

|   |  |   |
|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|---|

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

**A** This return/report is for:     a multiemployer plan     a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan     a DFE (specify) \_\_\_\_\_

**B** This return/report is:     the first return/report     the final return/report

an amended return/report     a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program

special extension (enter description)

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

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b> |
|----------------|---|

|   |   |
|---|---|
| <b>1a</b> Name of plan<br><u>MEDBEST MEDICAL MANAGEMENT 401(K) PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MEDBEST MEDICAL MANAGEMENT, INC.</u><br><br><u>251 SALINA MEADOWS PARKWAY, STE 100</u><br><u>SYRACUSE, NY 13212</u> | <b>1c</b> Effective date of plan<br><u>04/07/1997</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>16-1504941</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>315-464-2000</u><br><br><b>2d</b> Business code (see instructions)<br><u>541990</u> |

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

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

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

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 1121 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 694  |
|   | <b>6a(2)</b>                               | 728  |
|   | <b>6b</b>                                  |      |
|   | <b>6c</b>                                  | 470  |
|   | <b>6d</b>                                  | 1198 |
|   | <b>6e</b>                                  | 0    |
|   | <b>6f</b>                                  | 1198 |
|   | <b>6g(1)</b>                               | 1198 |
|   | <b>6g(2)</b>                               | 1198 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2G 2J 2K 2F 2T 2V 3D

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|  |  |
|--|--|
| <b>A</b> Name of plan<br><b>MEDBEST MEDICAL MANAGEMENT 401(K) PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEDBEST MEDICAL MANAGEMENT, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>16-1504941</b> |

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**THE VARIABLE ANNUITY LIFE INSURANCE CO.**

| (b) EIN           | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|---------------|---------------------------------------|---|-------------------------|-------------------|
|                   |               |                                       |   | (f) From                | (g) To            |
| <b>74-1625348</b> | <b>70238</b>  | <b>56032</b>                          | <b>829</b>  | <b>01/01/2024</b>       | <b>12/31/2024</b> |

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

|   |                                      |
|---|--------------------------------------|
| <b>(a) Total amount of commissions paid</b> | <b>(b) Total amount of fees paid</b> |
|---|--------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |          |         |
|--|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 1416040 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |         |

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

|  |   |              |         |
|--|---|--------------|---------|
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>   | 22221        |         |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>  | 825630       |         |
|  | <b>7c(2)</b>  | 0            |         |
|  | <b>7c(3)</b>  | 24982        |         |
|  | <b>7c(4)</b>  | 978693       |         |
|  | <b>7c(5)</b>  | 0            |         |
|  | (6) Total additions .....   | <b>7c(6)</b> | 1829305 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>   | 1851526      |         |
| <b>e</b> Deductions:   |   |              |         |
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 300699  |
|  | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | 0       |
|  | (3) Transferred to separate account .....                                 | <b>7e(3)</b> | 132379  |
|  | (4) Other (specify below).....<br>▶ <b>CONTRACT SURRENDER CHARGES</b>     | <b>7e(4)</b> | 2409    |
| (5) Total deductions .....   | <b>7e(5)</b>  | 435487       |         |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>   | 1416039      |         |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|  |  |
|--|--|
| <b>A</b> Name of plan<br><b>MEDBEST MEDICAL MANAGEMENT 401(K) PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEDBEST MEDICAL MANAGEMENT, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>16-1504941</b> |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VARIABLE ANNUITY LIFE INSURANCE CO.**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>74-1625348</b> | <b>70238</b>         | <b>56032</b>                                 | <b>938</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

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

|  |  |
|--|--|
| <b>(a)</b> Total amount of commissions paid<br><b>2412</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|--|--|

**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  
**ELLEN M. RAFLOWSKI** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
| <b>1288</b>  |  |                    | <b>3</b>                     |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**GREGORY D. REO** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
| <b>945</b>   |  |                    | <b>3</b>                     |

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

TAYLOR JAQUAYS

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 34  |                                 |             | 3                     |

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

COLLIN T. COOK

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 30  |                                 |             | 3                     |

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

JOHN M. NEWTON

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 28  |                                 |             | 3                     |

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

MARIA KYRIAKIDES

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 26  |                                 |             | 3                     |

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

BELETE ALEMU

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 19  |                                 |             | 3                     |

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

THOMAS CHAMBERS

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 18  |                                 |             | 3                     |

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

LLOYD SHAW

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 13  |                                 |             | 3                     |

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

ROSE BIZARRO

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 11  |                                 |             | 3                     |

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

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

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

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

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                      |
|----------------------------|--|----------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                      |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 4246718              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 31536593             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                      |
| <b>a</b>                   | State the basis of premium rates ▶   |                      |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>            |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>            |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>            |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                      |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                      |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                      |
| <b>a</b>                   | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                      |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 5465690    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b> 28      |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b> 0       |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 122827  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 501998  |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b> 0       |
|                            | (6) Total additions .....  | <b>7c(6)</b> 624853  |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 6090543    |
| <b>e</b>                   | <b>Deductions:</b>   |                      |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 1473723 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 0       |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 354256  |
|                            | (4) Other (specify below).....<br>▶ <b>CONTRACT SURRENDER CHARGES</b>  | <b>7e(4)</b> 15847   |
| (5) Total deductions ..... | <b>7e(5)</b> 1843826   |                      |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 4246717    |

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>MEDBEST MEDICAL MANAGEMENT 401(K) PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEDBEST MEDICAL MANAGEMENT, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>16-1504941</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---|--|--|--|---|--|
| 26 28 29<br>37 52 64<br>72 | NONE  | 167515   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>MEDBEST MEDICAL MANAGEMENT 401(K) PLAN</u>  | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MEDBEST MEDICAL MANAGEMENT, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>16-1504941</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u>    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VARIABLE ANNUITY LIFE INSURANCE CO.</u> |                               |   |
| <b>c</b> EIN-PN <u>74-1625348-000</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30787201</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>MEDBEST MEDICAL MANAGEMENT 401(K) PLAN</b>                                   | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEDBEST MEDICAL MANAGEMENT, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>16-1504941</b> |

