

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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 MEMBERS PLUS ASSOCIATION GROUP INSURANCE TRUST, 1b Three-digit plan number (PN) 501, 1c Effective date of plan 05/01/2009, 2a Plan sponsor's name (employer, if for a single-employer plan) MEMBERS PLUS ASSOCIATION, 1701 BARRETT LAKES BLVD SUITE 180 KENNESAW, GA 30144, 2b Employer Identification Number (EIN) 27-0231584, 2c Plan Sponsor's telephone number 678-797-5160, 2d Business code (see instructions) 813000

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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2388
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2388
	6a(2)	2384
	6b	123
	6c	0
	6d	2507
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code 166271256

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan MEMBERS PLUS ASSOCIATION GROUP INSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MEMBERS PLUS ASSOCIATION	D Employer Identification Number (EIN) 27-0231584

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
UNITED HEALTHCARE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2739571	79413	729572	2422	05/01/2023	04/30/2024

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

(a) Total amount of commissions paid 15119	(b) Total amount of fees paid 0
---	--

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
ELEVANTA
1701 BARRETT LAKES BLVD NW
SUITE 180
KENNESAW, GA 30144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15119			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		164232
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan MEMBERS PLUS ASSOCIATION GROUP INSURANCE TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MEMBERS PLUS ASSOCIATION		D Employer Identification Number (EIN) 27-0231584

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
LIFE INSURANCE COMPANY OF NORTH 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
23-1503749	65498	MULTIPLE	2384	05/01/2023	04/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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) ▶ AD&D

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	127550
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MEMBERS PLUS ASSOCIATION GROUP INSURANCE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MEMBERS PLUS ASSOCIATION	D Employer Identification Number (EIN) 27-0231584

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	38	9826
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	38	9826
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	38	9859
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	38	9859
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	0	-33

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	276805	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		276805
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		48512
d Total income. Add all income amounts in column (b) and enter total	2d		325317

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	276805	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		276805
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	48545	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		48545
j Total expenses. Add all expense amounts in column (b) and enter total	2j		325350

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-33
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: **WILSON LEWIS ATTESTATION SVCS, LLP**

(2) EIN: **99-1458058**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

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

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

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



October 15, 2025

To Whom It May Concern:

We were engaged on September 2, 2025 to perform the audit of Members Plus Association Group Insurance Trust for the year ended December 31, 2024. This audit is still in process as of the Form 5500 filing deadline October 15, 2025.

Please accept this letter in support of compliance with the IQPA requirement which is in process for the 2024 year end of this plan. The Plan Sponsor will amend the filing made on October 15, 2025 to include the completed audited financial statements as well as make any required updates to the Form 5500 that result from that audit when it is completed.

Wilson Lewis

Wilson Lewis Attestation Services, LLP

Type	P.L.	START DATE	Company Name	Co-Owned	LOC#	EIN#
1-IND	27035	November 1, 2015	24-7 Restaurant Group		13	26-1105173
1-IND	40243	August 1, 2019	413 HAGERSTOWN LLCF		1	83-1386022
1-IND	51002	November 1, 2023	A & A CARE, INC		1	81-4084829
1-IND	75034	November 1, 2021	Active Ankle and Foot Care Specialists		1	26-2855885
1-IND	40503	January 1, 2024	Akers Investments Inc			
1-IND	75027	May 1, 2021	Albert F. Johary MD, PC		1	58-2421431
1-IND	75039	June 1, 2022	Align Spine & Pain		1	87-1751283
1-IND	14509	September 1, 2023	ALL AMERICAN CROWN		1	93-2405263
1-IND	40502	December 1, 2024	AMAZING MEXICAN FOOD LLC		21	92-3975016
1-IND	46000	November 1, 2018	Angel-Tech, Inc dba Mineola Midas Auto Svcs & Tires		1	26-1495335
1-IND	75041	January 1, 2023	Atlanta Digestive Center LLC		1	58-2662703
1-IND	75007	December 1, 2020	Atlanta Psychiatry & Psychotherapy Associates		1	45-5348915
1-IND	75023	April 1, 2021	Atlanta Rheumatology Consultants		2	26-0455216
1-IND	45013	March 1, 2021	B&A Repair Co		1	30-1003982
1-IND	40226	June 1, 2017	Banta Management Services, Inc		26	14-1701563
1-IND	40138	May 1, 2010	Barreras Entities Texas, Inc		3	74-2879998
1-IND	50038	July 1, 2024	Big Sandy Foods, Inc.		11	61-1260051
1-IND	14426	May 1, 2013	Bilikin, Inc.		4	84-1256705
1-IND	45037	October 1, 2023	Bremen-X Corporation		1	84-3361136
1-IND	13210	May 1, 2010	Brooks Restaurants Inc		28	72-1112805
1-IND	14499	July 1, 2021	Burgers of Columbia Pike		1	62-1320936
1-IND	40178	May 1, 2010	BWW Southern Mgt		2	27-2342180
1-IND	45032	February 1, 2023	C3M Enterprises Inc		1	46-2975736
1-IND	29508	May 1, 2010	Canteen Co of N. TX, Inc		1	75-1806298
1-IND	75025	April 1, 2021	Capri Medical Group		1	26-3128223
1-IND	75020	February 1, 2021	Center For Dermatology LLC		1	26-4301954
1-IND	75029	June 1, 2021	Center For Medicine, LLC			58-2356591
1-IND	45019	March 1, 2022	Central MS Enterprises		1	82-2683857
1-IND	14425	July 1, 2012	Cerwin Holdings, Inc		6	26-1724817
1-IND	75019	February 1, 2021	Cha Ob/Gyn PC		3	47-4056884
1-IND	75049	August 1, 2024	Chandra Britt Armstrong MD, LLC		2	20-0172818
1-IND	14475	May 1, 2019	CHI Investments	Separated from Ad Astra 1/1/21.	1	43-1834367
1-IND	14521	August 1, 2024	CKC Investments of Washington, Inc		1	47-1502614
1-IND	75004	October 1, 2020	Columbus Family Medicine LLC		1	81-4243040
1-IND	14444	January 1, 2016	Consumer Food Services, LLC		9	13-3847462
1-IND	14477	June 1, 2019	Coral Cay Restaurants LLC		8	47-1884804
1-IND	75042	January 1, 2023	Covenant Medical Group		1	82-2423015
1-IND	13270	May 1, 2010	Creative Foods Corp		26	22-1893515
1-IND	31055	May 1, 2021	D&D Foodservice, Inc		6	68-0555829
1-IND	14479	November 1, 2019	DEEP VALLEY ENTERPRISES		4	94-2580612
1-IND	30062	June 3, 2024	Dogology Mobile, LLC		1	99-2650012
1-IND	70000	June 1, 2018	Donya Corporation		8	82-0504778
1-IND	50035	January 1, 2024	Dough Time, LLC		30	92-2700356
1-IND	75028	June 1, 2021	Eagleslanding Diabetes & Endocrinology		1	30-0084490
1-IND	14430	September 1, 2013	EDN, Inc.		6	58-1694140
1-IND	99997	May 1, 2010	Elevanta, LLC		2	81-1548250
1-IND	75047	February 1, 2024	Empower Psychiatry & Sleep LLC		1	82-2076441
1-IND	30029	March 1, 2019	ESG Holdings, LLC (Essential Sandwiches Group)		6	81-4726985
1-IND	11000	May 1, 2010	Exceptional Brands, LLC		15	26-0905347
1-IND	70500	December 1, 2021	Extra Pickles		3	84-2499296

