

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/2010
2a Plan sponsor's name, mailing address, city, state, and ZIP: HOMESERVE USA CORP., 601 MERRITT 7 6TH FLOOR, NORWALK, CT 06851
2b Employer Identification Number (EIN): 98-0381967
2c Plan Sponsor's telephone number: 203-840-8117
2d Business code (see instructions): 811490

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	433
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	350
	<b>6a(2)</b>	338
	<b>6b</b>	14
	<b>6c</b>	53
	<b>6d</b>	405
	<b>6e</b>	0
	<b>6f</b>	405
	<b>6g(1)</b>	350
	<b>6g(2)</b>	332
<b>h</b>	<b>6h</b>	24
<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 2F 2G 2J 2K 2S 2T 3D 3H 2X

**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   1
- (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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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>002</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOMESERVE USA CORP.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>98-0381967</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	375604-01	25	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

**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>	702952
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	752980
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	96131	
	(2) Dividends and credits.....	<b>7c(2)</b>	135
	(3) Interest credited during the year.....	<b>7c(3)</b>	10390
	(4) Transferred from separate account .....	<b>7c(4)</b>	30379
	(5) Other (specify below)..... ▶ <b>LOAN REPAYMENT(S), FORFEITURES</b>	<b>7c(5)</b>	8581

(6) Total additions .....	<b>7c(6)</b>	145616
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	898596
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<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	91768	
	(4) Other (specify below)..... ▶	<b>7e(2)</b>	748
		<b>7e(3)</b>	103128
		<b>7e(4)</b>	

(5) Total deductions .....	<b>7e(5)</b>	195644
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<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>	702952
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**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>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(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>	0
	(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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOMESERVE USA CORP.</b>	<b>D</b> Employer Identification Number (EIN) <b>98-0381967</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

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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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	70083	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (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 (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 (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 H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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 <b>HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOMESERVE USA CORP.</b>	<b>D</b> Employer Identification Number (EIN) <b>98-0381967</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	805446	884564
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	28857755	33069038
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	752980	702952
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	30416181	34656554
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<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>	30416181	34656554

**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>	1077683	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1821578	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	218934	
(2) Noncash contributions.....	<b>2a(2)</b>	0	3118195
(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>		
<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>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	56309	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	10363	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		66672
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1519348	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1519348
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<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>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<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 .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2052745
<b>c</b> Other income .....	<b>2c</b>		44104
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		6801064

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2414330	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2414330
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		3945
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		72333
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	70083	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	0	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	0	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		70083
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2560691

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4240373
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

**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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	623
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>HOMESERVE USA 401(K) PLAN FOR UNION EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOMESERVE USA CORP.</b>	<b>D</b> Employer Identification Number (EIN) <b>98-0381967</b>	

<b>Part I</b>	<b>Distributions</b>
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**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.....	<b>1</b>	<b>0</b>
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**2** 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):  
EIN(s): 84-1455663

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	
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<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.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** 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. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<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).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** 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? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** 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.....  Increase  Decrease  Both  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.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**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.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

# HomeServe USA 401(k) Plan for Union Employees

Financial Statements and  
ERISA-Required Supplemental Schedules  
As of and for the Years Ended  
December 31, 2024 and 2023

The report accompanying these financial statements was issued by  
BDO USA, P.C., a Virginia professional corporation, and the U.S. member of  
BDO International Limited, a UK company limited by guarantee.



## **HomeServe USA 401(k) Plan for Union Employees**

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Financial Statements and ERISA-Required Supplemental Schedules  
As of and for the Years Ended December 31, 2024 and 2023

# HomeServe USA 401(k) Plan for Union Employees

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\* All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



## Independent Auditor's Report

To the Plan Administrator  
HomeServe USA 401(k) Plan for Union Employees  
Norwalk, Connecticut

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

We have performed audits of the financial statements of HomeServe USA 401(k) Plan for Union Employees (the "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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion*

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report:

- the amounts and disclosures in the accompanying 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 ("U.S. GAAP").
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“U.S. GAAS”). Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the financial statements in accordance with U.S. GAAP, 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 the Plan’s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 U.S. 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 U.S. GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 U.S. GAAP.

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 U.S. GAAP.

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.

