	Corporate Bond due 05/11/30, 2.236% ($1,105,000 par amount)	958,367	973,229
	Cisco Systems Inc	Corporate Bond due 09/20/26, 2.500% ($745,000 par amount)	795,392	721,965
	Coca-Cola Co	Corporate Bond due 03/15/28, 1.000% ($910,000 par amount)	892,060	816,124
	Comcast Corp	Corporate Bond due 10/15/28, 4.150% ($1,120,000 par amount)	1,221,716	1,092,258
	Duke Energy Carolinas	Corporate Bond due 12/01/26, 2.950% ($315,000 par amount)	305,411	305,871
	Duke Energy Progress Inc	Corporate Bond due 08/15/25, 3.250% ($500,000 par amount)	513,370	495,865
	EOG Resources Inc	Corporate Bond due 01/15/26, 4.150% ($980,000 par amount)	1,042,517	975,100
	Exxon Mobil Corporation	Corporate Bond due 10/15/30, 2.610% ($770,000 par amount)	764,870	686,062
	Fifth Third Bank	Corporate Bond due JUL/28/25, 3.950% ($725,000 par amount)	727,668	721,607
	Home Depot Inc	Corporate Bond due 06/25/34, 4.950% ($320,000 par amount)	331,731	315,677
	Home Depot Inc	Corporate Bond due 09/15/26, 2.125% ($775,000 par amount)	812,103	745,604
	Honeywell International	Corporate Bond due 09/01/31, 1.750% ($905,000 par amount)	731,059	741,819
	Honeywell International	Corporate Bond due 11/01/26, 2.500% ($250,000 par amount)	249,100	241,305

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Illinois Tool Works Inc	Corporate Bond due 11/15/26, 2.650% ($765,000 par amount)	$ 834,485	$ 742,869
	Intercontinental Exchange	Corporate Bond due 09/15/27, 4.000% ($820,000 par amount)	798,516	805,043
	John Deere Capital Corp	Corporate Bond due 06/10/26, 2.650% ($1,010,000 par amount)	1,058,441	984,306
	Johnson & Johnson	Corporate Bond due 03/01/26, 2.450% ($720,000 par amount)	697,743	703,894
	Jpmorgan Chase & Co	Corporate Bond due 05/06/30, Var Rt ($1,025,000 par amount)	994,323	970,624
	Lockheed Martin Corp	Corporate Bond due 01/15/33, 5.250% ($1,135,000 par amount)	1,188,583	1,147,020
	Merck & Co Inc	Corporate Bond due 02/10/25, 2.750% ($760,000 par amount)	766,872	758,556
	Meta Platforms Inc	Corporate Bond due 05/15/33, 4.950% ($950,000 par amount)	970,187	951,330
	Microsoft Corp	Corporate Bond due 02/06/27, 3.300% ($1,210,000 par amount)	1,258,324	1,184,663
	Morgan Stanley	Corporate Bond due 04/28/26, Var Rt ($740,000 par amount)	705,213	733,399
	Morgan Stanley	Corporate Bond due 04/21/34, Var Rt ($225,000 par amount)	220,842	221,558
	National Rural Util Coop	Corporate Bond due 06/15/26, 1.000% ($820,000 par amount)	815,023	778,328
	Paccar Financial Corp	Corporate Bond due 01/31/29, 4.600% ($970,000 par amount)	964,946	967,594
	Pepsico Inc	Corporate Bond due 03/19/30, 2.750% ($675,000 par amount)	751,329	613,116
	PNC Financial Services	Corporate Bond due 06/12/29, Var Rt ($470,000 par amount)	485,205	478,206
	PNC Financial Services	Corporate Bond due 05/19/27, 3.150% ($750,000 par amount)	756,248	723,555

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	PPL Electric Utilities	Corporate Bond due 05/15/33, 5.000% ($740,000 par amount)	$ 744,048	$ 731,216
	Procter & Gamble Co	Corporate Bond due 01/26/33, 4.050% ($1,025,000 par amount)	1,009,738	977,727
	Procter & Gamble Co	Corporate Bond due 02/02/26, 2.700% ($175,000 par amount)	174,361	171,822
	Qualcomm Inc	Corporate Bond due 05/20/32, 1.650% ($1,385,000 par amount)	1,078,015	1,103,831
	State Street Corp	Corporate Bond due 08/18/25, 3.550% ($770,000 par amount)	853,553	765,349
	Target Corp	Corporate Bond due 04/15/29, 3.375% ($755,000 par amount)	734,102	716,593
	Texas Instruments Inc	Corporate Bond due 05/04/30, 1.750% ($860,000 par amount)	841,175	736,091
	Thermo Fisher Scientific	Corporate Bond due 01/31/34, 5.200% ($795,000 par amount)	820,758	797,520
	Truist Bank	Corporate Bond due 03/10/25, 1.500% ($740,000 par amount)	699,100	735,316
	Union Pacific Corp	Corporate Bond due 02/21/26, 4.750% ($815,000 par amount)	818,040	817,013
	UnitedHealth Group Inc	Corporate Bond due 04/15/27, 3.375% ($500,000 par amount)	516,290	487,190
	Unitedhealth Group Inc	Corporate Bond due 04/15/33, 4.500% ($520,000 par amount)	500,780	493,363
	US Bancorp	Corporate Bond due 05/12/25, 1.450% ($815,000 par amount)	841,936	805,676
	Visa Inc	Corporate Bond due 12/14/25, 3.150% ($745,000 par amount)	812,572	736,544
	Walmart Inc	Corporate Bond due 04/15/33, 4.100% ($1,145,000 par amount)	1,085,552	1,090,956