1-IND	46003	May 1, 2019	F.J. ROBERTS ENTERPRISES INC	dba Midas Auto Svc Experts	1	11-3488907
1-IND	45020	April 1, 2022	Flatbec Inc		1	20-3612212
1-IND	13320	January 1, 2014	Focused Management Experts, Inc.		8	31-1435137
1-IND	31043	March 1, 2013	Goldwing Ventures		13	34-1762172
1-IND	30026	May 1, 2018	Gourmet Subs of Charlotte, LLC		13	33-1138976
1-IND	45026	October 1, 2022	Gralo Enterprises LLC		1	04-3834161
1-IND	29509	January 1, 2019	GREEN FOOD 2 GO		1	81-4113582
1-IND	14432	January 1, 2015	Group 2029, Inc		24	38-3691963
1-IND	51004	MARCH, 1 2024	Grubb & Associates, Inc. dba Brightstar Care of Knoxville		1	26-1154796
1-IND	40050	August 1, 2024	H&C Pizza, LLC		1	88-0704946
1-IND	99000	January 1, 2022	Hawbrook Holdings LLC		18	20-2176503
1-IND	31054	October 1, 2020	High Falls Oil Company	T&S Foods (Combined into High Falls Oil)	9	56-0815041
1-IND	40049	March 1, 2024	High Energy Pizza LLC		17	81-4099443
1-IND	45041	March 1, 2024	Iranda, LLC			
1-IND	40050	August 1, 2024	H & C Pizza LLC		1	88-0704946
1-IND	14449	January 1, 2016	Kane Enterprises, Inc		4	06-1274411
1-IND	14482	December 1, 2019	Jardel Enterprises Inc		4	84-0796459
1-IND	14472	November 1, 2018	Jeffrey Giangrande Corporation			52-1707974
1-IND	14470	July 1, 2018	Jethwa Management, LLC		9	22-3666724
1-IND	31008	May 1, 2010	JJ ENTERPRISES, INC		2	37-1247220
1-IND	45033	June 1, 2023	JLM Automotive Group		1	22-3618766
1-IND	51001	October 1, 2023	JNNA Health Solutions		1	46-5199679
1-IND	75018	March 1, 2021	Johns Creek Dermatology & Family Medicine		1	26-3310765
1-IND	45042	5/1/20024	Kaker Corporation		5	92-3059464
1-IND	14513	October 31, 2023	KANSAS KING INC		16	93-3542787
1-IND	12320	May 1, 2010	K & JK Enterprises, Inc.		9	35-1798457
1-IND	14506	April 23, 2023	Karali North America LLC		27	36-5059378
1-IND	40501	December 1, 2021	K-H Enterprises		1	47-0757325
1-IND	90005	August 1, 2024	KVD Services LLC		21	86-3023210
1-IND	29513	August 1, 2021	Machine Cuisine		1	33-0976445
1-IND	30061	May 1, 2024	Maine Wings Management LLC (Formerly Pictor Enterprise)		50	88-4254377
1-IND	45003	August 1, 2018	Marcor LLC dba Meineke		6	27-3091032
1-IND	50027	January 1, 2022	Mark Anthony Enterprises		7	62-1813704
1-IND	31047	January 1, 2016	Mid Missouri Subways		13	43-1670704
1-IND	46008	May 1, 2023	Mineral Spring Automotive Inc		1	45-4606553
1-IND	14512	October 1, 2023	MJG Enterprises		12	46-0723324
1-IND	50026	January 1, 2022	MRK Enterprises, Inc.		10	611132949
1-IND	13780	July 1, 2023	Nearly Famous, Inc		3	58-2362714
1-IND	75043	March 1, 2023	Northeast Atlanta ENT		3	58-1949171
1-IND	30025	January 1, 2018	Nova Engineering		1	36-4370863
1-IND	31056	February 1, 2022	One T Inc		13	20-4189481
1-IND	90000	July 1, 2021	Panimor Corp		31	83-1436390
1-IND	75000	August 1, 2020	Park Surgical Specialists LLC		1	82-3326655
1-IND	75022	March 1, 2021	Paul Internal Medicine Associates		1	68-0594620
1-IND	75048	MARCH, 1 2024	PEACHTREE NEPHROLOGY		1	45-3947241
1-IND	60021	October 1, 2019	PFIFA dba PF Independent Franchisee Council		1	47-1014888
1-IND	40023	January 1, 2024	PHARM-ASSIST INC		2	25-1344932
1-IND	13850	May 1, 2010	Phoenix Mgt & Consulting		27	65-0949149
1-IND	14502	December 1, 2021	PJ Foods LLC		10	52-2127598
1-IND	75051	December 1, 2024	Premier Women's Healthcare		1	84-1667518
1-IND	45016	June 1, 2021	Purposeful Adaptations		1	86-2263067
1-IND	30004	May 1, 2010	R.E. Massey Jr., Inc		1	74-2861837

