

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic 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: FIRST COMMUNITY BANKSHARES, INC MEDICAL & DENTAL CARE PLAN
1b Three-digit plan number (PN): 504
1c Effective date of plan: 09/01/1988
2a Plan sponsor's name (employer, if for a single-employer plan): FIRST COMMUNITY BANKSHARES, INC.
2b Employer Identification Number (EIN): 55-0694814
2c Plan Sponsor's telephone number: 276-326-9000
2d Business code (see instructions): 522110

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>	648
<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>	632
	<b>6a(2)</b>	473
	<b>6b</b>	16
	<b>6c</b>	0
	<b>6d</b>	489
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

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

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

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

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

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

<p><b>A</b> Name of plan <b>FIRST COMMUNITY BANKSHARES, INC MEDICAL &amp; DENTAL CARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>504</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIRST COMMUNITY BANKSHARES, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>55-0694814</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  
**BERKSHIRE HATHAWAY SPECIALTY 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
63-0202590	22276	47-MSL-000428-0	390	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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

<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>	780405
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><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>FIRST COMMUNITY BANKSHARES, INC MEDICAL &amp; DENTAL CARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>504</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIRST COMMUNITY BANKSHARES, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>55-0694814</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  
**AMERICAN HERITAGE LIFE 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
59-0781901	60534	54822	115	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>14178</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BANKERS INSURANCE LLC** **4490 COX ROAD**  
**GLEN ALLEN, VA 23060**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12713			3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**LAYNE FINANCIAL INC** **3009 WILMINGTON RD, SUITE 100**  
**NEW CASTLE, PA 16105**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1315			3

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

ASHLEY ROBERT LYNN

410 W.MAIN STREET  
ABINGDON, VA 24210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
74			3

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

ASHLEY ROBERT L

410 W.MAIN STREET  
ABINGDON, VA 24210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
58			3

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

WALLER DOROTHY C

640 8TH STREET NE  
PULASKI, VA 24301

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<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>	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) ▶ **ACCIDENT, CANCER, CRITICAL ILLNESS, HEART/STROKE**

**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>	81307
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><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 <span style="color: blue;">FIRST COMMUNITY BANKSHARES, INC MEDICAL &amp; DENTAL CARE PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">504</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">FIRST COMMUNITY BANKSHARES, INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">55-0694814</span></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  
AMERICAN HERITAGE LIFE 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
59-0781901	60534	97254	69	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">5349</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

BANKERS INSURANCE LLC 4490 COX RD  
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5349			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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

**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>		26748
<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>FIRST COMMUNITY BANKSHARES, INC MEDICAL &amp; DENTAL CARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>504</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIRST COMMUNITY BANKSHARES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>55-0694814</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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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

HEALTHGRAM, INC

56-1449504

(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?
14	NONE	208935	Yes <input type="checkbox"/> No <input checked="" 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)

CIGNA CORPORATION

59-1031071

(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?
14	NONE	79734	Yes <input type="checkbox"/> No <input checked="" 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)

CAREOPERATIVE, LLC

20-8981027

(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?
14	NONE	8273	Yes <input type="checkbox"/> No <input checked="" 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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>FIRST COMMUNITY BANKSHARES, INC MEDICAL &amp; DENTAL CARE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>504</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRST COMMUNITY BANKSHARES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>55-0694814</u>

<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>	216760	71398
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	108923	51908
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	365289	145985
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	95216

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	690972	364507
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	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>	690972	364507

**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>	3291074	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1736604	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		5027678
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	29852	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		29852
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		5057530

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	4128132	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	955460	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5083592
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	296942	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	3461	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		300403
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		5383995

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-326465
<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: CROWE LLP

(2) EIN: 35-0921680

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN**

**FINANCIAL STATEMENTS**  
December 31, 2024 and 2023

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
Bluefield, Virginia

FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

Board of Directors and Management  
First Community Bankshares, Inc.  
Medical and Dental Care Plan  
Bluefield, Virginia

**Opinion**

We have audited the financial statements of the First Community Bankshares, Inc. Medical and Dental Care Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