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Wisconsin Electric Power	Corporate Bond due 09/30/32, 4.750% ($960,000 par amount)	$ 946,195	$ 946,435
		Subtotal	$ 44,545,181	$ 42,689,550
	Blackrock Eqty Dividend Fund	Income Equity Mutual Fund	$ 1,252,000	$ 1,219,629
	Columbia Dividend Income Fund	Income Equity Mutual Fund	1,165,000	1,263,340
	Columbia Large Cap Index Fund	Large Blend Mutual Fund	5,455,323	5,988,867
	JP Morgan Large Cap Growth Fund	Large Cap Mutual Fund	1,794,234	2,806,479
	Principal Midcap Fund	Mid Cap Mutual Fund	5,775,674	6,073,671
		Subtotal	$ 15,442,231	$ 17,351,986
	Federated Hermes	Govt Obligations Fund	$ 13,985,910	$ 13,985,910
	Federated Hermes	Govt Obligations Fund	3,189,611	3,189,611
		Subtotal	$ 17,175,521	$ 17,175,521

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

Year Ended December 31, 2024

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost of acquisitions	Proceeds of dispositions
Pfizer	Corporate Bond due 05/19/33, 4.75% ($880,000 par amount)	$ 879,886	$ 857,278

UNITED AGRICULTURAL EMPLOYEE WELFARE BENEFIT PLAN AND TRUST

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date
Category (i) - transactions in excess of 5% of Plan assets							
Bank of America	Federated Hermes Govt Obligations		$ 5,811,954			$ 5,811,954	$ 5,811,954
Bank of America	Federated Hermes Govt Obligations		4,217,989			4,217,989	4,217,989
Bank of America	Federated Hermes Govt Obligations		5,709,954			5,709,954	5,709,954
Bank of America	Federated Hermes Govt Obligations	$ 5,200,450				5,200,450	5,200,450
Bank of America	Federated Hermes Govt Obligations		4,762,589			4,762,589	4,762,589
Bank of America	Federated Hermes Govt Obligations		4,442,352			4,442,352	4,442,352
Bank of America	Federated Hermes Govt Obligations		4,507,434			4,507,434	4,507,434
Bank of America	Federated Hermes Govt Obligations		3,822,486			3,822,486	3,822,486
Bank of America	Federated Hermes Govt Obligations		4,011,723			4,011,723	4,011,723
Bank of America	Federated Hermes Govt Obligations		9,230,452			9,230,452	9,230,452
Bank of America	Federated Hermes Govt Obligations	4,172,000				4,172,000	4,172,000
Bank of America	Federated Hermes Govt Obligations		4,039,688			4,039,688	4,039,688
Bank of America	Federated Hermes Govt Obligations		5,613,518			5,613,518	5,613,518
Bank of America	Federated Hermes Govt Obligations		3,890,204			3,890,204	3,890,204

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date
Category (i) - transactions in excess of 5% of Plan assets (continued)							
Bank of America	Principal Midcap Fund CL R6	$ 4,250,000				$ 4,250,000	$ 4,250,000
Bank of America	Bank of America Temporary Overnight Deposit	5,190,000				5,190,000	5,190,000
Bank of America	Bank of America Temporary Overnight Deposit		$ 5,190,000			5,190,000	5,190,000
Bank of America	Bank of America Temporary Overnight Deposit	4,172,000				4,172,000	4,172,000
Bank of America	Bank of America Temporary Overnight Deposit		4,172,000			4,172,000	4,172,000
Category (iii) - series of transactions in excess of 5% of Plan assets							
Bank of America	Federated Hermes Govt Obligations	163,456,002				163,456,002	163,456,002
Bank of America	Federated Hermes Govt Obligations		167,792,945			167,792,945	167,792,945
Bank of America	Principal Midcap Fund CL R6	4,827,000				4,827,000	4,827,000
Bank of America	Bank of America Temporary Overnight Deposit	136,741,803				136,741,803	136,741,803
Bank of America	Bank of America Temporary Overnight Deposit		135,457,913			135,457,913	135,457,913

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024