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

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 1996849               | 2233333         |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 652827                | 859217          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 40044220              | 30787201        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1028759               | 16361940        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 5487911               | 5662757         |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 49210566              | 55904448        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 49210566              | 55904448        |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 3261108    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 3136037    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 231880     |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 6629025   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 31610      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 147810     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 179420    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 461624     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 461624    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |        | (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)  |            | 3560380   |
| (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) |            | 943226    |
| <b>c</b> Other income .....   | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 11773675  |

**Expenses**

|   |        |         |         |
|---|--------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 4912278 |         |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  |         |         |
| (3) Other .....   | 2e(3)  |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  |         | 4912278 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| <b>h</b> Interest expense .....   | 2h     |         |         |
| <b>i</b> Administrative expenses:   |        |         |         |
| (1) Salaries and allowances .....   | 2i(1)  |         |         |
| (2) Contract administrator fees .....   | 2i(2)  |         |         |
| (3) Recordkeeping fees .....  | 2i(3)  | 167515  |         |
| (4) IQPA audit fees .....   | 2i(4)  |         |         |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  |         |         |
| (7) Actuarial fees .....  | 2i(7)  |         |         |
| (8) Legal fees .....  | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....  | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....  | 2i(10) |         |         |
| (11) Other expenses .....   | 2i(11) |         |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |         | 167515  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 5079793 |

**Net Income and Reconciliation**

|   |       |  |         |
|---|-------|--|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 6693882 |
| <b>l</b> Transfers of assets:                                   |       |  |         |
| (1) To this plan .....  | 2l(1) |  |         |
| (2) From this plan .....  | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: CUOMO, WINTERS & SCHMIDT, CPAS PLLC

(2) EIN: 47-3999292

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>MEDBEST MEDICAL MANAGEMENT 401(K) PLAN</u>                                   | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MEDBEST MEDICAL MANAGEMENT, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>16-1504941</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

|  |   |  |
|--|---|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | 1 |  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): <u>74-1625348</u> |   |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |   |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | 3 |  |

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>   |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a                           |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b                           |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....   | 6c                           |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>  |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|  |                                   |                                   |                               |                             |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | <b>16b</b> |  |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702922A.

|   |  |   |
|---|--|---|
| <b>SCHEDULE MEP<br/>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service<br/>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b><br><br>This schedule is required to be filed under section 104 of the<br>Employee Retirement Income Security Act of 1974 (ERISA) and<br>Section 6058(a) of the Internal Revenue Code (the Code)<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><hr/> <b>This Form is Open to Public<br/>Inspection</b> |
|---|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>MEDBEST MEDICAL MANAGEMENT 401(K) PLAN</b> | <b>B</b> Three-digit Plan number (PN)..... ▶ | <b>001</b> |
|--|--|------------|

|   |   |
|---|---|
| <b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br><b>MEDBEST MEDICAL MANAGEMENT, INC.</b> | <b>D</b> Administrator's EIN<br><b>16-1504941</b> |
|---|---|

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

|   |                                    |   |   |
|---|------------------------------------|---|---|
| <b>2a</b> Name of Participating Employer<br><b>MEDBEST MEDICAL MANAGEMENT, INC</b>          | <b>2b</b> EIN<br><b>16-1504941</b> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><b>12.91</b> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><b>1117711</b> |
| <b>2a</b> Name of Participating Employer<br><b>UPSTATE MEDICAL ANESTHESIOLOGY GROUP INC</b> | <b>2b</b> EIN<br><b>16-1405520</b> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><b>1.15</b>  | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><b>510572</b>  |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

|  |           |   |
|--|-----------|---|
| <b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?  | <b>2e</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | <b>2f</b> |   |
| <b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.  | <b>2g</b> |   |

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer                                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| UPSTATE ORTHOPEDICS AMBULATORY SURGERY CENTER, LLC                     | 77-0711020 | 3.25   | 3374242  |
| UPSTATE EMERGENCY MEDICINE INC   | 16-1502502 | 4.76   | 4526477  |
| UPSTATE MEDICAL UNIVERSITY   | 14-6013200 | 3.66   | 2939512  |
| UPSTATE FAMILY AND PREVENTIVE MEDICINE, INC                            | 47-5639899 | 2.37   | 1416396  |
| UPSTATE GASTROENTEROLOGY, LLC  | 27-0998899 | 0.67   | 335883   |
| DEPARTMENT OF MEDICINE MEDICAL SERVICE GROUP AT THE SUNY HSC AT SYRACU | 16-1475278 | 19.68  | 7368346  |
| DEPARTMENT OF NEUROLOGY MEDICAL SERVICE GROUP LLP                      | 16-6066240 | 2.87   | 1146197  |
| NEUROSURGICAL ASSOCIATES OF CENTRAL NEW YORK LLP                       | 16-6087193 | 2.40   | 1492991  |
| UNIVERSITY OB/GYN ASSOCIATES INC                                       | 16-1478978 | 3.44   | 1826680  |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer                              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| OPHTHALMOLOGY MEDICAL SERVICE GROUP INC                        | 16-1477355 | 0.65   | 268992   |
| UPSTATE ORTHOPEDICS LLP  | 16-6081392 | 10.35  | 4581822  |
| UNIVERSITY OTOLARYNGOLOGY ASSOCIATES OF CENTRAL NEW YORK, LLP  | 16-6076901 | 0.89   | 348996   |
| UNIVERSITY PATHOLOGISTS LABORATORIES LLP                       | 16-6066162 | 0.06   | 35508  |
| PEDIATRIC SERVICE GROUP LLP                                    | 15-6022121 | 3.42   | 2114762  |
| PHYSICAL MEDICINE AND REHABILITATION MEDICAL SERVICE GROUP LLP | 16-1373442 | 0.90   | 592601   |
| PSYCHIATRY FACULTY PRACTICE INC                                | 47-2657089 | 7.20   | 2462532  |
| UNIVERSITY RADIOLOGY ASSOCIATES LLP                            | 16-6054711 | 4.11   | 1908494  |
| UPSTATE UNIVERSITY RADIATION ONCOLOGY INC                      | 01-0937318 | 1.27   | 860768   |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| 2a Name of Participating Employer                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---|------------|--|--|
| UNIVERSITY SURGICAL ASSOCIATES LLP                | 16-6074527 | 4.75   | 3135027  |
| UPSTATE UNIVERSITY MEDICAL ASSOCIATES AT SYRACUSE | 46-1654625 | 8.89   | 3467366  |
| UPSTATE UROLOGY INC                               | 26-2993919 | 0.34   | 75826  |
| 2a Name of Participating Employer                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
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| 2a Name of Participating Employer                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