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

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

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

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

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

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(Continued)

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

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

In performing an audit in accordance with GAAS, we:

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

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

### ***Supplemental Schedules Required by ERISA***

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

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

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(Continued)

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

*Crowe LLP*

Crowe LLP

New York, New York  
October 15, 2025

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investment at fair value	\$ 145,985	\$ 365,289
Cash	71,398	216,760
Receivables:		
Stop loss refund receivable	51,908	108,923
Total receivables	<u>51,908</u>	<u>108,923</u>
Other assets:		
Prepaid administrative fees	28,216	-
Prepaid stop loss premium	67,000	-
Total other assets	<u>95,216</u>	<u>-</u>
Total assets	<u>364,507</u>	<u>690,972</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 364,507</u>	<u>\$ 690,972</u>

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See accompanying notes to the financial statements.

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended December 31, 2024

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	<u>2024</u>
<b>ADDITIONS</b>	
Investment income:	
Interest	\$ 29,852
Contributions:	
Participant	1,736,604
Employer	3,291,074
Total contributions	<u>5,027,678</u>
Total additions	5,057,530
<b>DEDUCTIONS</b>	
Claims paid, net	4,195,132
Stop loss insurance premiums	780,405
Insurance premiums	108,055
Administrative expenses	300,403
Total deductions	<u>5,383,995</u>
<b>Net decrease</b>	(326,465)
Net assets available for benefits, beginning of year	<u>690,972</u>
<b>Net assets available for benefits, end of year</b>	<u><u>\$ 364,507</u></u>

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See accompanying notes to financial statements.

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
STATEMENTS OF BENEFIT OBLIGATIONS  
December 31, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ 337,255	\$ 485,738
<b>Postretirement benefit obligation, net of amounts currently payable</b>		
Current retirees	<u>2,387</u>	<u>2,423</u>
<b>Total benefit obligations</b>	<u>\$ 339,642</u>	<u>\$ 488,161</u>

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See accompanying notes to financial statements.

FIRST COMMUNITY BANKSHARES, INC.  
 MEDICAL AND DENTAL CARE PLAN  
 STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS  
 For the year ended December 31, 2024

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	<u>2024</u>
<b>Amounts currently payable, at beginning of year</b>	\$ 485,738
Claims and premiums reported and approved for payments claims incurred but not reported	4,935,109
Claims and premiums paid, net	<u>(5,083,592)</u>
Net increase (decrease)	<u>(148,483)</u>
<b>Amounts currently payable, at end of year</b>	337,255
<b>Postretirement benefit obligation, net of amounts currently payable, at beginning of year</b>	2,423
Benefits paid	<u>(36)</u>
Net decrease	<u>(36)</u>
<b>Postretirement benefit obligation, net of amounts currently payable, at end of year</b>	<u>2,387</u>
<b>Total benefit obligations</b>	<u><u>\$ 339,642</u></u>

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See accompanying notes to financial statements.

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 1 – DESCRIPTION OF THE PLAN**

The following description of First Community Bankshares, Inc. (the "Company") Medical and Dental Care Plan (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 an employee welfare benefits plan. The Plan allows eligible employees to choose among various benefits to be purchased on their behalf by the employer or, alternatively, to receive cash in lieu of benefits. Certain Plan assets are held in a voluntary employees' beneficiary association ("VEBA") trust. First Community Bank serves as the trustee of the Plan (the "Trustee"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Benefits: The Plan provides health benefits (medical, hospital, surgical, dental, and vision), prescription drug benefits, as well as cancer, critical illness, accident, and hospital indemnity insurance coverage to full-time participants and to their beneficiaries and covered dependents. A full-time participant is an employee who works at least 30 hours per week. Part time employees and their dependents of the Company with at least 20 hours each week as of December 31, 2013, are grandfathered into the Plan. Part time employees hired January 1, 2014, and after are eligible for dental benefits as well as cancer, critical illness, accident, and hospital indemnity. Employees are eligible to participate in the plan on the first day of hire. The Plan provides coverage for any eligible employee who is taking an unpaid leave pursuant to the Family and Medical Leave Act. Certain retired employees who retired on or before December 31, 2010, are entitled to similar health benefits (in excess of Medicare coverage). The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

Stop Loss Coverage: The Plan maintains stop loss insurance to limit its exposure for self-insured benefits to losses on any one individual of \$200,000 in a year and unlimited over a lifetime on any one individual. Premiums paid for stop loss insurance were \$780,405 for the year ended December 31, 2024.