#### ***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules, Form 5500 - Schedule H, Part IV, Line 4(a) - Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, and Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. 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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 15, 2025

## Financial Statements

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# HomeServe USA 401(k) Plan for Union Employees

## Statements of Net Assets Available for Benefits

<i>December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
<b>Investments (Note 3):</b>		
Investments at fair value (Note 4)	\$ 33,069,038	\$ 28,857,755
Investments at contract value (Note 5)	702,952	752,980
<b>Total Investments</b>	<b>33,771,990</b>	<b>29,610,735</b>
<b>Notes Receivable from Participants (Note 3)</b>	<b>884,564</b>	<b>805,446</b>
<b>Net Assets Available for Benefits</b>	<b>\$ 34,656,554</b>	<b>\$ 30,416,181</b>

*See accompanying notes to financial statements.*

**HomeServe USA 401(k) Plan for Union Employees**  
**Statements of Changes in Net Assets Available for Benefits**

<i>Years ended December 31,</i>	<b>2024</b>	<b>2023</b>
<b>Additions</b>		
<b>Investment Income (Note 3):</b>		
Net appreciation in fair value of investments	\$ 2,052,745	\$ 3,135,150
Interest and dividend income	1,529,711	1,008,682
<b>Total Investment Income</b>	<b>3,582,456</b>	<b>4,143,832</b>
<b>Interest Income, Notes Receivable from Participants (Note 3)</b>	<b>56,309</b>	<b>39,575</b>
<b>Contributions:</b>		
Participant	1,821,578	1,768,089
Employer	1,077,683	1,164,505
Rollover	218,934	277,458
<b>Total Contributions</b>	<b>3,118,195</b>	<b>3,210,052</b>
<b>Other Additions</b>	<b>44,104</b>	<b>1,062</b>
<b>Total Additions</b>	<b>6,801,064</b>	<b>7,394,521</b>
<b>Deductions</b>		
Payments of Benefits	2,414,330	2,364,450
Administrative Expenses	70,083	61,560
Other Deductions	76,278	65,659
<b>Total Deductions</b>	<b>2,560,691</b>	<b>2,491,669</b>
<b>Net Increase</b>	<b>4,240,373</b>	<b>4,902,852</b>
<b>Net Assets Available for Benefits:</b>		
Beginning of year	30,416,181	25,513,329
End of year	<b>\$ 34,656,554</b>	<b>\$ 30,416,181</b>

*See accompanying notes to financial statements.*

# HomeServe USA 401(k) Plan for Union Employees

## Notes to Financial Statements

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### 1. Description of Plan

The following description of the HomeServe USA 401(k) Plan for Union Employees (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

#### *General*

The Plan is a defined contribution plan that was originally created October 1, 2010, as part of the acquisition of the service contract business of National Grid and provides eligible union employees of HomeServe USA Corp. and participating employers (collectively, the “Company”) with the opportunity to save for retirement on a tax-advantaged basis. The Plan covers substantially all union employees of the Company, with eligibility to participate in the Plan based on a combination of the Plan’s general eligibility provisions as well as the applicable collective bargaining agreement with the union local of which the participant is a member. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The plan administrator oversees governance of the Plan, determines the appropriateness of the Plan’s investment offerings, and monitors investment performance. Empower Trust Company, LLC and Empower Annuity Insurance Company of America serve as the Plan’s trustee and custodian, respectively, and Empower Retirement serves as the recordkeeper. Empower Trust Company, LLC, Empower Annuity Insurance Company of America, and Empower Retirement are collectively referred to as “Empower” hereinafter.

#### *Employee Contributions*

Each year, participants may contribute a percentage or fixed amount of their eligible annual compensation, as defined by the Plan, and may designate all or a portion of their elective deferral as post-tax Roth contributions. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision for employees of Local 3, 22, and 600, whereby newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their rate set at 3% of eligible compensation on a pre-tax basis with contributions invested in a designated fund until changed by the participant.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans, typically referred to as rollover contributions.

Contributions are subject to certain Internal Revenue Code (“IRC”) limitations.

Participants may direct the allocation of contributions into various investment options offered by the Plan.

*The remainder of this page intentionally left blank.*

# HomeServe USA 401(k) Plan for Union Employees

## Notes to Financial Statements

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### *Employer Contributions*

#### *Matching Contributions*

The Company provides employer matching contributions in accordance with the union local collective bargaining agreements as follows:

<i>Union</i>	<i>Matching Rate</i>
<b>Local 3 and 101</b>	75% of first \$50 of employee deferrals each pay period.
<b>Local 1049:</b>	
• Hired/transferred before September 1, 2015	75% of first \$50 of employee deferrals each pay period.
• Hired/transferred on/after September 1, 2015	100% of employee deferrals on the first 3% of eligible compensation and 2% of employee deferrals on the next 50% of eligible compensation; maximum effective rate of 4%.
<b>Local 9432</b>	\$0.65 for each dollar an employee contributes, up to 6% of eligible compensation.
<b>Local 76</b>	50% of employee deferrals, up to 8% of eligible compensation.
<b>Local 22 and 600</b>	60% of employee deferrals, up to 5% of eligible compensation. Effective June 2025, this increases to 80% of employee deferrals, up to 5% of eligible compensation.