---

|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|---|

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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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**MEDBEST MEDICAL MANAGEMENT, INC.  
401(K) PLAN**

**FINANCIAL STATEMENTS  
(and Independent Auditors' Report Thereon)**

**Years Ended December 31, 2024 and 2023**

**MEDBEST MEDICAL MANAGEMENT, INC.**  
**401(K) PLAN**

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## INDEPENDENT AUDITORS' REPORT

**To the Participants and Plan Administrator of  
MedBest Medical Management, Inc.  
401(k) Plan**

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the financial statements of MedBest Medical Management, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of MedBest Medical Management, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from Variable Annuity Life Insurance Company (VALIC) as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by VALIC agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

We conducted our audit 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 MedBest Medical Management, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 MedBest Medical Management, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 MedBest Medical Management, Inc. 401(k) 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 MedBest Medical Management, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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**

The supplemental schedule of Assets Held at End of Year is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



East Syracuse, New York  
September 17, 2025

**MEDBEST MEDICAL MANAGEMENT, INC.**  
**401(K) PLAN**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| <b>Assets</b>                            |                      |                      |
| Investments at fair value                | \$ 47,149,141        | \$ 41,072,979        |
| Annuities at contract value              | 5,662,757            | 5,487,911            |
| <b>Receivables:</b>                      |                      |                      |
| Employer contribution                    | 2,233,333            | 1,996,849            |
| Notes receivable from participants       | <u>859,217</u>       | <u>652,827</u>       |
| <b>Total receivables</b>                 | <u>3,092,550</u>     | <u>2,649,676</u>     |
| <b>Total Assets</b>                      | <u>55,904,448</u>    | <u>49,210,566</u>    |
| <b>Liabilities</b>                       |                      |                      |
| <b>Liabilities</b>                       |                      |                      |
| Other liabilities                        | <u>-</u>             | <u>-</u>             |
| <b>Total liabilities</b>                 | <u>-</u>             | <u>-</u>             |
| <b>Net Assets Available for Benefits</b> | <u>\$ 55,904,448</u> | <u>\$ 49,210,566</u> |

The accompanying notes are an integral part of these financial statements.

**MEDBEST MEDICAL MANAGEMENT, INC.**  
**401(K) PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2024**

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**Additions:**

**Investment Income:**

|   |                  |
|---|------------------|
| Net appreciation in fair value of investments | \$ 4,503,606     |
| Dividends                                     | 461,624          |
| Interest income                               | <u>147,810</u>   |
| <b>Total investment income</b>                | <u>5,113,040</u> |

|  |               |
|--|---------------|
| <b>Interest income on notes receivable from participants</b> | <u>31,610</u> |
|--|---------------|

**Contributions:**

|              |                |
|--------------|----------------|
| Employer     | 3,261,108      |
| Participants | 3,136,037      |
| Rollovers    | <u>231,880</u> |

|                            |                  |
|----------------------------|------------------|
| <b>Total contributions</b> | <u>6,629,025</u> |
|----------------------------|------------------|

|                        |                   |
|------------------------|-------------------|
| <b>Total additions</b> | <u>11,773,675</u> |
|------------------------|-------------------|

**Deductions:**

|                               |                  |
|-------------------------------|------------------|
| Administrative expenses       | 167,515          |
| Benefits paid to participants | <u>4,912,278</u> |

|                         |                  |
|-------------------------|------------------|
| <b>Total deductions</b> | <u>5,079,793</u> |
|-------------------------|------------------|

|  |           |
|--|-----------|
| <b>Net increase in net assets available for benefits</b> | 6,693,882 |
|--|-----------|

|  |                   |
|--|-------------------|
| <b>Net assets available for benefits-beginning of year</b> | <u>49,210,566</u> |
|--|-------------------|

|  |                      |
|--|----------------------|
| <b>Net assets available for benefits-end of year</b> | <u>\$ 55,904,448</u> |
|--|----------------------|

The accompanying notes are an integral part of these financial statements.

**MEDBEST MEDICAL MANAGEMENT, INC.**  
**401(K) PLAN**

**Notes to Financial Statements**

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**Note 1 – Description of the Plan**

The following description of the MedBest Medical Management, Inc. (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan intended to comply with Section 401(k) of the Internal Revenue Code of 1986 and the Employee Retirement Income Security Act of 1974. For years beginning on and after January 1, 2008, the Plan has been designated as a "safe harbor 401(k) plan".

**Eligibility and Participation**

Employees hired prior to April 8, 1997, became eligible to participate upon the date that their employment began. Current eligibility requirements require the participant to be age 21 and have completed three months of service for elective deferrals and a year of service for matching and nonelective contributions. Participation begins the first day of the month following the date that the Plan's eligibility requirements are met.

**Participant Contributions**

Each year, participants may contribute the maximum allowed by law of pre-tax amounts, as defined in the Plan. For 2024, the maximum elective deferral was \$23,000 with a \$7,500 catch-up contribution for participants aged 50 and over for both pre-tax and after-tax participants.

**Employer Contributions**

As a safe harbor 401(k) plan, the Company must elect to satisfy the safe harbor at least 30 days, but not more than 90 days, before the beginning of each Plan year. The election requires the Company to make a contribution equal to 3% of the participant's eligible compensation. The Company also makes a discretionary contribution of 5% of a participant's eligible income as previously approved by the Board of Directors.

**Participant Accounts**

Each participant's account reflects the total current value of all employer and employee contributions made to the Plan on behalf of the participant. The value of a participant's individual account is determined on the last day of the Plan year.