Self-Insured Benefits: All Plan benefits are self-insured. Health claims of participants and their covered dependents are processed by the health claims administrator, Healthgram, Inc. ("Healthgram"). The responsibility for payments to providers is retained by the Plan.

Contributions: In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The Company makes contributions to the Plan as needed to fund claims in excess of participants' contributions. Any deficiency of the Plan's net assets over benefit obligations is funded by the Company on a pay-as-you-go basis. The costs of the post-retirement benefit plan are shared by the Company and retirees. The retirement rates vary due to various incentives offered when the participant retired.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred but not reported ("IBNR"), claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Continued)

Investment Valuation and Income Recognition: Investments are reported at fair 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. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Payment of Benefits: Claim payments are recorded when paid by the third-party processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statement of net assets available for benefits.

Stop Loss Premiums and Refunds: Premiums for stop loss insurance are included in stop loss insurance premiums in the accompanying statement of changes in net assets available for benefits. Stop loss refunds totaling \$237,929 for the year ended December 31, 2024 have been netted with health claims in the accompanying statement of changes in net assets.

Administrative Expenses: The Plan's administrative expenses are paid by the Plan's trust, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

Post-Retirement Benefit Obligations: The Plan has adopted a split-rate contribution structure. The costs of the post-retirement benefit plan are shared by the Company and certain retirees. The retirement rates vary due to various incentives offered when the participant retired. The post-retirement benefit obligations represent the calculated present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2024. Post-retirement benefits include future benefits to be paid for retired employees and dependents. The Company prepared the present value calculation. The Company assumed the 10 year US Treasury discount rate of 4.58% and a life expectancy based on the annual period life tables published in the Social Security Administration's annual Trustees Report. These assumptions were applied to the current annual premium expense for each retiree to estimate the present value.

The present value of benefit obligations is reported based on certain assumptions pertaining to interest rates and employee demographics, both of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Claims Incurred but not Reported: Plan obligations at December 31, 2024 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

The Plan's benefit obligations are reported based on certain assumptions pertaining to claims reporting lag times and payment history, both of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions, in the near term, would be material to the financial statements.

Cash: Cash consists of monies held in non-interest-bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At December 31, 2024 and 2023, the Plan's cash did not exceed federally insured limits.

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(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Continued)

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

**NOTE 3 – FAIR VALUE MEASUREMENTS**

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

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.

Level 2: Inputs to the valuation methodology include:

- 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.

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

The asset's 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 relevant observable inputs and minimize the use of unobservable inputs.

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

Government Obligations Funds: The fair value of these investments is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

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(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
 MEDICAL AND DENTAL CARE PLAN  
 NOTES TO FINANCIAL STATEMENTS  
 December 31, 2024 and 2023

**NOTE 3 – FAIR VALUE MEASUREMENTS** (Continued)

The following table set forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2024 and 2023:

	December 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Government obligations funds	\$ 145,985	\$ -	\$ -	\$ 145,985
Total assets at fair value	<u>\$ 145,985</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 145,985</u>
	December 31, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Government obligations funds	\$ 365,289	\$ -	\$ -	\$ 365,289
Total assets at fair value	<u>\$ 365,289</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 365,289</u>

**NOTE 4 – PARTY IN INTEREST**

Healthgram is the health claims administrator and network access provider under the Plan and serves as the medical and dental claims processor and also performs administrative and clerical functions related to the Plan's Health Care Coverage Continuation provisions of COBRA and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Fees paid by the Plan's trust to this third-party administrator were \$300,403 for the year ended December 31, 2024. All other administrative expenses, such as professional fees, are paid by the Company on behalf of the Plan.