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#### *Nonelective Contributions*

The collective bargaining agreements with union Local 3, 101, 1049, and 9432 also require the Company to make nonelective contributions to eligible employees.

#### Local 9432

For employees of union Local 9432 hired before March 1, 2017, the Company makes a monthly nonelective contribution equal to \$0.90 for each hour of base pay.

#### Local 3, 101, and 1049

Eligibility to receive nonelective contributions is restricted to the following employees:

- Employees of union Local 3 hired before June 1, 2013.
- Employees of union Local 101 hired before April 1, 2013.
- Employees of union Local 1049 hired before September 1, 2015.

The amount of the nonelective contribution that the Company makes is based on a point system that takes into account the whole years of an employee's age and length of service as of January 1 of each calendar year. For employees of Local 3, the number of points is equal to the sum of the

# HomeServe USA 401(k) Plan for Union Employees

## Notes to Financial Statements

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employee's age and years of service plus one point. For employees of Local 101 and 1049, the number of points is equal to the sum of the employee's age and years of service plus two points. At the end of each month, employees are credited with a percentage of eligible compensation, as defined by the applicable collective bargaining agreement, according to the following schedule:

<i>Points</i>	<i>Pay Credits Percentage [1]</i>
Under 35	2.50%
35 to 44	3.00%
45 to 54	4.00%
55 to 64	5.00%
65 to 74	6.00%
75 or more	7.00%

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[1] For employees of union Local 3 and 101, if an employee has 30 or more years of service and 75 or more points as of the first day of the plan year, the pay credits percentage is reduced to 3.50%.

In addition to the above pay credits, the accounts of employees of union Local 101 are also credited with interest until benefits commence at retirement or termination of employment. At the end of each month, interest is calculated based on the nonelective portion of the participant's account value, multiplied by the interest rate in effect for the month. The applicable interest rate is based on the average 30-year Treasury bond rate for the August of the preceding year.

Employer contributions are subject to certain IRC limitations.

### ***Participant Accounts***

Each participant's account is credited with the participant's and the Company's contributions, as well as allocations of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Vesting***

Participants are immediately 100% vested in their contributions and the Company's contributions, plus actual earnings thereon, except for employees of Local 76, who are 100% vested in the Company's matching contributions, plus actual earnings thereon, after 1 year of service.

### ***Notes Receivable from Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The Plan allows participants to have one loan outstanding at any given time, and the loan balance is secured by the balance in the participant's account. Loans bear interest at a fixed rate equal to the Prime Rate published in the Wall Street Journal on the first business day of the month the loan is originated plus 1%. Loans must generally be fully repaid within five years, with principal and interest paid ratably through payroll deductions.

# HomeServe USA 401(k) Plan for Union Employees

## Notes to Financial Statements

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### *Payment of Benefits*

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or a number of installment payments if the participant's vested account balance exceeds \$7,000 (increased from \$5,000 effective January 1, 2024). For termination of service for other reasons, a participant may elect to maintain his or her current account or receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan provides for the direct rollover to an individual retirement account ("IRA") for terminated participants with balances greater than \$1,000 and not more than \$7,000 (increased from \$5,000 effective January 1, 2024), unless directed otherwise by the participant. In addition, the Plan allows the plan administrator to automatically distribute to terminated participants their entire vested balance which does not exceed \$1,000. Participants who have attained the age of 59½ may elect to withdraw part or all of their vested account balance from the Plan with penalty. In addition, a participant may elect to withdraw all or part of the eligible portion of his or her account in the case of immediate and heavy financial need. Hardship withdrawals are subject to taxes. In general, participants must begin receiving required minimum distributions ("RMDs") upon reaching a certain age, unless they are still employed. For individuals who reached age 70½ on or before December 31, 2019, that age is 70½. For individuals who reach age 70½ on or after January 1, 2020, in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019, that age is 72. For individuals who reach age 72 on or after January 1, 2023, in accordance with the SECURE 2.0 Act of 2022, that age is 73.

## **2. Summary of Accounting Policies**

### *Basis of Accounting*

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### *Use of Estimates*

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities as of the date of the financial statements. Actual results may differ from those estimates.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by Empower. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

# HomeServe USA 401(k) Plan for Union Employees

## Notes to Financial Statements

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### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are reclassified as distributions based upon the terms of the plan document.

### *Payment of Benefits*

Benefits are recorded when paid.

### *Administrative Expenses*

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to participant-specific transactions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation or depreciation in fair value of investments.

### *Subsequent Events*

The Plan has evaluated subsequent events through October 15, 2025, which is the date the financial statements were available to be issued.