**Vesting**

Upon death, total and permanent disability, retirement or early retirement (must be age 55 and have completed six years of service), employer contributions fully vest. Participants hired prior to April 8, 1997, were 100% vested immediately. Employees hired on or after April 8, 1997, will vest according to the following schedule:

**MEDBEST MEDICAL MANAGEMENT, INC.**  
**401(K) PLAN**

**Notes to Financial Statements**

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**Note 1 – Description of the Plan (continued)**

**Vesting (continued)**

| <u>Years of Vesting Service</u> | <u>Vesting Percentage</u> |
|---------------------------------|---------------------------|
| Less than 2                     | 0%                        |
| 2                               | 20%                       |
| 3                               | 40%                       |
| 4                               | 60%                       |
| 5                               | 80%                       |
| 6 or more                       | 100%                      |

Regardless of the vesting schedule above, participants are always 100% vested in their salary reduction amounts and the Company's safe harbor contributions. The Company's discretionary contributions are subject to the vesting schedule above.

**Investment Options**

All contributions made to the participant account are invested in a group mutual fund managed by professional money managers. There are various investment options, and the participant shall specify the manner in which contributions made on his behalf are to be invested. Investments may be changed from time to time pursuant to the terms of the contract and prospectus.

**Notes Receivable from Participants**

Loans to participants are permitted. Spousal consent is not required. The minimum amount of any loan will be \$1,000. Loans cannot exceed the lesser of \$50,000 or one-half of the vested portion of the participant account balance. The loans are secured by the balance in the participant's account. The term of the loan cannot be longer than five years. If the loan is for the purchase of a principal residence, a ten-year repayment period is permitted. The interest is set to the Moody's corporate bond yield average. Principal and interest is paid monthly by the participant directly to VALIC.

**Payment of Benefits**

Upon death, disability, retirement or termination, the participant's vested benefits are paid in a lump sum or in installments for Required Minimum Distributions. Payment of a terminated participant's benefit may be paid out in a lump sum or rolled over to another qualified plan.

**Forfeitures**

If a participant stops working before they are 100% vested, the part of their account that is not vested is forfeited. All forfeitures shall be used to reduce employer contributions otherwise payable for the Plan year in which such forfeitures arise, and for each succeeding Plan year if necessary, until such forfeitures are exhausted. Forfeitures available to reduce employer contributions for years ending December 31, 2024 and 2023 were \$77,806 and \$75,566, respectively.

**MEDBEST MEDICAL MANAGEMENT, INC.**  
**401(K) PLAN**

**Notes to Financial Statements**

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

**Basis of Accounting**

The financial statements included herein have been prepared on an accrual basis of accounting in accordance with generally accepted accounting principles and are in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure.

**Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value (except for the fully benefit responsive investment contract, which is reported at contract value). Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. See Note 3 for discussion of fair value measurements.

Purchases and sales of shares are made at the net asset values of such shares. Transactions are recorded on a trade date basis. Realized gains and losses on the sales of investments are recognized at the date of sale. The cost basis to calculate the realized gains and losses is determined by recording purchases and subsequent sales on a first-in, first-out basis. Dividends and capital gain distributions from the funds are recorded on the ex-dividend date and reinvested upon receipt.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

**Payment of Benefits**

Benefits are recorded when paid. The Plan participants pay any administrative expenses.

**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). The three levels of fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.

**MEDBEST MEDICAL MANAGEMENT, INC.  
401(K) PLAN**

**Notes to Financial Statements**

**Note 3 – Fair Value Measurements (continued)**

Level 2 inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- 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.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The level in the fair value hierarchy within which a fair measurement falls is based on the lowest level input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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.

Mutual funds and money market funds – Valued at the daily closing price as reported by the fund. Mutual funds and money market funds held by the Plan are open-ended funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are determined to be actively traded.

Investments in VALIC Fixed Accounts are reported at contract value, which approximates fair value. As these investments are contract-based, observable prices for identical or similar investments do not exist, and accordingly, these investments are valued using unobservable inputs (Level 3). Also see Note 4 for discussion of the VALIC Fixed Accounts.

The following table represents the current market value of mutual funds invested in by the plan as of December 31, 2024 and 2023.

| <u>2024</u>                | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u>      | <u>Total</u>         |
|----------------------------|----------------------|----------------|---------------------|----------------------|
| Mutual funds               | \$ 47,149,141        | \$ -           | \$ -                | \$ 47,149,141        |
| Annuity contract           | <u>-</u>             | <u>-</u>       | <u>5,662,757</u>    | <u>5,662,757</u>     |
| Total assets at fair value | <u>\$ 47,149,141</u> | <u>\$ -</u>    | <u>\$ 5,662,757</u> | <u>\$ 52,811,898</u> |
|                            |                      |                |                     |                      |
| <u>2023</u>                | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u>      | <u>Total</u>         |
| Mutual funds               | \$ 41,072,979        | \$ -           | \$ -                | \$ 41,072,979        |
| Annuity contract           | <u>-</u>             | <u>-</u>       | <u>5,487,911</u>    | <u>5,487,911</u>     |
| Total assets at fair value | <u>\$ 41,072,979</u> | <u>\$ -</u>    | <u>\$ 5,487,911</u> | <u>\$ 46,560,890</u> |

**MEDBEST MEDICAL MANAGEMENT, INC.  
401(K) PLAN**

**Notes to Financial Statements**

**Note 4 - VALIC Fixed Account Annuity**

The VALIC Fixed Accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses as allowed by the Plan. Plan management has determined that contract value approximates fair value. Contract value, as determined by VALIC, represents contributions made under the agreement, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The minimum guaranteed interest rate varies by participant and depends on the date the participant established their account. For the year ended December 31, 2024, the average rate of return was 2.65%.

|                   | <u>2024</u>         | <u>2023</u>         |
|-------------------|---------------------|---------------------|
| Beginning balance | \$ 5,487,911        | \$ 6,820,803        |
| Contributions     | 2,306,349           | 1,321,673           |
| Interest income   | 147,809             | 162,760             |
| Distributions     | (2,261,057)         | (2,798,425)         |
| Fees              | <u>(18,255)</u>     | <u>(18,900)</u>     |
| Total             | <u>\$ 5,662,757</u> | <u>\$ 5,487,911</u> |

**Note 5 – Related Party Transactions**

Certain Plan investments are shares of mutual funds managed by Variable Annuity Life Insurance Company (VALIC). These transactions qualify as party-in-interest. The Plan also pays administrative fees to VALIC.