**NOTE 5 – TERMINATION OF THE PLAN**

Although it has not expressed the intent of doing so, the Company has the right under the Plan to modify the benefits provided to employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of Plan's participants. If the Plan terminated, the participants are not entitled to benefits after the effective date of termination. Any such termination shall not affect a participant's right to benefits for claims incurred prior to termination.

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 6 – TAX STATUS**

The VEBA trust established under the Plan to hold the Plan's assets obtained its latest determination letter on July 9, 2001, in which the Internal Revenue Services ("IRS") stated that the trust, as then defined, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). However, as a result of the Plan's funding policy, from time to time the trust may be subjected to income taxes. For the year ended December 31, 2023, the Trust did pay unrelated business income tax of \$4,274.

In addition, the Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Company believes that the trust continues to qualify and operate in accordance with applicable provisions of the IRC, and therefore, believes that the related trust is tax-exempt.

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 substantiated 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 positions taken or expected to be taken that would require recognition of a liability 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.

**NOTE 7 – 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 the amounts reported in the statements of net assets available for benefits.

The value of benefit obligations is reported based on certain assumptions pertaining to past loss experience and employee demographics, which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

**NOTE 8 – FUNDING POLICY**

Plan funding is monitored by the plan administrator. Claim payments, stop-loss insurance premiums, retention, and administrative fees and expenses are paid by the Plan's trust. Contributions to the Plan are deposited directly into the trust.

**SUPPLEMENTAL SCHEDULES**

FIRST COMMUNITY BANKSHARES, INC.  
 MEDICAL AND DENTAL CARE PLAN  
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 December 31, 2024

Plan Name: First Community Bankshares, Inc. Medical and Dental Care Plan  
 EIN: 55-0694814  
 Plan Number: 504

(a)	(b) Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	(c) Description of investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) <u>Cost</u>	(e) Current <u>Value</u>
	Federated Investors	Government Obligations Fund	\$ 111,167	\$ 111,167
	Federated Investors	Government Obligations Income Fund	34,818	<u>34,818</u>
				<u>\$ 145,985</u>

See Independent Auditor's Report.

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

Plan Name: First Community Bankshares, Inc. Medical and Dental Care Plan  
EIN: 55-0694814  
Plan Number: 504