1-IND	29514	December 1, 2022	Rendezvous Enterprises Inc		1	94-1694577
1-IND	31023	May 1, 2010	RKJ & Sons, LLC		34	58-1875890
1-IND	14427	August 1, 2016	RMH Enterprises, Inc.		1	86-0602878
1-IND	13950	May 1, 2010	Rock King		2	36-4008440
1-IND	80007	September 1, 2023	ROCKY MOUNTAIN HAIR SALON		20	85-2993488
1-IND	13970	May 1, 2010	Rojan, LLC - LLC as of 1/01/2025		6	76-0437011
1-IND	45009	December 1, 2019	ROOSTER TAIL INC dba MEINEKE CAR CARE		19	04-3087259
1-IND	30031	May 1, 2019	S & F Investments, Inc		7	57-1072521
1-IND	99001	July 1, 2022	SBS Holdings Co		5	84-4708174
1-IND	14522	September 1, 2024	SDG RESTAURANT		8	99-1639934
1-IND	13520	May 1, 2010	SEASEVEN, LLC		4	46-1610396
1-IND	25544	May 1, 2010	Shorco Enterprises		9	76-0246812
1-IND	80008	January 1, 2024	Sianna Styles LLC		12	83-1052747
1-IND	90001	September 1, 2021	Siripi LLC		65	82-2970722
1-IND	14523	October 1, 2024	Snake River Foods, Inc		5	93-0949321
1-IND	75050	October 1, 2024	Somerset Medical LLC		1	99-3785328
1-IND	75017	February 1, 2021	South Atlanta Vascular Institute LLC		1	83-0636051
1-IND	75036	January 1, 2022	Southern Behavioral Healthcare, P.C.		1	04-3730144
1-IND	14453	December 1, 2017	Statny Foods Inc.		1	36-3367836
1-IND	30050	January 1, 2022	Stauffer Investments Inc		4	14-1947203
1-IND	14424	May 1, 2012	Supreme Foods		21	27-0859771
1-IND	45012	March 1, 2021	T. Time Inc		6	20-4105437
1-IND	99002	October 1, 2023	Terien		12	37-2062938
1-IND	14473	December 1, 2024	Texas Restaurant Holdings, LLC		27	83-1060092
1-IND	40137	May 1, 2010	TOTALLY TASTY ENTREES, LLC		16	27-5418543
1-IND	46009	May 1, 2024	Westbound Road, LLC- dba Midas of Arlington		1	81-3500533
CO-OWN	14463	January 1, 2018	Ad Astra	AD Astra II Inc	1	81-1656488
CO-OWN	14464	January 1, 2018	Ad Astra	AD Astra Restaurants Inc	2	46-5188213
CO-OWN	25515	May 1, 2010	AMITA RESTAURANT, INC	Amita Restaurant, Inc	1	61-1563971
CO-OWN	25521	January 1, 2015	AMITA RESTAURANT, INC	Amiluc Family, Inc	1	80-0422304
CO-OWN	25522	January 1, 2015	AMITA RESTAURANT, INC	Tanya Family, Inc	1	77-0584683
CO-OWN	25524	January 1, 2015	AMITA RESTAURANT, INC	Amir Family, Inc	1	95-4616302
CO-OWN	40213	December 1, 2015	AMPAL GROUP LLC	Ampal Pizza, LLC	8	46-2188401
CO-OWN	40224	March 1, 2017	AMPAL GROUP LLC	Ampal Services, LLC	6	81-4563117
CO-OWN	40248	November 1, 2022	AMPAL GROUP LLC	Ampal North Jersey DHC LLC	1	87-1178971
CO-OWN	40186	December 1, 2012	AMPAL GROUP LLC (Name changed 11/20/21)	Ampal Group, LLC	1	26-3773982
CO-OWN	14490	June 1, 2020	Are You Hungry, Inc?	Are You Hungry, Inc?	5	83-2924204
CO-OWN	14514	December 1, 2023	Dakota Restaurants	Dakota Restaurant Partners Inc	12	93-3506474
CO-OWN	14501	January 1, 2022	Burger Barn		9	86-2467626
CO-OWN	14510	October 1, 2023	Burger Barn CT LLC		7	93-1564179
CO-OWN	14507	May 1, 2023	DC Burger Inc	DC Burger Inc	37	92-3055057
CO-OWN	14508	August 1, 2023	DC BURGER_CIRCLE PIZZA	DC BURGER_CIRCLE PIZZA	26	82-1388133
CO-OWN	11337	May 1, 2010	DEBBIE RENFRO aka IT'S A BUFFALO INC.	It's A Buffalo Inc	1	20-2989954
CO-OWN	11338	May 1, 2010	DEBBIE RENFRO aka IT'S A BUFFALO INC.	TD Roc's Inc.	1	20-1220004
CO-OWN	40204	May 1, 2015	DEBBIE RENFRO aka IT'S A BUFFALO INC.	Seymour Roc's Wing Company	1	26-4585881
CO-OWN	60022	January 1, 2020	DJD FITNESS	DJD Fitness Nazareth Inc	4	46-0862497
CO-OWN	60023	January 1, 2020	DJD FITNESS	DJD Fitness Pocono Inc		82-1278722
CO-OWN	60024	January 1, 2020	DJD FITNESS	DJD Fitness Easton Inc		81-2758960
CO-OWN	60025	January 1, 2020	DJD FITNESS	DJD Fitness Bethlehem Inc		82-3282580
CO-OWN	60017	January 1, 2019	DSG KANKAKEE, LLC	DSG Kankakee, LLC	4	46-1428147
CO-OWN	60018	January 1, 2019	DSG KANKAKEE, LLC	DSG Rochester MN, LLC		46-5201680