**Note 6 – Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will receive the total balance in their individual account.

**Note 7 – Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

|  | <u>2024</u>       | <u>2023</u>       |
|--|-------------------|-------------------|
| Net assets available for benefits per the financial statements | \$ 55,967,102     | \$ 49,210,566     |
| Net assets available for benefits per the Form 5500            | <u>55,967,102</u> | <u>49,210,566</u> |
| Difference   | <u>\$ -</u>       | <u>\$ -</u>       |

**MEDBEST MEDICAL MANAGEMENT, INC.**  
**401(K) PLAN**

**Notes to Financial Statements**

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**Note 8 – Tax Status**

The Internal Revenue Service has determined by a letter dated June 30, 2020, that the Plan, Prototype Non-Standardized Pre-Approved Profit-Sharing Plan/Money Purchase with CODA, is designed in accordance with applicable section 401 of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more than likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by the Internal Revenue Service; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to tax examinations for years prior to 2021.

**Note 9 – Risks and Uncertainties**

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 changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Note 10 – Certified Investments**

The Company, acting in its capacity as the Plan administrator, has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of the unaudited information regarding the Plan as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included in the Plan's financial statements and supplemental schedule, that was derived from the information prepared by Variable Annuity Life Insurance Company, the trustee of the Plan and furnished to the Company. The Company has obtained certifications from Variable Annuity Life Insurance Company as of December 31, 2024 and 2023 and for the year ended December 31, 2024, that such information is complete and accurate.

|                   | <u>2024</u>   | <u>2023</u>   |
|-------------------|---------------|---------------|
| Mutual funds      | \$ 47,149,141 | \$ 41,072,979 |
| Annuity contracts | 5,662,757     | 5,487,911     |
| Participant loans | 859,217       | 652,827       |
| Investment income | 5,144,650     | 5,860,746     |

**MEDBEST MEDICAL MANAGEMENT, INC.  
401(K) PLAN**

**Notes to Financial Statements**

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**Note 11 – Subsequent Events**

In accordance with FASB Accounting Standards Codification Topic 855, Subsequent Events, the Organization has evaluated subsequent events through September 17, 2025, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of September 17, 2025, have been incorporated into these financial statements herein.

**MEDBEST MEDICAL MANAGEMENT, INC. 401(K) PLAN**  
**EIN 16-1504941 Plan Number 001**  
**Schedule H Line 4i**  
**Schedule of Assets Held at End of Year**  
**December 31, 2024**

| (a)  | (b)   | (c)  | (d)           | (e)       |
|--|---|------|---------------|-----------|
| Identity of issue, borrower, lessor or similar party | Description of investment including maturity dates, rate of interest, collateral, par, or maturity date | Cost | Current Value |           |
| <b>Mutual funds:</b>                                 |   |      |               |           |
| * Variable Annuity Life Insurance Co.                | Aggressive Growth Lifestyle   | N/A  | \$            | 2,589,265 |
| American Beacon                                      | Bridgeway Large Capital Growth Institutional  | N/A  |               | 15,415    |
| Ariel Investments, LLC                               | Ariel Appreciation Fund   | N/A  |               | 40,797    |
| Ariel Investments, LLC                               | Ariel Fund  | N/A  |               | 61,560    |
| * Variable Annuity Life Insurance Co.                | Core Bond Fund  | N/A  |               | 1,111,105 |
| * Variable Annuity Life Insurance Co.                | Dividend Value Fund   | N/A  |               | 121,675   |
| * Variable Annuity Life Insurance Co.                | Emerging Economies Fund   | N/A  |               | 1,806,515 |
| * Variable Annuity Life Insurance Co.                | Global Real Estate Fund   | N/A  |               | 612,385   |
| * Variable Annuity Life Insurance Co.                | Global Strategy Fund  | N/A  |               | 14,258    |
| * Variable Annuity Life Insurance Co.                | Government Securities Fund  | N/A  |               | 71,236    |
| * Variable Annuity Life Insurance Co.                | Growth Fund   | N/A  |               | 86,744    |
| * Variable Annuity Life Insurance Co.                | Goldman Sachs VIT Government Money Market Fd Inst   | N/A  |               | 1,185,233 |
| * Variable Annuity Life Insurance Co.                | High Yield Bond Fund  | N/A  |               | 395,745   |
| * Variable Annuity Life Insurance Co.                | Inflation Protected Fund  | N/A  |               | 594,157   |
| * Variable Annuity Life Insurance Co.                | International Growth Fund   | N/A  |               | 54,800    |
| * Variable Annuity Life Insurance Co.                | International Value Fund  | N/A  |               | 921,826   |
| * Variable Annuity Life Insurance Co.                | International Equities Index Fund   | N/A  |               | 3,100,863 |
| * Variable Annuity Life Insurance Co.                | International Opportunities Fund  | N/A  |               | 880,345   |
| * Variable Annuity Life Insurance Co.                | International Socially Responsible Fund   | N/A  |               | 671,980   |
| * Variable Annuity Life Insurance Co.                | Large Capital Growth Fund   | N/A  |               | 209,305   |
| * Variable Annuity Life Insurance Co.                | Mid Cap Index Fund  | N/A  |               | 2,239,369 |
| * Variable Annuity Life Insurance Co.                | Mid Cap Strategic Growth Fund   | N/A  |               | 977,141   |
| * Variable Annuity Life Insurance Co.                | Mid Cap Value Fund  | N/A  |               | 1,037,288 |
| * Variable Annuity Life Insurance Co.                | Moderate Growth Lifestyle Fund  | N/A  |               | 855,347   |
| * Variable Annuity Life Insurance Co.                | Nasdaq-100 Index Fund   | N/A  |               | 240,580   |
| * Variable Annuity Life Insurance Co.                | Science & Technology Fund   | N/A  |               | 217,436   |
| * Variable Annuity Life Insurance Co.                | Small Cap Growth Fund   | N/A  |               | 67,943    |
| * Variable Annuity Life Insurance Co.                | Small Cap Index Fund  | N/A  |               | 428,746   |
| * Variable Annuity Life Insurance Co.                | Small Cap Special Values Fund   | N/A  |               | 1,695     |
| * Variable Annuity Life Insurance Co.                | Small Cap Value Fund  | N/A  |               | 719,834   |
| * Variable Annuity Life Insurance Co.                | Stock Index Fund  | N/A  |               | 3,077,623 |
| * Variable Annuity Life Insurance Co.                | Systematic Core Fund  | N/A  |               | 39,016    |
| * Variable Annuity Life Insurance Co.                | Systematic Growth Fund  | N/A  |               | 371,360   |
| * Variable Annuity Life Insurance Co.                | Systematic Value Fund   | N/A  |               | 216,423   |
| * Variable Annuity Life Insurance Co.                | Socially Responsible Fund   | N/A  |               | 1,371,736 |
| The Vanguard Group                                   | Vanguard LifeStrategy Conservative Growth Fund  | N/A  |               | 35,728    |
| The Vanguard Group                                   | Vanguard LifeStrategy Growth Fund   | N/A  |               | 371,799   |
| The Vanguard Group                                   | Vanguard LifeStrategy Moderate Growth Fund  | N/A  |               | 330,373   |
| The Vanguard Group                                   | Vanguard Long-Term Treasury Fund  | N/A  |               | 52,155    |
| The Vanguard Group                                   | Vanguard Long-Term Investment Grade Fund  | N/A  |               | 16,905    |
| The Vanguard Group                                   | Vanguard Wellington Fund  | N/A  |               | 304,545   |
| The Vanguard Group                                   | Vanguard Windsor II Fund  | N/A  |               | 2,371,944 |
| * Variable Annuity Life Insurance Co.                | VC I Capital Appreciaton Fund   | N/A  |               | 587,805   |
| * Variable Annuity Life Insurance Co.                | VC I Conservative Growth Lifestyle Fund   | N/A  |               | 309,202   |