(a) <u>Identity of Party Involved</u>	(b) Description of Asset (Including Interest Rate and <u>Maturity in Case of a Loan</u> )	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Cost of <u>Assets</u>	(f) Current Value of Asset on <u>Transaction Date</u>	(g) Net gain or <u>(loss)</u>
<b>Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year</b>						
Federated Investors	Government Obligations Fund	216,760	-	216,760	216,760	-
Federated Investors	Government Obligations Fund	144,424	-	144,424	144,424	-
Federated Investors	Government Obligations Fund	71,590	-	71,590	71,590	-
Federated Investors	Government Obligations Fund	62,000	-	62,000	62,000	-
Federated Investors	Government Obligations Fund	231,592	-	231,592	231,592	-
Federated Investors	Government Obligations Fund	69,839	-	69,839	69,839	-
Federated Investors	Government Obligations Fund	508,226	-	508,226	508,226	-
Federated Investors	Government Obligations Fund	69,633	-	69,633	69,633	-
Federated Investors	Government Obligations Fund	195,855	-	195,855	195,855	-
Federated Investors	Government Obligations Fund	72,973	-	72,973	72,973	-
Federated Investors	Government Obligations Fund	144,922	-	144,922	144,922	-
Federated Investors	Government Obligations Fund	216,031	-	216,031	216,031	-
Federated Investors	Government Obligations Fund	216,888	-	216,888	216,888	-
Federated Investors	Government Obligations Fund	214,355	-	214,355	214,355	-
Federated Investors	Government Obligations Fund	215,541	-	215,541	215,541	-
Federated Investors	Government Obligations Fund	109,516	-	109,516	109,516	-
Federated Investors	Government Obligations Fund	210,615	-	210,615	210,615	-
Federated Investors	Government Obligations Fund	211,519	-	211,519	211,519	-
Federated Investors	Government Obligations Fund	214,316	-	214,316	214,316	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u> (Including Interest Rate and Maturity in Case of a Loan)	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Cost of</u> <u>Assets</u>	(f) <u>Current Value</u> <u>of Asset on</u> <u>Transaction Date</u>	(g) <u>Net gain or</u> <u>(loss)</u>
<b>Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year</b>						
Federated Investors	Government Obligations Fund	235,985	-	235,985	235,985	-
Federated Investors	Government Obligations Fund	211,378	-	211,378	211,378	-
Federated Investors	Government Obligations Fund	209,694	-	209,694	209,694	-
Federated Investors	Government Obligations Fund	51,775	-	51,775	51,775	-
Federated Investors	Government Obligations Fund	211,066	-	211,066	211,066	-
Federated Investors	Government Obligations Fund	73,062	-	73,062	73,062	-
Federated Investors	Government Obligations Fund	209,724	-	209,724	209,724	-
Federated Investors	Government Obligations Fund	151,655	-	151,655	151,655	-
Federated Investors	Government Obligations Fund	149,361	-	149,361	149,361	-
Federated Investors	Government Obligations Fund	51,775	-	51,775	51,775	-
Federated Investors	Government Obligations Fund	71,410	-	71,410	71,410	-
Federated Investors	Government Obligations Fund	69,892	-	69,892	69,892	-
Federated Investors	Government Obligations Fund	69,962	-	69,962	69,962	-
Federated Investors	Government Obligations Fund	133,571	-	133,571	133,571	-
Federated Investors	Government Obligations Fund	-	78,564	78,564	78,564	-
Federated Investors	Government Obligations Fund	-	205,210	205,210	205,210	-
Federated Investors	Government Obligations Fund	-	128,104	128,104	128,104	-
Federated Investors	Government Obligations Fund	-	84,062	84,062	84,062	-
Federated Investors	Government Obligations Fund	-	47,149	47,149	47,149	-
Federated Investors	Government Obligations Fund	-	35,971	35,971	35,971	-
Federated Investors	Government Obligations Fund	-	69,928	69,928	69,928	-
Federated Investors	Government Obligations Fund	-	129,798	129,798	129,798	-
Federated Investors	Government Obligations Fund	-	161,821	161,821	161,821	-
Federated Investors	Government Obligations Fund	-	50,426	50,426	50,426	-
Federated Investors	Government Obligations Fund	-	163,160	163,160	163,160	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
<b>Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year</b>						