CO-OWN	60019	January 1, 2019	DSG KANKAKEE, LLC	Norton RU One, LLC		46-2414940
CO-OWN	60020	January 1, 2019	DSG KANKAKEE, LLC	Taunton RU Two, LLC		46-2424199
CO-OWN	40237	January 1, 2019	FLYING S WINGS	FLYING S WINGS	1	34-1883073
CO-OWN	40238	January 1, 2019	FLYING S WINGS	FLYING BUFFALO INC	2	34-1958664
CO-OWN	40239	January 1, 2019	FLYING S WINGS	S&L CUTS	2	47-5628330
CO-OWN	40240	January 1, 2019	FLYING S WINGS	LANCIONE, LLOYD & HOFFMAN LAW OFF	1	34-1312124
CO-OWN	40241	January 1, 2019	FLYING S WINGS	CHASE & GREEN CORP	1	26-2598630
CO-OWN	95035	March 1, 2024	GCWax, LLC	GCWax, LLC	1	47-5498287
CO-OWN	95036	March 1, 2024	GCWax, LLC	GCWax 2, LLC	1	86-3331467
CO-OWN	95040	March 1, 2024	GCWax, LLC	GCWax, LLC - Grand Rapids	1	47-5498287
CO-OWN	40046	October 1, 2020	GM PIZZA LLC	GM PIZZA BOTH LOCATIONS SHARE ADDRESS & EIN # - REQ SEPARATE	1	85-0980098
CO-OWN	40047	March 1, 2021	GM PIZZA LLC	BOTH LOCATIONS SHARE ADDRESS &	1	85-0980098
CO-OWN	14437	May 1, 2015	Hakimianpour Santa Monica Group, LLC	Hakimianpour Santa Monica Group, LLC	6	95-4862674
CO-OWN	14458	October 1, 2017	Hakimianpour Santa Monica Group, LLC	HRG Valley Group, LLC	7	81-4218742
CO-OWN	14466	February 1, 2018	Hakimianpour Santa Monica Group, LLC	Kings Food Mgmt Svcs, Inc	1	82-3822975
CO-OWN	14488	May 1, 2020	Hakimianpour Santa Monica Group, LLC	Shaviv Corporation	4	95-4788960
CO-OWN	25523	April 1, 2021	HALEH FAMILY	Amita Restaurants	1	95-4793820
CO-OWN	13953	January 1, 2015	JS FOODS	JS Foods	10	95-3781342
CO-OWN	13954	January 1, 2015	JS FOODS	Redrock Foods LTD. Co	19	85-0424715
CO-OWN	13956	January 1, 2015	JS FOODS	Restad, LLC	1	20-0169873
CO-OWN	13957	January 1, 2015	JS FOODS	Pacific Bagels, LLC	6	33-0671464
CO-OWN	13958	May 1, 2015	JS FOODS	Legacy Burgers, LLC	5	47-2393872
CO-OWN	13959	July 1, 2021	JS FOODS	Legacy Chicken, LLC	1	85-3336796
CO-OWN	50037	June 1, 2024	MARBLE FOODS, LLC	MARBLE FOODS, LLC	4	25-1881693
CO-OWN	50036	June 1, 2024	CATTCH, LLC	MARBLE FOODS, LLC	2	81-1454413
CO-OWN	14434	February 1, 2015	MASTORAN CORPORATION		27	04-2965675
CO-OWN	14436	February 1, 2015	MASTORAN CORPORATION	gh	15	27-1252776
CO-OWN	13963	January 1, 2015	MIDNIGHT SUN SUBWAY LLC	Midnight Sun Subway LLC	11	20-3166758
CO-OWN	13964	January 1, 2015	MIDNIGHT SUN SUBWAY LLC	Prince William Sound Subway Inc	1	46-4484230
CO-OWN	14484	January 1, 2020	NW KINGS LLC	NW Kings LLC	3	81-4140158
CO-OWN	14485	January 1, 2020	NW KINGS LLC	King Ventures One LLC		83-1978591
CO-OWN	14393	May 1, 2010	PAT-RON	PL14394-Brentwood Food, Inc - Term 8/25/1	1	22-2163703
CO-OWN	50023	November 1, 2020	Ride or Die Dough	Ride or Die Dough	2	82-1203079
CO-OWN	50024	November 1, 2020	Ride or Die Dough	Ride or Die Pie	1	82-5207131
CO-OWN	50016	January 1, 2019	RKB ENTERPRISES, INC	RKB Enterprises, Inc	14	38-2792178
CO-OWN	50017	January 1, 2019	RKB ENTERPRISES, INC	BRK, Inc dba Little Caesars Pizza		31-1284206
CO-OWN	50018	January 1, 2019	RKB ENTERPRISES, INC	BRK, Inc #2017 dba Little Caesars Pizza		31-1284206
CO-OWN	30035	December 1, 2020	ROARING FORK LLC	Roaring Fork LLC	58	39-1917008
CO-OWN	30036	December 1, 2020	ROARING FORK LLC	Grate Concepts LLC	1	81-3672978
CO-OWN	30053	April 1, 2022	ROARING FORK LLC	MR Chicken	1	87-2269955
CO-OWN	14505	March 1, 2023	Royal Restaurant Group		23	92-1116188
CO-OWN	14516	February 1, 2024	RRG OF JACKSONVILLE		1	93-3401927
CO-OWN	14511	November 1, 2023	RRGPB of OH LLC		4	93-3401927
CO-OWN	14495	January 1, 2021	RU Hungry LLC	HG Foods LLC	1	33-0724348
CO-OWN	14494	January 1, 2021	RU Hungry LLC	RU Hungry LLC	19	55-0907996
CO-OWN	14496	January 1, 2021	RU Hungry LLC	Good To Be The King LLC	1	81-4198858
CO-OWN	14497	January 1, 2021	RU Hungry LLC	Wait For It LLC	1	84-2163478
CO-OWN	40229	December 1, 2017	S & J Enterprises, LLC	S&J ENTERPRISES, LLC	1	54-2051047
CO-OWN	40231	December 1, 2017	S & J Enterprises, LLC	ONE HORSE, LLC	1	54-1946730
CO-OWN	40232	December 1, 2017	S & J Enterprises, LLC	ABBSTER ENTERPRISES, LLC	1	20-5522342