## **3. Certified Investment Information**

The plan administrator has elected the method of compliance permitted by 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. Accordingly, Empower Trust Company, LLC and Empower Annuity Insurance Company of America ("Empower Annuity"), qualified institutions as defined by ERISA, have certified as to the completeness and accuracy of all the investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the supplemental schedule, Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity and interest on notes receivable from participants reflected on the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023. The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

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# HomeServe USA 401(k) Plan for Union Employees

## Notes to Financial Statements

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### 4. Fair Value Measurements

The Financial Accounting Standards Board Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

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Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
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Level 2	Inputs to the valuation methodology include:
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- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or 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.

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Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
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The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan’s investments that are reported at fair value represent mutual funds, which are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The mutual funds held by the Plan are considered Level 1 assets within the fair value hierarchy.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

### 5. Guaranteed Investment Contracts with Empower Annuity

The Plan previously entered into fully benefit-responsive guaranteed investment contracts with Empower Annuity that are invested in the Key Guaranteed Portfolio Fund. Empower Annuity maintains the contributions in a general account. The account is credited with participant contributions and earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer and is reviewed on a quarterly basis

# HomeServe USA 401(k) Plan for Union Employees

## Notes to Financial Statements

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for resetting. The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity dates.

The guaranteed investment contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower Annuity, represents contributions made under the contracts, 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.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan's documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contracts. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

### **6. Party-in-Interest Transactions**

The Plan's guaranteed investment contract is managed by Empower Annuity, and therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants also qualify as party-in-interest transactions.

Empower provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement ("MSA"). Empower receives revenue from certain investment fund service providers for services Empower provides to the funds. This revenue is used to offset certain amounts owed to Empower for their administrative services to the Plan. If the revenue received by Empower from such investment fund service providers exceeds the amount owed under the MSA, Empower remits the excess to the Plan's trust on a monthly basis. Such amounts may be applied to pay plan administrative expenses or allocated to the accounts of the participants. During 2024 and 2023, there were no material excess amounts. The Plan or the Company may make a payment to Empower for administrative expenses not covered by revenue sharing.

Empower Advisory Group, LLC ("EAG"), a wholly owned subsidiary of Empower, provides managed investment services to certain participants.

The Plan made direct payments totaling \$70,083 and \$61,560 to Empower and EAG in 2024 and 2023, respectively, that were not covered by revenue sharing and are included in administration expenses.

# HomeServe USA 401(k) Plan for Union Employees

## Notes to Financial Statements

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### 7. Plan Termination

Although it has not expressed any intention 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 set forth in ERISA. In the event of a plan termination, all participants would be fully vested in their accounts.

### 8. Tax Status

The Plan has adopted a pre-approved plan document sponsored by Empower, who has received a favorable opinion letter from the Internal Revenue Service (“IRS”) dated November 11, 2022, stating that the form of the pre-approved plan is qualified under Section 401(a) of the IRC, and therefore, the related trusts are tax exempt. Although there have been amendments to the Plan since receiving the most recent opinion letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan is qualified and was tax exempt as of the financial statement date. Accordingly, no provision for income taxes has been made in the financial statements.

U.S. GAAP requires 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 likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax provisions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 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 on the statements of net assets available for benefits.

### 10. Prohibited Transactions

ERISA Section 2510.3-102 requires the plan sponsor to segregate employee contributions to the Plan from its general assets as soon as practicable after amounts are withheld from wages. As a result of administrative oversights, contributions withheld from participants’ paychecks totaling \$623 during the 2022 plan year were not deposited to the Plan on a timely basis in accordance with ERISA requirements. Under ERISA regulation, late remittances of plan contributions are considered prohibited transactions. The late remittances were fully corrected, including lost earnings, during 2025. The Company has reviewed its internal processes surrounding the remittance of employee contributions and believes that the processes in place will permit the Company to make deposits of employee contributions to the Plan in accordance with the ERISA requirements in the future.

## ERISA-Required Supplemental Schedules

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# HomeServe USA 401(k) Plan for Union Employees

## Form 5500 - Schedule H, Part IV, Line 4(a) - Schedule of Delinquent Participant Contributions

EIN: 98-0381967  
Plan Number: 002

Year ended December 31, 2024

Participant Contributions Transferred Late to Plan			Check Here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE** 2002-51
				Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	
Amount Withheld	Date Withheld	Date Remitted					
\$ 623	2/12/2022	5/12/2025	<input checked="" type="checkbox"/>	\$ 623 [1]	\$ -	\$ -	\$ -
\$ 623				\$ 623	\$ -	\$ -	\$ -

\* Voluntary Fiduciary Correction Program - VFCP (DOL)

\*\* Prohibited Transaction Exemption - PTE (DOL)

[1] Fully corrected, including lost earnings, outside of VFCP effective May 12, 2025.