See independent auditor's report and notes to the financial statements.

**MEDBEST MEDICAL MANAGEMENT, INC. 401(K) PLAN**  
**EIN 16-1504941 Plan Number 001**  
**Schedule H Line 4i**  
**Schedule of Assets Held at End of Year**  
**December 31, 2024**

| (a) | (b)   | (c)  | (d)         | (e)                  |
|-----|---|--|-------------|----------------------|
|     | <b>Identity of issue, borrower, lessor or similar party</b> | <b>Description of investment including maturity dates, rate of interest, collateral, par, or maturity date</b> | <b>Cost</b> | <b>Current Value</b> |
|     | Allspring Global Investments                                | Allspring Core Plus Bond R6  | N/A         | 252,078              |
|     | American Funds  | American Inflation Link Bond R6  | N/A         | 172,788              |
|     | Dimensional Fund Advisors                                   | DFA Emerging Markets Small Cap I   | N/A         | 159,867              |
|     | Dimensional Fund Advisors                                   | DFA International Value Portfolio Institutional  | N/A         | 165,003              |
|     | Dimensional Fund Advisors                                   | DFA Real Estate Securities I   | N/A         | 296,864              |
|     | Dimensional Fund Advisors                                   | DFA US Targeted Value I  | N/A         | 32,576               |
|     | Dimensional Fund Advisors                                   | DFA US Vector Equity I   | N/A         | 1,395,129            |
|     | Dodge & Cox   | Dodge & Cox Global I   | N/A         | 11,271               |
|     | MFS Investment Management                                   | MFS Massachusetts Investors Growth R6  | N/A         | 1,163,871            |
|     | The Vanguard Group  | Vanguard Mid Cap Index Admiral   | N/A         | 643,768              |
|     | The Vanguard Group  | Vanguard Windsor II Admiral  | N/A         | 343,042              |
|     | The Vanguard Group  | Vanguard 500 Indes Admiral   | N/A         | 4,780,006            |
|     | The Vanguard Group  | Vanguard Developed Markets Indes Admiral   | N/A         | 2,875,336            |
|     | The Vanguard Group  | Vanguard Explorer Admiral  | N/A         | 349,247              |
|     | The Vanguard Group  | Vanguard Intermediate-Term Bond Index Fund Admiral   | N/A         | 875,312              |
|     | The Vanguard Group  | Vanguard Small Cap Index Admiral   | N/A         | 49,428               |
|     | The Vanguard Group  | Vanguard Target Retirement 2070  | N/A         | 221                  |
|     | The Vanguard Group  | Vanguard Target Retirement 2065  | N/A         | 7,252                |
|     | The Vanguard Group  | Vanguard Target Retirement 2020  | N/A         | 77                   |
|     | The Vanguard Group  | Vanguard Target Retirement 2025  | N/A         | 24,841               |
|     | The Vanguard Group  | Vanguard Target Retirement 2030  | N/A         | 3,167                |
|     | The Vanguard Group  | Vanguard Target Retirement 2035  | N/A         | 566,719              |
|     | The Vanguard Group  | Vanguard Target Retirement 2040  | N/A         | 9,050                |
|     | The Vanguard Group  | Vanguard Target Retirement 2045  | N/A         | 10,397               |
|     | The Vanguard Group  | Vanguard Target Retirement 2050  | N/A         | 75,157               |
|     | The Vanguard Group  | Vanguard Target Retirement 2055  | N/A         | 8,784                |
|     | The Vanguard Group  | Vanguard Target Retirement 2060  | N/A         | 30,420               |
|     | The Vanguard Group  | Vanguard Target Retirement Income  | N/A         | 37,600               |
|     | The Vanguard Group  | Vanguard Wellington Admiral  | N/A         | 678,794              |
| *   | Variable Annuity Life Insurance Co.                         | VALIC Co I High Yield Bond   | N/A         | 95,179               |
| *   | Variable Annuity Life Insurance Co.                         | VALIC Co I International Growth  | N/A         | 62,248               |
| *   | Variable Annuity Life Insurance Co.                         | VALIC Co I Mid Cap Strategic Growth  | N/A         | 839,575              |
| *   | Variable Annuity Life Insurance Co.                         | VALIC Co I NASDAQ 100 Index  | N/A         | 283,016              |
| *   | Variable Annuity Life Insurance Co.                         | VALIC Co I Systematic Core   | N/A         | 63,856               |
|     |   | <b>Total mutual funds</b>  |             | <b>\$ 47,149,141</b> |
|     |   | <b>Annuity contracts:</b>  |             |                      |
| *   | Variable Annuity Life Insurance Co.                         | Fixed Account Plus   | N/A         | 3,916,276            |
| *   | Variable Annuity Life Insurance Co.                         | Short-Term Fixed Account   | N/A         | 1,416,040            |
| *   | Variable Annuity Life Insurance Co.                         | Fixed Interest Option  | N/A         | 330,441              |
|     |   | <b>Total annuity contracts</b>   |             | <b>\$ 5,662,757</b>  |
|     |   | <b>Notes Receivable from Participants</b>  |             |                      |
| *   | Participant loans   | Interest set to Moody's Corporate Bond Yield Average   | -0-         | <b>\$ 859,217</b>    |
|     | N/A Participant directed plan                               |  |             |                      |
|     | * Party of interest   |  |             |                      |