CO-OWN	40233	December 1, 2017	S & J Enterprises, LLC	BRBWINGS, LLC	1	27-1395029
CO-OWN	13600	May 1, 2010	Lepsco II, LLC	Lepsco, Inc	3	20-3450230
CO-OWN	14080	May 1, 2010	Lepsco II, LLC	Scordia Restaurant Group, Inc	2	31-1384479
CO-OWN	14454	October 1, 2017	Lepsco II, LLC	5th Avenue Restaurant Services, LLC	1	47-5557834
CO-OWN	14455	October 1, 2017	Lepsco II, LLC	Robinwood Restaurant Services, LLC	1	47-5551031
CO-OWN	14456	October 1, 2017	Lepsco II, LLC	Miller Lane Restaurant Services, LLC	1	46-5305265
CO-OWN	14457	October 1, 2017	Lepsco II, LLC	Limestone Avenue Restaurant Services, LLC	1	46-5409764
CO-OWN	14465	February 1, 2018	Lepsco II, LLC	Northland Restaurant Services, LLC	1	81-3383324
CO-OWN	14471	September 1, 2018	Lepsco II, LLC	Polaris Restaurant Services, LLC	1	81-3906453
CO-OWN	14478	July 1, 2019	Lepsco II, LLC	Cassady Restaurant Services, LLC	1	35-2491608
CO-OWN	14517	June 1, 2024	Lepsco II, LLC	Lepsco II, LLC	1	99-2474297
CO-OWN	13961	January 1, 2015	SUBWAY OF ALASKA, INC.	Subway of Alaska, Inc	26	92-0135465
CO-OWN	13962	January 1, 2015	SUBWAY OF ALASKA, INC.	Subway of Girdwood, Inc	1	46-1919711
CO-OWN	13965	January 1, 2015	SUBWAY OF MATSU	Subway of Matsu, Inc	6	92-0146244
CO-OWN	12472	May 1, 2010	TENNESSEE OPERATING PARTNERS		24	62-1789140
CO-OWN	95045	April 1, 2024	The Miller Family Holding Co - EWC	Fishtown Philadelphia LLC	1	84-3023264
CO-OWN	95046	April 1, 2024	The Miller Family Holding Co - EWC	Philadelphia Exton LLC		87-3838724
CO-OWN	95047	April 1, 2024	The Miller Family Holding Co - EWC	Philadelphia Brookhaven LLC (PARENT COMPANY)		84-1831917
CO-OWN	95048	April 1, 2024	The Miller Family Holding Co - EWC	Philadelphia Wyomissing LLC		87-2959593
CO-OWN	95049	April 1, 2024	The Miller Family Holding Co - EWC	Philadelphia Warrington LLC		87-3829594
CO-OWN	95050	April 1, 2024	The Miller Family Holding Co - EWC	Philadelphia Lancaster LLC		87-3830080
CO-OWN	95051	April 1, 2024	The Miller Family Holding Co - EWC	Falls Church Virginia LLC		84-3338085
CO-OWN	95052	April 1, 2024	The Miller Family Holding Co - EWC	Fredericksburg Virginia LLC		84-1976255
CO-OWN	95053	April 1, 2024	The Miller Family Holding Co - EWC	Gainesville Virginia LLC		84-1912892
CO-OWN	95054	April 1, 2024	The Miller Family Holding Co - EWC	Manassas Virginia LLC		84-1989324
CO-OWN	95055	April 1, 2024	The Miller Family Holding Co - EWC	South Falls Church Virginia LLC		84-1845314
CO-OWN	95056	April 1, 2024	The Miller Family Holding Co - EWC	Vienna Virginia LLC		84-1963791
CO-OWN	95057	April 1, 2024	The Miller Family Holding Co - EWC	Woodbridge Virginia LLC		84-1929274
CO-OWN	95058	April 1, 2024	The Miller Family Holding Co - EWC	Maryland EWC I LLC		83-1918791
CO-OWN	60026	March 1, 2020	ULTRO GROUP, LLC	Ultro Group, LLC		46-5445886
CO-OWN	60027	March 1, 2020	ULTRO GROUP, LLC	PF Jeb LLC		27-5380341
CO-OWN	60028	March 1, 2020	ULTRO GROUP, LLC	PF Spokval, LLC		47-2497671
CO-OWN	60029	March 1, 2020	ULTRO GROUP, LLC	PF Spoknw, LLC		81-4396344
CO-OWN	45034	September 1, 2023	Velocity Automotive Holdings LLC #1596	Purchased 3 The Field Groups locations	1	93-2373753
CO-OWN	45035	September 1, 2023	Velocity Automotive Holdings LLC #2467	Purchased 3 The Field Groups locations	2	93-2373753
CO-OWN	45036	September 1, 2023	Velocity Automotive Holdings LLC #2468	Purchased 3 The Field Groups locations	1	93-2373753
CO-OWN	45043	November 1, 2024	Velocity Automotive Holdings LLC #1596	Velocity Automotive Holdings-Walkertown N	1	93-3765169
CO-OWN	45044	November 1, 2024	Velocity Automotive Holdings LLC #1596	Velocity Automotive Holdings-Hickory NC LLC	1	93-3968246
CO-OWN	45045	November 1, 2024	Velocity Automotive Holdings LLC #1596	Velocity Automotive Holdings-Easley SC LLC	1	99-2254369
CO-OWN	45046	November 1, 2024	Velocity Automotive Holdings LLC #1596	Velocity Automotive Holdings-LMR LLC #113	1	99-2901257
CO-OWN	45048	November 1, 2024	Velocity Automotive Holdings LLC #1596	Velocity Automotive Holdings-LMR LLC #193	1	99-2901257
CO-OWN	45049	November 1, 2024	Velocity Automotive Holdings LLC #1596	Velocity Automotive Holdings-LMR LLC #215	1	99-2901257
CO-OWN	45005	January 1, 2019	WOODBURY CAR CARE	Care #205		20-4744829
CO-OWN	45006	January 1, 2019	WOODBURY CAR CARE	Car Care #2247		26-1528606