# HomeServe USA 401(k) Plan for Union Employees

## Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 98-0381967  
Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Mutual Funds:</b>				
	Vanguard Target Retirement 2020 Fund Investor Shares	Registered Investment Company	** \$	6,819,600
	Vanguard Target Retirement 2040 Fund Investor Shares	Registered Investment Company	**	3,248,145
	Vanguard Target Retirement 2045 Fund Investor Shares	Registered Investment Company	**	3,167,360
	Vanguard Target Retirement 2030 Fund Investor Shares	Registered Investment Company	**	3,121,410
	Vanguard Target Retirement 2035 Fund Investor Shares	Registered Investment Company	**	2,769,443
	Vanguard 500 Index Admiral Shares	Registered Investment Company	**	2,669,017
	Vanguard Target Retirement 2050 Fund Investor Shares	Registered Investment Company	**	1,691,040
	Vanguard Target Retirement Income Fund Investor Shares	Registered Investment Company	**	1,571,471
	Vanguard Target Retirement 2060 Fund Investor Shares	Registered Investment Company	**	1,372,873
	Vanguard Target Retirement 2025 Fund Investor Shares	Registered Investment Company	**	964,539
	PGIM Jennison Growth Fund Class Z	Registered Investment Company	**	936,280
	JPMorgan Equity Income Fund Class R6	Registered Investment Company	**	901,110
	Fidelity Total Bond Fund Class K6	Registered Investment Company	**	737,063
	Vanguard Target Retirement 2055 Fund Investor Shares	Registered Investment Company	**	681,341
	Vanguard Extended Market Index Fund Admiral Shares	Registered Investment Company	**	640,229
	Vanguard Total Bond Market Index Fund Admiral Shares	Registered Investment Company	**	359,393
	Carillon Eagle Mid Cap Growth Fund Class R6	Registered Investment Company	**	326,673
	Vanguard Explorer Fund Admiral Shares	Registered Investment Company	**	239,063
	Harding Loevner International Equity Fund Institutional Class	Registered Investment Company	**	191,508
	Vanguard Target Retirement 2065 Fund Investor Shares	Registered Investment Company	**	156,049
	Victory Integrity Small-Cap Value Fund Class R6	Registered Investment Company	**	141,823
	American Funds EuroPcific Growth Fund Class R6	Registered Investment Company	**	113,176
	MFS Mid Cap Value Fund Class R6	Registered Investment Company	**	84,360
	Principal Real Estate Securities Fund Institutional Class	Registered Investment Company	**	74,674
	Vanguard Total International Stock Index Fund Admiral Shares	Registered Investment Company	**	59,432
	Driehaus Emerging Markets Growth Fund	Registered Investment Company	**	31,966
<b>Total Mutual Funds</b>				<b>33,069,038</b>
<b>Guaranteed Investment Contract:</b>				
	* Empower Key Guaranteed Portfolio Fund	Guaranteed Investment Contract	**	702,952
<b>Notes Receivable from Participants:</b>				
	* Participant loans	Interest rates between 4.25% - 9.50%, secured by participant account balances	-	884,564
<b>Total Assets</b>				<b>\$ 34,656,554</b>

\* Party-in-interest, as defined by ERISA.

\*\* All investments are participant or beneficiary directed; cost information is not required.

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe USA 401(k) Plan For Union Employees Local 3****01-JAN-24 to 31-DEC-24****16-JAN-25 21:40:04**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			207,172.58	201,297.01
1VTW NX			66,691.97	60,878.30
1VTTVX			2,299.77	2,258.48
1VTHR X			279,760.42	298,279.73
1VTTH X			53,529.41	57,001.99
1VFOR X			704,780.67	819,679.14
1VTIV X			73,591.83	82,651.90
1VFIF X			98,109.96	110,082.05
1VFFV X			22,643.72	25,948.55
1VTT S X			26,192.19	29,011.51
1VEXR X			27,397.50	31,118.18
1HRAU X			15,145.67	15,295.19
1VEXA X			68,169.03	105,725.26
1OIEJ X			12,534.35	14,558.57
1PJFZ X			84,540.38	113,426.71
1VFIAX			69,716.19	126,056.92
1FTKFX			11,485.81	11,456.19
			<b>1,823,761.45</b>	<b>2,104,725.68</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	91,894.08	92,181.29