Federated Investors	Government Obligations Fund	-	36,190	36,190	36,190	-
Federated Investors	Government Obligations Fund	-	91,686	91,686	91,686	-
Federated Investors	Government Obligations Fund	-	130,924	130,924	130,924	-
Federated Investors	Government Obligations Fund	-	115,081	115,081	115,081	-
Federated Investors	Government Obligations Fund	-	112,698	112,698	112,698	-
Federated Investors	Government Obligations Fund	-	90,371	90,371	90,371	-
Federated Investors	Government Obligations Fund	-	149,966	149,966	149,966	-
Federated Investors	Government Obligations Fund	-	43,768	43,768	43,768	-
Federated Investors	Government Obligations Fund	-	129,038	129,038	129,038	-
Federated Investors	Government Obligations Fund	-	90,824	90,824	90,824	-
Federated Investors	Government Obligations Fund	-	122,247	122,247	122,247	-
Federated Investors	Government Obligations Fund	-	106,192	106,192	106,192	-
Federated Investors	Government Obligations Fund	-	161,698	161,698	161,698	-
Federated Investors	Government Obligations Fund	-	87,958	87,958	87,958	-
Federated Investors	Government Obligations Fund	-	39,110	39,110	39,110	-
Federated Investors	Government Obligations Fund	-	78,609	78,609	78,609	-
Federated Investors	Government Obligations Fund	-	48,082	48,082	48,082	-
Federated Investors	Government Obligations Fund	-	53,447	53,447	53,447	-
Federated Investors	Government Obligations Fund	-	94,338	94,338	94,338	-
Federated Investors	Government Obligations Fund	-	164,834	164,834	164,834	-
Federated Investors	Government Obligations Fund	-	62,942	62,942	62,942	-
Federated Investors	Government Obligations Fund	-	158,916	158,916	158,916	-
Federated Investors	Government Obligations Fund	-	89,798	89,798	89,798	-
Federated Investors	Government Obligations Fund	-	88,369	88,369	88,369	-
Federated Investors	Government Obligations Fund	-	46,049	46,049	46,049	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u> (Including Interest Rate and <u>Maturity in Case of a Loan</u> )	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Cost of</u> <u>Assets</u>	(f) <u>Current Value</u> <u>of Asset on</u> <u>Transaction Date</u>	(g) <u>Net gain or</u> <u>(loss)</u>
<b>Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year</b>						
Federated Investors	Government Obligations Fund	-	155,710	155,710	155,710	-
Federated Investors	Government Obligations Fund	-	60,216	60,216	60,216	-
Federated Investors	Government Obligations Fund	-	217,938	217,938	217,938	-
Federated Investors	Government Obligations Fund	-	35,359	35,359	35,359	-
Federated Investors	Government Obligations Fund	-	124,072	124,072	124,072	-
Federated Investors	Government Obligations Fund	-	72,081	72,081	72,081	-
Federated Investors	Government Obligations Fund	-	315,604	315,604	315,604	-
Federated Investors	Government Obligations Fund	-	209,473	209,473	209,473	-
Federated Investors	Government Obligations Fund	-	95,319	95,319	95,319	-
Federated Investors	Government Obligations Fund	-	88,467	88,467	88,467	-
Federated Investors	Government Obligations Fund	-	235,615	235,615	235,615	-
Federated Investors	Government Obligations Fund	-	37,695	37,695	37,695	-
Federated Investors	Government Obligations Fund	-	167,238	167,238	167,238	-
Federated Investors	Government Obligations Fund	-	55,786	55,786	55,786	-
Federated Investors	Government Obligations Fund	-	164,882	164,882	164,882	-
Federated Investors	Government Obligations Fund	-	95,216	95,216	95,216	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u> (Including Interest Rate and Maturity in Case of a Loan)	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Cost of</u> <u>Assets</u>	(f) <u>Current Value</u> <u>of Asset on</u> <u>Transaction Date</u>	(g) <u>Net gain or</u> <u>(loss)</u>
<b>Category (ii) - Series of transactions in excess of 5% of the fair value of plan assets</b>						
Federated Investors	Government Obligations Fund	\$ 5,739,174	\$ -	\$ 5,739,174	\$ 5,739,174	\$ -
Federated Investors	Government Obligations Fund	-	5,969,941	5,969,941	5,969,941	-
Federated Investors	Government Obligations Income Fund	29,852	-	29,852	29,852	-
Federated Investors	Government Obligations Income Fund	-	18,389	18,389	18,389	-