CO-OWN	45007	January 1, 2019	WOODBURY CAR CARE	Woodbury Car Care dba Meineke Car Care #538	3	82-5528509
CO-OWN	46004	August 1, 2021	WOODBURY CAR CARE	WB Southampton Car Care dba Meineke #921		85-3786644
CO-OWN	46005	August 1, 2021	WOODBURY CAR CARE	WB Bristol Pike Car Care dba Meineke #380		85-3770441
CO-OWN	95031	January 1, 2024	ZNP, LLC	ZNP, LLC	1	82-1053889
CO-OWN	95032	January 1, 2024	ZNP, LLC	ZNP, SDNP, LLC	1	82-1038354
CO-OWN	95033	January 1, 2024	ZNP, LLC	ZNP-ANP, LLC	1	82-1022549
CO-OWN	95034	January 1, 2024	ZNP, LLC	ZNP-NNP ARUNDEL MILLS, LLC	1	82-1793600
CO-OWN	95038	March 1, 2024	ZNP, LLC	ZNP_AZS UPPER MARLBORO LLC	1	88-1773449
CO-OWN	95039	March 1, 2024	ZNP, LLC	ZNP_ZANDS GLEN BURNIE PASADENA	1	92-2094700
CO-OWN	95041	October 1, 2024	ZNP, LLC	ZNP_RHP WALDORF LLC		99-0493527
VOLUNTARY						
VOLUN	75008	November 1, 2020	Atlanta Family Neurology		1	26-0376624
VOLUN	12020	May 1, 2010	CalRes, Inc		3	73-1076008
VOLUN	12113	May 1, 2010	DANKERT ASSOCIATES	Dankert Associates	F	35-1889838
VOLUN	12110	May 1, 2010	DANKERT ASSOCIATES	Bethel Avenue	2	35-1939023
VOLUN	12112	May 1, 2010	DANKERT ASSOCIATES	Damac II	13	35-2090634
VOLUN	12114	May 1, 2010	DANKERT ASSOCIATES	G&B Mgt	2	35-1742297
VOLUN	12115	May 1, 2010	DANKERT ASSOCIATES	High Output	2	35-1999416
VOLUN	12116	May 1, 2010	DANKERT ASSOCIATES	Southport	2	35-1850922
VOLUN	12007	May 1, 2010	DUOMARK	Duomark	1	56-2671434
VOLUN	12008	May 1, 2010	DUOMARK	Shellmark	1	61-0992363
VOLUN	12009	September 1, 2010	DUOMARK	National Properties	1	61-1010830
VOLUN	12011	May 1, 2011	DUOMARK	Adairmark	1	61-1362847
VOLUN	11110	May 1, 2010	MABAM ENTERPRISES	Mabam Enterprises	1	34-1733393
VOLUN	11111	May 1, 2010	MABAM ENTERPRISES	Mabam Enterprises II	1	42-1581441
VOLUN	14285	May 1, 2009	Waltco Foods		3	54-1680338

ADDRESS	CITY	ST	ZIP
1600 S. Federal Hwy, #1100	Pompano Beach	FL	33062-7517
17301 VALLEY MALL RD	HAGERSTOWN	MD	21740
	Doylestown	PA	18901
1462 Montreal Road, Suite 316	Tucker	GA	30084
4320 Center Drive, Suite 400	Dunwoody	GA	30338
960 Holcomb Bridge Road, Suite 150	Roswell	GA	30076
9600 AIRE LIBRE DRIVE	AUSTIN	TX	78726
1909 104TH AVE EP207	Edgewood	WA	98372
202 Herricks Road	Mineola	NY	11501
2675 N Decatur Road, Suite 305	Decatur	GA	30033
2150 Peachford Road, Ste. A	Atlanta	GA	30338
3193 Howell Mill Road, Ste. 311	Atlanta	GA	30327
6135 S Cass Ave	Westmont	IL	60542
842 Main Street	Poughkeepsie	NY	12603
6800 Park Ten Blvd, Suite 191-W	San Antonio	TX	78213
429 Village Drive	Prestonburg	KY	41653
17011 Lincoln Ave #425	Parker	CO	80134
340 Winter St # 206	Framingham	MA	01702
P.O. Box 6577	New Orleans	LA	70174
150 Sawgrass Drive	Rochester	NY	14620
701 Pier Park Drive, Suite 100	Panama City Bch	FL	32413
2972 FM 423	Little Elm	TX	75068
4428 Bonny Dr	Wichita Falls	TX	76302
6400 Flat Rock Rd	Columbus	GA	31907
721 Wellness Way, Ste. 210	Lawrenceville	GA	30046
5667 Peachtree Dunwoody Road, Ste. 150	Atlanta	GA	30342
107 Plaza Dr	Flowood	MS	39232
21046 Elizabeth Avenue	Rehoboth Beach	DE	19971
6290 Abbots Bridge Road, Suite 201	Johns Creek	GA	30097
1862 Candler Rd	Decatur	GA	30032
1001 NE Coronado Dr.	Blue Springs	MO	64014
1817 S Main St, Suite 8	Salt Lake City	UT	84115
2827 Warm Springs Road	Columbus	GA	31904
3 Victorian Hill	Manalapan		
3921 Alton Road	Miami Beach	FL	33140
483 Upper Riverdale Rd SW, Suite F	Riverdale	GA	30274
200 Garden City Plaza Suite 105	Garden City	NY	11530
417 N Donaldson Drive	Sillwater	OK	74075
80235 Via Pontito	La Quinta	CA	92253
40315 Michigan Ave, Suite 1136	Canton	MI	48188
5014 W. Highland Drive	Coeur d'Alene	ID	83814
4203 Beltway, Suite 1	Addison	TX	75001
550 Eagleslanding Parkway, Suite 110	Stockbridge	GA	30281
2203 Trowbridge Rd.	Albany	GA	31721
1701 Barrett Lakes Blvd Ste 180	Kennesaw	GA	30144
3390 Paddocks Pkwy Suite 200	Suwanee	GA	30024
15613 Chesdin Landing Terrace	Chesterfield	VA	23838
1902 Industrial Blvd.	Abilene	TX	79602
199 Doyle Street	Gerrardstown	WV	25420