Attachment to Form 5500, Schedule H, Part 4, Item I  
 EIN # 98-0381967

## LEGEND

## INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTW NX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHR X	Vanguard Target Retirement 2030 Inv
1VTTH X	Vanguard Target Retirement 2035 Inv	1VFOR X	Vanguard Target Retirement 2040 Inv
1VTIV X	Vanguard Target Retirement 2045 Inv	1VFIF X	Vanguard Target Retirement 2050 Inv
1VFFV X	Vanguard Target Retirement 2055 Inv	1VTT S X	Vanguard Target Retirement 2060 Inv
1VEXR X	Vanguard Explorer Adm	1HRAU X	Carillon Eagle Mid Cap Growth R6
1VEXA X	Vanguard Extended Market Idx Adm	1OIEJ X	JPMorgan Equity Income R6
1PJFZ X	PGIM Jennison Growth Z	1VFIAX	Vanguard 500 Index Admiral
1FTKFX	Fidelity Total Bond K6		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

HomeServe 401(k) Plan for Union Employees Local 101

01-JAN-24 to 31-DEC-24

21-JAN-25 04:29:12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			630,600.73	611,155.97
1VTWNX			3,862,189.18	3,478,216.52
1VTTVX			10.81	11.53
1VTHR			558,956.00	609,329.89
1VTTHX			316,097.87	351,058.88
1VFORX			382,187.38	438,500.07
1VTIVX			398,572.52	471,560.59
1VFIFX			298,628.90	378,171.16
1VFFVX			24,575.16	26,328.09
1VTTSX			125,992.31	145,860.95
1RREGX			30,940.12	30,465.97
1DREGX			8,387.82	9,264.35
1HLMIX			39,761.11	39,934.58
1PIREX			22,063.41	22,999.32
1MVSSX			48,693.14	43,443.57
1VEXRX			68,165.78	71,039.54
1HRAUX			4,101.75	4,139.80
1MVCKX			3,558.79	4,241.74
1VEXAX			274,042.67	397,455.34
1OIEJX			97,832.14	119,087.20
1PJFZX			150,304.12	196,924.40
1VFIAX			156,910.12	275,128.14
1FTKFX			116,318.31	115,499.50
1VBTLX			122,629.36	120,936.25
1KGPF		1.450	320,941.86	340,749.37
			<b>8,062,461.36</b>	<b>8,301,502.72</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	183,329.97	183,527.35

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe 401(k) Plan for Union Employees Local 101****01-JAN-24 to 31-DEC-24**

21-JAN-25 04:29:12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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## LEGEND

## INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1RERGX	American Funds EuroPacific Gr R6	1DREGX	Driehaus Emerging Markets Growth
1HLMIX	Harding Loevner International Eq Instl	1PIREX	Principal Real Estate Securities Inst
1MVSSX	Victory Integrity Small-Cap Value R6	1VEXRX	Vanguard Explorer Adm
1HRAUX	Carillon Eagle Mid Cap Growth R6	1MVCKX	MFS Mid Cap Value R6
1VEXAX	Vanguard Extended Market Idx Adm	1OIEJX	JPMorgan Equity Income R6
1PJFZX	PGIM Jennison Growth Z	1VFIAX	Vanguard 500 Index Admiral
1FTKFX	Fidelity Total Bond K6	1VBTLX	Vanguard Total Bond Market Index Admiral
1KGPFX	Key Guaranteed Portfolio Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe 401(K) Plan for Union Employees Local 1049****01-JAN-24 to 31-DEC-24**

21-JAN-25 22:07:56

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			627,574.48	643,741.23
1VTWNX			3,401,594.65	3,068,503.28
1VTTVX			188,638.99	188,921.65
1VTHRX			658,064.15	669,580.64
1VTTHX			1,402,367.51	1,492,562.61
1VFORX			994,168.45	1,156,287.46
1VTIVX			1,335,977.71	1,581,088.12
1VFIFX			584,370.16	680,632.70
1VFFVX			355,959.18	434,150.03
1VTTSX			838,852.16	1,029,167.41
1RERGX			39,011.35	39,675.23
1DREGX			12,030.98	13,541.34
1HLMIX			74,855.69	78,843.41
1PIREX			22,978.35	25,629.19
1MVSSX			66,469.09	58,826.15
1VEXRX			42,567.82	47,763.03
1HRAUX			8,923.48	9,020.87
1VEXAX			41,970.06	62,966.74
1OIEJX			127,139.37	159,293.09
1PJFZX			229,026.48	301,480.33
1VFIAx			315,489.69	566,813.38
1FTKFX			499,879.86	496,938.83
1VBTLX			205,561.60	204,059.80
1KGPF		1.450	99,802.94	107,000.56
			<b>12,173,274.20</b>	<b>13,116,487.08</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	362,793.37	362,571.20
FORFEITURES			928.16	979.52

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe 401(K) Plan for Union Employees Local 1049****01-JAN-24 to 31-DEC-24**

21-JAN-25 22:07:56

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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## LEGEND

## INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1RERGX	American Funds EuroPacific Gr R6	1DREGX	Driehaus Emerging Markets Growth
1HLMIX	Harding Loevner International Eq Instl	1PIREX	Principal Real Estate Securities Inst
1MVSSX	Victory Integrity Small-Cap Value R6	1VEXRX	Vanguard Explorer Adm
1HRAUX	Carillon Eagle Mid Cap Growth R6	1VEXAX	Vanguard Extended Market Idx Adm
1OIEJX	JPMorgan Equity Income R6	1PJFZX	PGIM Jennison Growth Z
1VFIAX	Vanguard 500 Index Admiral	1FTKFX	Fidelity Total Bond K6
1VBT LX	Vanguard Total Bond Market Index Admiral	1KGP F	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe 401(k) Plan for Union Employees Local 9432****01-JAN-24 to 31-DEC-24**

17-JAN-25 19:26:15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			127,434.63	115,276.65
1VTWNX			248,526.72	212,002.10
1VTTVX			707,403.05	715,862.58
1VTHR			897,496.40	1,021,251.62
1VTTHX			450,201.51	510,145.60
1VFORX			337,799.90	374,964.86
1VTIVX			741,855.50	908,136.36
1VFIFX			49,999.47	56,666.64
1VFFVX			112,095.22	131,776.90
1VTTSX			15,335.45	16,349.74
1RERGX			28,344.97	30,327.08
1DREGX			6,842.87	7,584.29
1HLMIX			67,792.95	68,618.38
1VTIAX			12,116.21	12,331.18
1PIREX			20,054.42	20,793.31
1MVSSX			37,929.14	34,794.45
1VEXRX			31,286.70	35,189.72
1HRAUX			282,787.54	287,995.34
1MVCKX			56,401.25	60,797.85
1VEXAX			28,016.76	40,112.75
1OIEJX			499,870.84	597,826.87
1PJFZX			223,706.16	306,796.92
1VFIAX			927,834.91	1,475,318.72
1FTKFX			104,191.39	103,432.63
1VBTLX			2,449.80	2,424.32
1KGPF		1.450	222,551.88	227,855.62
			<b>6,240,325.64</b>	<b>7,374,632.48</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	134,967.70	135,082.20
FORFEITURES			0.00	0.05

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe 401(k) Plan for Union Employees Local 9432****01-JAN-24 to 31-DEC-24**

17-JAN-25 19:26:15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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## LEGEND

## INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1RERGX	American Funds EuroPacific Gr R6	1DREGX	Driehaus Emerging Markets Growth
1HLMIX	Harding Loevner International Eq Instl	1VTIAX	Vanguard Total Intl Stock Index Admiral
1PIREX	Principal Real Estate Securities Inst	1MVSSX	Victory Integrity Small-Cap Value R6
1VEXRX	Vanguard Explorer Adm	1HRAUX	Carillon Eagle Mid Cap Growth R6
1MVCKX	MFS Mid Cap Value R6	1VEXAX	Vanguard Extended Market Idx Adm
1OIEJX	JPMorgan Equity Income R6	1PJFZX	PGIM Jennison Growth Z
1VFIAX	Vanguard 500 Index Admiral	1FTKFX	Fidelity Total Bond K6
1VBT LX	Vanguard Total Bond Market Index Admiral	1KGP F	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe USA 401(k) Plan for Union Employees-Local 76****01-JAN-24 to 31-DEC-24**

24-JAN-25 04:53:21

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTTVX			12,826.20	12,676.68
1VTHRX			271,195.80	282,566.65
1VTTHX			179,387.59	193,214.73
1VFORX			328,978.38	351,730.98
1VTIVX			55,762.90	61,271.15
1VFIFX			324,008.88	398,513.31
1VFFVX			84.42	113.90
1VTTSX			84,614.73	102,815.18
1VLXVX			8,120.27	8,233.16
1VEXRX			34,922.67	38,698.59
1VFIAX			65,960.56	99,608.47
			<b>1,365,862.40</b>	<b>1,549,442.80</b>
PARTICIPANT LOANS	VARIOUS	5.500-9.500	81,795.45	81,934.98
FORFEITURES			88.07	90.32

Attachment to Form 5500, Schedule H, Part 4, Item I  
 EIN # 98-0381967

## LEGEND

## INVESTMENT OPTION:

1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv	1VEXRX	Vanguard Explorer Adm
1VFIAX	Vanguard 500 Index Admiral		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe USA 401(k) Plan for Union Employees Local 22****01-JAN-24 to 31-DEC-24**