This schedule has been prepared from information that has been certified by the Value Annuity Life Insurance Company.

See independent auditor's report and notes to the financial statements.

**MEDBEST MEDICAL MANAGEMENT, INC. 401(K) PLAN**  
**EIN 16-1504941 Plan Number 001**  
**Schedule H Line 4i**  
**Schedule of Assets Held at End of Year**  
**31-Dec-24**

| (a)  | (b)                          | (c)   | (d)  | (e)           |
|--|------------------------------|---|------|---------------|
| Identity of issue, borrower, lessor or similar party |                              | Description of investment including maturity dates, rate of interest, collateral, par, or maturity date | Cost | Current Value |
| <b>Mutual funds:</b>                                 |                              |   |      |               |
| * Variable Annuity Life Insurance Co.                | American Beacon              | Aggressive Growth Lifestyle   | N/A  | \$ 2,589,265  |
|  | Ariel Investments, LLC       | Bridgeway Large Capital Growth Institutional  | N/A  | 15,415        |
|  | Ariel Investments, LLC       | Ariel Appreciation Fund   | N/A  | 40,797        |
|  | Ariel Investments, LLC       | Ariel Fund  | N/A  | 61,560        |
| * Variable Annuity Life Insurance Co.                |                              | Core Bond Fund  | N/A  | 1,111,105     |
| * Variable Annuity Life Insurance Co.                |                              | Dividend Value Fund   | N/A  | 121,675       |
| * Variable Annuity Life Insurance Co.                |                              | Emerging Economies Fund   | N/A  | 1,806,515     |
| * Variable Annuity Life Insurance Co.                |                              | Global Real Estate Fund   | N/A  | 612,385       |
| * Variable Annuity Life Insurance Co.                |                              | Global Strategy Fund  | N/A  | 14,258        |
| * Variable Annuity Life Insurance Co.                |                              | Government Securities Fund  | N/A  | 71,236        |
| * Variable Annuity Life Insurance Co.                |                              | Growth Fund   | N/A  | 86,744        |
| * Variable Annuity Life Insurance Co.                |                              | Goldman Sachs VIT Government Money Market Fd Inst   | N/A  | 1,185,233     |
| * Variable Annuity Life Insurance Co.                |                              | High Yield Bond Fund  | N/A  | 395,745       |
| * Variable Annuity Life Insurance Co.                |                              | Inflation Protected Fund  | N/A  | 594,157       |
| * Variable Annuity Life Insurance Co.                |                              | International Growth Fund   | N/A  | 54,800        |
| * Variable Annuity Life Insurance Co.                |                              | International Value Fund  | N/A  | 921,826       |
| * Variable Annuity Life Insurance Co.                |                              | International Equities Index Fund   | N/A  | 3,100,863     |
| * Variable Annuity Life Insurance Co.                |                              | International Opportunities Fund  | N/A  | 880,345       |
| * Variable Annuity Life Insurance Co.                |                              | International Socially Responsible Fund   | N/A  | 671,980       |
| * Variable Annuity Life Insurance Co.                |                              | Large Capital Growth Fund   | N/A  | 209,305       |
| * Variable Annuity Life Insurance Co.                |                              | Mid Cap Index Fund  | N/A  | 2,239,369     |
| * Variable Annuity Life Insurance Co.                |                              | Mid Cap Strategic Growth Fund   | N/A  | 977,141       |
| * Variable Annuity Life Insurance Co.                |                              | Mid Cap Value Fund  | N/A  | 1,037,288     |
| * Variable Annuity Life Insurance Co.                |                              | Moderate Growth Lifestyle Fund  | N/A  | 855,347       |
| * Variable Annuity Life Insurance Co.                |                              | Nasdaq-100 Index Fund   | N/A  | 240,580       |
| * Variable Annuity Life Insurance Co.                |                              | Science & Technology Fund   | N/A  | 217,436       |
| * Variable Annuity Life Insurance Co.                |                              | Small Cap Growth Fund   | N/A  | 67,943        |
| * Variable Annuity Life Insurance Co.                |                              | Small Cap Index Fund  | N/A  | 428,746       |
| * Variable Annuity Life Insurance Co.                |                              | Small Cap Special Values Fund   | N/A  | 1,695         |
| * Variable Annuity Life Insurance Co.                |                              | Small Cap Value Fund  | N/A  | 719,834       |
| * Variable Annuity Life Insurance Co.                |                              | Stock Index Fund  | N/A  | 3,077,623     |
| * Variable Annuity Life Insurance Co.                |                              | Systematic Core Fund  | N/A  | 39,016        |
| * Variable Annuity Life Insurance Co.                |                              | Systematic Growth Fund  | N/A  | 371,360       |
| * Variable Annuity Life Insurance Co.                |                              | Systematic Value Fund   | N/A  | 216,423       |
| * Variable Annuity Life Insurance Co.                |                              | Socially Responsible Fund   | N/A  | 1,371,736     |
|  | The Vanguard Group           | Vanguard LifeStrategy Conservative Growth Fund  | N/A  | 35,728        |
|  | The Vanguard Group           | Vanguard LifeStrategy Growth Fund   | N/A  | 371,799       |
|  | The Vanguard Group           | Vanguard LifeStrategy Moderate Growth Fund  | N/A  | 330,373       |
|  | The Vanguard Group           | Vanguard Long-Term Treasury Fund  | N/A  | 52,155        |
|  | The Vanguard Group           | Vanguard Long-Term Investment Grade Fund  | N/A  | 16,905        |
|  | The Vanguard Group           | Vanguard Wellington Fund  | N/A  | 304,545       |
|  | The Vanguard Group           | Vanguard Windsor II Fund  | N/A  | 2,371,944     |
| * Variable Annuity Life Insurance Co.                |                              | VC I Capital Appreciaton Fund   | N/A  | 587,805       |
| * Variable Annuity Life Insurance Co.                |                              | VC I Conservative Growth Lifestyle Fund   | N/A  | 309,202       |
|  | Allspring Global Investments | Allspring Core Plus Bond R6   | N/A  | 252,078       |
|  | American Funds               | American Inflation Link Bond R6   | N/A  | 172,788       |
|  | Dimensional Fund Advisors    | DFA Emerging Markets Small Cap I  | N/A  | 159,867       |
|  | Dimensional Fund Advisors    | DFA International Value Portfolio Institutional   | N/A  | 165,003       |
|  | Dimensional Fund Advisors    | DFA Real Estate Securities I  | N/A  | 296,864       |
|  | Dimensional Fund Advisors    | DFA US Targeted Value I   | N/A  | 32,576        |
|  | Dimensional Fund Advisors    | DFA US Vector Equity I  | N/A  | 1,395,129     |
|  | Dodge & Cox                  | Dodge & Cox Global I  | N/A  | 11,271        |
|  | MFS Investment Management    | MFS Massachusetts Investors Growth R6   | N/A  | 1,163,871     |