6034 Eliot Avenue	Maspeth	NY	11378
594 William R Latham Sr Dr	Bourbonnais	IL	60914
PO Box 305/883 London Ave.	Marysville	OH	43040
300 Edgington Drive	Plain City	OH	43064
10032 University City Blvd, Suite A	Charlotte	NC	28213
6510 Carlisle Pike	Mechanicsburg	PA	17050
203 W. Owens Avenue	Bismarck	ND	58501
847 East Main Street Suite B	Danville	IL	61832
6500 Papermill Drive, Ste 205	Knoxville	TN	37919
249 Beaver Trail Dr	Freeport	FL	32439
395 Fairfax Street	Denver	CO	80220
PO Box 1360	Robbins	NC	27325
3122 S. Lafountain St	Kokomo	IN	46902
249 Beaver Trail Dr	Freeport	FL	32439
P.O. Box 271686	West Hartford	CT	06127
5690 DTC Blvd, Suite 570E	Greenwood Village	CO	80111
5295 Westview Drive, Ste 250	Frederick	MD	21703
2 Market Street, 2nd Floor	Paterson	NJ	07501
511 E. Van Buren Street	Clinton	IL	61727
716 Ulster Ave	Kingston	NY	12401
6801 LAKE WORTH RD, SUITE 121	GREENACRES	FL	33467
6300 Hospital Pkwy, Ste 100	Johns Creek	GA	30097
s	Burlington	Iowa	52601
9985 Rosemary Ln	Manhattan	KS	66502
P.O. Box 429	Brownsburg	IN	46112
Office @2033, 1468 W 9th Street, Suite 100	Cleveland	OH	44113
PO Box 1142	Kearney	NE	68848
1165 Balclutha Dr	Foster City	CA	94404
4609 N. Castle Rock Rd.	Kingman	AZ	86409
222 Auburn Street, Suite 101	Portland	ME	04103
1395 S 10th St	Noblesville	IN	46060
231 E First St, Unit 102	Crossville	TN	38555
602 N. Franklin St.	Cuba	MO	65453-1812
1640 Mineral Spring Ave	North Providence	RI	02904
660 Parkside Court	Libertyville	IL	60048
1000 E 4th St	London	KY	40741
509 S Columbia Avenue	Douglas	GA	31533
766 Walther Rd, Suite 300	Lawrenceville	GA	30046
2338 Cline Ave	Schererville	IN	46375
514 S. Main Street	Elkhart	IN	46516
12526 Eagles Entry Drive	Odessa	FL	33556
4255 Johns Creek Parkway, Ste D	Suwanee	GA	30024
4355 Johns Creek Pkwy, Ste 500	Suwanee	GA	30024
5669 PEACHTREE DUNWOODY RD, STE 240	ATLANTA	GA	30342
One Overton Park, Ste 980, 3625 Cumberland Blvd.	Atlanta	GA	30339
1256 Pennsylvania Ave	Tyrone	PA	16686
941 A Clint Moore Road	Boca Raton	FL	33487
1937 Greenspring Dr.	Timonium	MD	21093
5900 Hillandale Drive Ste 325	Lithonia	GA	30058
2717 S. 8th St., Suite 3	Lincoln	NE	68502
2410 Hwy 281 N	Marble Falls	TX	78654

106 G Street	Eureka	CA	95501
6131 Gateway Road	Columbus	GA	31909
PO Box 1219	Kayenta	AZ	86033
3205 Spring Creek Rd.	Rockford	IL	61107
574 W Cephus Road	Draper	UT	84020
8505 Technology Forest Pl. Ste 1101	Woodlands	TX	77381-2949
7 Crystal Avenue	Derry	NH	03038
252 Waterford Parkway	Orangeburg	SC	29118
2622 Garden House Rd	Carlsbad	CA	92009
7225 ZAPATA PLACE	PICKERINGTON	OH	43147
PO Box 50950	Casper	WY	82605
3724 fm 1960 W. Ste 124	Houston	TX	77068
5551 Mangrove Creek LN	Sugar Land	TX	77479
9131 Oleander Way	Irving	TX	75063
110 12th Ave S, Suite 208	Nampa	ID	83651
695 Auburn Ave NE Suite 505	Atlanta	GA	30312
7462 Davidson Pkwy S.	Stockbridge	GA	30281
110 Braxton Court	Fayetteville	GA	30214
847 South Randall Road. Ste 410	Elk Grove	IL	60123
4343 N. Grape Road	Mishawaka	IN	46545
115 North 8th Street	Mayfield	KY	42066
185 Clark Street	St. Helens	OR	97051
PO BOX 703	MIDLOTHIAN	VA	23113
14501 Westheimer Road	Houston	TX	77077
22320 Foothill Blvd Ste 300	Hayward	CA	94541
3120 W Pioneer Pkwy	Arlington	TX	76013
13905 Hayes St.	Overland Park	KS	66221
24221 Park Granada	Calabasas	CA	91302
239 US HWY 22 E, SUITE 307			
239 US 22 East, Ste. 307	Green Brook	NJ	08816
2922 NW Grace Terrace	Portland	OR	97229
4021 NW Devoto Lane	Portland	OR	97229
68 S. service Rd, Suite 100	Melville	NY	11747
68 S. service Rd, Suite 100	Melville	NY	11747
5906 Centreville Road	Centreville	VA	20121
500 W East Ave	Chico	CA	95926
5449 W 550 S	Trafalgar	IN	46181
859 Nazareth Pike, Unit A2	Nazareth	PA	18064
859 Nazareth Pike, Unit A2	Nazareth	PA	18064
859 Nazareth Pike, Unit A2	Nazareth	PA	18064
859 Nazareth Pike, Unit A2	Nazareth	PA	18064
1280 N. Kennedy Drive	Kankakee	IL	60901
1021 15th Avenue, SE	Rochester	MN	55904