19-JAN-25 22:44:05

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTTVX			20,182.85	19,986.33
1VTHRX			203,906.79	211,784.51
1VTTHX			76,034.43	78,729.04
1VFORX			59,268.96	63,656.06
1VTIVX			33,693.00	37,077.76
1VFIFX			52,367.39	57,507.07
1VFFVX			37,303.37	43,198.95
1VTTSX			39,983.63	44,490.81
1VLXVX			83,229.73	90,534.12
1RREGX			8,120.46	7,841.95
1DREGX			686.37	661.65
1VTIAX			28,495.24	28,927.19
1PIREX			3,477.38	3,652.12
1MVSSX			3,225.75	2,921.84
1VEXRX			5,068.12	5,390.32
1HRAUX			2,983.59	2,957.02
1MVCKX			7,329.64	7,514.49
1VEXAX			26,147.85	30,792.62
1OIEJX			8,294.87	8,445.00
1PJFZX			2,769.36	3,031.37
1VFIAx			71,811.47	89,918.23
1FTKFX			4,380.92	4,306.96
1VBTLX			17,490.93	17,202.30
1KGPxw		1.450	15,380.52	15,923.36
			<b>811,632.62</b>	<b>876,451.07</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	20,649.76	20,724.12

Attachment to Form 5500, Schedule H, Part 4, Item I  
 EIN # 98-0381967

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe USA 401(k) Plan for Union Employees Local 22****01-JAN-24 to 31-DEC-24**

19-JAN-25 22:44:05

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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## LEGEND

## INVESTMENT OPTION:

1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv	1RERGX	American Funds EuroPacific Gr R6
1DREGX	Driehaus Emerging Markets Growth	1VTIAX	Vanguard Total Intl Stock Index Admiral
1PIREX	Principal Real Estate Securities Inst	1MVSSX	Victory Integrity Small-Cap Value R6
1VEXRX	Vanguard Explorer Adm	1HRAUX	Carillon Eagle Mid Cap Growth R6
1MVCKX	MFS Mid Cap Value R6	1VEXAX	Vanguard Extended Market Idx Adm
1OIEJX	JPMorgan Equity Income R6	1PJFZX	PGIM Jennison Growth Z
1VFIAX	Vanguard 500 Index Admiral	1FTKFX	Fidelity Total Bond K6
1VBT LX	Vanguard Total Bond Market Index Admiral	1KGP GW	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

HomeServe USA 401(k) Plan for Union Employees Local 600

01-JAN-24 to 31-DEC-24

24-JAN-25 09:35:42

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTTVX			25,303.66	24,821.69
1VTHRX			27,344.99	28,617.26
1VTTHX			82,718.51	86,730.55
1VFORX			40,557.49	43,326.69
1VTIVX			23,589.48	25,574.24
1VFIFX			8,673.79	9,466.62
1VFFVX			18,240.43	19,824.38
1VTTSX			5,218.41	5,177.12
1VLXVX			52,383.06	57,281.96
1RREGX			5,010.23	4,865.38
1DREGX			853.00	913.96
1HLMIX			4,375.84	4,111.24
1VTIAX			17,326.78	18,173.62
1PIREX			1,563.80	1,600.01
1MVSSX			2,069.01	1,837.27
1VEXRX			9,105.88	9,863.59
1HRAUX			7,343.71	7,264.97
1MVCKX			11,995.64	11,805.52
1VEXAX			2,632.61	3,176.04
1OIEJX			1,855.19	1,899.38
1PJFZX			12,724.86	14,620.47
1VFIAx			28,141.41	36,172.89
1FTKFX			5,437.98	5,428.85
1VBTLX			15,355.62	14,770.76
1KGPWX		1.450	10,066.14	10,353.69
			<b>419,887.52</b>	<b>447,678.15</b>
PARTICIPANT LOANS	VARIOUS	4.250-4.250	7,866.19	8,543.32

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**HomeServe USA 401(k) Plan for Union Employees Local 600****01-JAN-24 to 31-DEC-24**

24-JAN-25 09:35:42

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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## LEGEND

## INVESTMENT OPTION:

1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv	1RERGX	American Funds EuroPacific Gr R6
1DREGX	Driehaus Emerging Markets Growth	1HLMIX	Harding Loevner International Eq Instl
1VTIAX	Vanguard Total Intl Stock Index Admiral	1PIREX	Principal Real Estate Securities Inst
1MVSSX	Victory Integrity Small-Cap Value R6	1VEXRX	Vanguard Explorer Adm
1HRAUX	Carillon Eagle Mid Cap Growth R6	1MVCKX	MFS Mid Cap Value R6
1VEXAX	Vanguard Extended Market Idx Adm	1OIEJX	JPMorgan Equity Income R6
1PJFZX	PGIM Jennison Growth Z	1VFIAX	Vanguard 500 Index Admiral
1FTKFX	Fidelity Total Bond K6	1VBTLX	Vanguard Total Bond Market Index Admiral
1KGPXW	Key Guaranteed Portfolio Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year