See Independent Auditor's Report and Notes to the Financial Statements.

|   |  |     |                      |            |
|---|--|-----|----------------------|------------|
| The Vanguard Group                        | Vanguard Mid Cap Index Admiral                       | N/A | 643,768              |            |
| The Vanguard Group                        | Vanguard Windsor II Admiral                          | N/A | 343,042              |            |
| The Vanguard Group                        | Vanguard 500 Indes Admiral                           | N/A | 4,780,006            |            |
| The Vanguard Group                        | Vanguard Developed Markets Indes Admiral             | N/A | 2,875,336            |            |
| The Vanguard Group                        | Vanguard Explorer Admiral                            | N/A | 349,247              |            |
| The Vanguard Group                        | Vanguard Intermediate-Term Bond Index Fund Admiral   | N/A | 875,312              |            |
| The Vanguard Group                        | Vanguard Small Cap Index Admiral                     | N/A | 49,428               |            |
| The Vanguard Group                        | Vanguard Target Retirement 2070                      | N/A | 221                  |            |
| The Vanguard Group                        | Vanguard Target Retirement 2065                      | N/A | 7,252                |            |
| The Vanguard Group                        | Vanguard Target Retirement 2020                      | N/A | 77                   |            |
| The Vanguard Group                        | Vanguard Target Retirement 2025                      | N/A | 24,841               |            |
| The Vanguard Group                        | Vanguard Target Retirement 2030                      | N/A | 3,167                |            |
| The Vanguard Group                        | Vanguard Target Retirement 2035                      | N/A | 566,719              |            |
| The Vanguard Group                        | Vanguard Target Retirement 2040                      | N/A | 9,050                |            |
| The Vanguard Group                        | Vanguard Target Retirement 2045                      | N/A | 10,397               |            |
| The Vanguard Group                        | Vanguard Target Retirement 2050                      | N/A | 75,157               |            |
| The Vanguard Group                        | Vanguard Target Retirement 2055                      | N/A | 8,784                |            |
| The Vanguard Group                        | Vanguard Target Retirement 2060                      | N/A | 30,420               |            |
| The Vanguard Group                        | Vanguard Target Retirement Income                    | N/A | 37,600               |            |
| The Vanguard Group                        | Vanguard Wellington Admiral                          | N/A | 678,794              |            |
| * Variable Annuity Life Insurance Co.     | VALIC Co I High Yield Bond                           | N/A | 95,179               |            |
| * Variable Annuity Life Insurance Co.     | VALIC Co I International Growth                      | N/A | 62,248               |            |
| * Variable Annuity Life Insurance Co.     | VALIC Co I Mid Cap Strategic Growth                  | N/A | 839,575              |            |
| * Variable Annuity Life Insurance Co.     | VALIC Co I NASDAQ 100 Index                          | N/A | 283,016              |            |
| * Variable Annuity Life Insurance Co.     | VALIC Co I Systematic Core                           | N/A | 63,856               |            |
|   | <b>Total mutual funds</b>                            |     | <u>\$ 47,149,141</u> |            |
| <b>Annuity contracts:</b>                 |  |     |                      |            |
| * Variable Annuity Life Insurance Co.     | Fixed Account Plus                                   | N/A | 3,916,276            |            |
| * Variable Annuity Life Insurance Co.     | Short-Term Fixed Account                             | N/A | 1,416,040            |            |
| * Variable Annuity Life Insurance Co.     | Fixed Interest Option                                | N/A | 330,441              |            |
|   | <b>Total annuity contracts</b>                       |     | <u>\$ 5,662,757</u>  | 52,811,898 |
| <b>Notes Receivable from Participants</b> |  |     |                      |            |
| * Participant loans                       | Interest set to Moody's Corporate Bond Yield Average | -0- | <u>\$ 859,217</u>    |            |
| N/A                                       | Participant directed plan                            |     |                      |            |
| *   | Party of interest                                    |     |                      |            |

This schedule has been prepared from information that has been certified by the Value Annuity Life Insurance Company.