175 Mansfield Ave., Ste 7	Norton	MA	02766
690 County Street	Taunton	MA	02780
151 West Main Street	St. Clairsville	OH	43950
2 Walmart Drive	Moundsville	WV	26041
151 West Main Street	St. Clairsville	OH	43950
151 West Main Street	St. Clairsville	OH	43950
151 West Main Street	St. Clairsville	OH	43950
1457 Whispering Maples Drive S	Ann Arbor	MI	48108
1457 Whispering Maples Drive S	Ann Arbor	MI	48108
1457 Whispering Maples Drive S	Ann Arbor	MI	48108
2500 W 6th Street H	Lawrence	KS	66049
2500 W 6th Street H	Lawrence	KS	66049
3532 Overland Ave., Ste. A	Los Angeles	CA	90034
8330 Topaga Canyon Blvd	Canoga Park	CA	91304
9350 Waxie Way, Ste 560	San Diego	CA	92123
2 BROOK ST	WARREN	PA	16365
2 BROOK ST	WARREN	PA	16365
822 Lexington St.	Waltham	MA	02452
822 Lexington St.	Waltham	MA	02452
1800 Airport Way	Fairbanks	AK	99701
1800 Airport Way	Fairbanks	AK	99701
5426 N. Rd 68, Ste D-214	Pasco	WA	99301
501 Rt 28 & Summerville Cir	Raritan	NJ	08869
4317 Earl Court	Ypsilanti	MI	48197
4317 Earl Court	Ypsilanti	MI	48197
3004 7th Street	Parkersburg	WV	26101
6737 W. Washington Street, Suite 3440	West Allis	WI	53214-5650
525 S Flagler Drive, Suite 201	West Palm	FL	33487
525 S Flagler Drive, Suite 201	West Palm	FL	33487
525 S Flagler Drive, Suite 201	West Palm	FL	33487
124 N Akers Street	Visalia	CA	93291
221 BRIDGEWATER DR.	STEPHENS CITY	VA	22655
1007 S. MAIN ST	HARRISONBURG	VA	22801
796 FOXCROFT AVE STE 205	MARTINSBURG	WV	25401

437A TIFFANY DR	WAYNESBORO	VA	22980
1829 West Main Street	Troy	OH	45373
1829 West Main Street	Troy	OH	45373
1829 West Main Street	Troy	OH	45373
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1829 West Main Street	Troy	OH	45373
1829 West Main Street	Troy	OH	45373
1118 E 70th Avenue, Suite 200	Anchorage	AK	99518
2812 N Broadway	Knoxville	TN	37917
1502 Frankford Ave	Philadelphia	PA	19125
434 W Lincoln Hwy	Exton	PA	19341
4824 Edgmont Ave	Brookhaven	PA	19015
724 Woodland Rd	Wyomissing	PA	19610
1605 N Main St	Warrington	PA	18976
1649 Lititz Pike	Lancaster	PA	17601
7508 Leesburg Pike	Falls Church	PA	22043
1935 Carl D Silver Pkwy	Fredericksburg	PA	22401
7332 Atlas Walk Way	Gainesville	VA	20155
11704 Sudley Manor Dr	Manassas	VA	20109
6355 Columbia Pike	Falls Church	VA	22041
2676 Avenir Pl	Vienna	VA	22180
15100 Potomac Town Pl	Woodbridge	VA	22191
517 Quince Orchard Rd	Gaithersburgh	MD	20878
3C Orchard Street	Manchester	NH	03102
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
950 3rd Ave, Suite 2601	New York	NY	10022
504 Black Horse Pike	West Collingswood Hts	NJ	08059
305 South White Horse Pike	Lindenwold	NJ	08021

548 Mantua Pike	Woodbury	NJ	08096
58 2nd Street Pike	Southampton	PA	18966
2658 Bristol Pike	Bensalem	PA	19201
43071 Holly Tree Lane	Chantilly	VA	20152
43071 Holly Tree Lane	Chantilly	VA	20152
43071 Holly Tree Lane	Chantilly	VA	20152
43071 Holly Tree Lane	Chantilly	VA	20152
43071 Holly Tree Lane	Chantilly	VA	20152
43071 Holly Tree Lane	Chantilly	VA	20152
43072 Holly Tree Lane	Chantilly	VA	20152
5673 Peachtree Dunwoody Road, Suite 300	Atlanta	GA	30342
411 N Rockford Place	Admore	OK	73401
295 East Lincoln Road	Kokomo	IN	46902
231 Lake Cliff Dr	Somerset	KY	42503
PO Box 531	Kent	OH	44240
34 Broadview Avenue	Warrenton	VA	20186

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [x] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: Members Plus Association Group Insurance Trust
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): Members Plus Association
2b Employer Identification Number (EIN): 27-0231584
2c Plan Sponsor's telephone number: 678-797-5160
2d Business code (see instructions): 813000

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, Date, and Name/Title. Row 1: Christy Williams, Oct 15, 2025, Christy Williams, Sign as plan administrator. Row 2: Sign as employer/plan sponsor. Row 3: Sign as DFE.

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2,388
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	2,388
	6a(2)	2,384
	6b	123
	6c	0
	6d	2,507
	6e	
	6f	
	6g(1)	
	6g(2)	
h	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4Q

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code 000166271256