See Independent Auditor's Report.



<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> 648																				
<b>6</b> 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). <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 6a(2), 6b, and 6c. .... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines 6d and 6e. .... <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 .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="width:90%;">632</td></tr> <tr><td><b>6a(2)</b></td><td>473</td></tr> <tr><td><b>6b</b></td><td>16</td></tr> <tr><td><b>6c</b></td><td>0</td></tr> <tr><td><b>6d</b></td><td>489</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	632	<b>6a(2)</b>	473	<b>6b</b>	16	<b>6c</b>	0	<b>6d</b>	489	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	632																				
<b>6a(2)</b>	473																				
<b>6b</b>	16																				
<b>6c</b>	0																				
<b>6d</b>	489																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>																				

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

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

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

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

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

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

Plan Name: First Community Bankshares, Inc. Medical and Dental Care Plan  
EIN: 55-0694814  
Plan Number: 504

(a) <u>Identity of Party Involved</u>	(b) Description of Asset (Including Interest Rate and <u>Maturity in Case of a Loan</u> )	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Cost of <u>Assets</u>	(f) Current Value of Asset on <u>Transaction Date</u>	(g) Net gain or <u>(loss)</u>
<b>Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year</b>						
Federated Investors	Government Obligations Fund	216,760	-	216,760	216,760	-
Federated Investors	Government Obligations Fund	144,424	-	144,424	144,424	-
Federated Investors	Government Obligations Fund	71,590	-	71,590	71,590	-
Federated Investors	Government Obligations Fund	62,000	-	62,000	62,000	-
Federated Investors	Government Obligations Fund	231,592	-	231,592	231,592	-
Federated Investors	Government Obligations Fund	69,839	-	69,839	69,839	-
Federated Investors	Government Obligations Fund	508,226	-	508,226	508,226	-
Federated Investors	Government Obligations Fund	69,633	-	69,633	69,633	-
Federated Investors	Government Obligations Fund	195,855	-	195,855	195,855	-
Federated Investors	Government Obligations Fund	72,973	-	72,973	72,973	-
Federated Investors	Government Obligations Fund	144,922	-	144,922	144,922	-
Federated Investors	Government Obligations Fund	216,031	-	216,031	216,031	-
Federated Investors	Government Obligations Fund	216,888	-	216,888	216,888	-
Federated Investors	Government Obligations Fund	214,355	-	214,355	214,355	-
Federated Investors	Government Obligations Fund	215,541	-	215,541	215,541	-
Federated Investors	Government Obligations Fund	109,516	-	109,516	109,516	-
Federated Investors	Government Obligations Fund	210,615	-	210,615	210,615	-
Federated Investors	Government Obligations Fund	211,519	-	211,519	211,519	-
Federated Investors	Government Obligations Fund	214,316	-	214,316	214,316	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u> (Including Interest Rate and <u>Maturity in Case of a Loan</u> )	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Cost of</u> <u>Assets</u>	(f) <u>Current Value</u> <u>of Asset on</u> <u>Transaction Date</u>	(g) <u>Net gain or</u> <u>(loss)</u>
<b>Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year</b>						
Federated Investors	Government Obligations Fund	235,985	-	235,985	235,985	-
Federated Investors	Government Obligations Fund	211,378	-	211,378	211,378	-
Federated Investors	Government Obligations Fund	209,694	-	209,694	209,694	-
Federated Investors	Government Obligations Fund	51,775	-	51,775	51,775	-
Federated Investors	Government Obligations Fund	211,066	-	211,066	211,066	-
Federated Investors	Government Obligations Fund	73,062	-	73,062	73,062	-
Federated Investors	Government Obligations Fund	209,724	-	209,724	209,724	-
Federated Investors	Government Obligations Fund	151,655	-	151,655	151,655	-
Federated Investors	Government Obligations Fund	149,361	-	149,361	149,361	-
Federated Investors	Government Obligations Fund	51,775	-	51,775	51,775	-
Federated Investors	Government Obligations Fund	71,410	-	71,410	71,410	-
Federated Investors	Government Obligations Fund	69,892	-	69,892	69,892	-
Federated Investors	Government Obligations Fund	69,962	-	69,962	69,962	-
Federated Investors	Government Obligations Fund	133,571	-	133,571	133,571	-
Federated Investors	Government Obligations Fund	-	78,564	78,564	78,564	-
Federated Investors	Government Obligations Fund	-	205,210	205,210	205,210	-
Federated Investors	Government Obligations Fund	-	128,104	128,104	128,104	-
Federated Investors	Government Obligations Fund	-	84,062	84,062	84,062	-
Federated Investors	Government Obligations Fund	-	47,149	47,149	47,149	-
Federated Investors	Government Obligations Fund	-	35,971	35,971	35,971	-
Federated Investors	Government Obligations Fund	-	69,928	69,928	69,928	-
Federated Investors	Government Obligations Fund	-	129,798	129,798	129,798	-
Federated Investors	Government Obligations Fund	-	161,821	161,821	161,821	-
Federated Investors	Government Obligations Fund	-	50,426	50,426	50,426	-
Federated Investors	Government Obligations Fund	-	163,160	163,160	163,160	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
<b>Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year</b>						
Federated Investors	Government Obligations Fund	-	36,190	36,190	36,190	-
Federated Investors	Government Obligations Fund	-	91,686	91,686	91,686	-
Federated Investors	Government Obligations Fund	-	130,924	130,924	130,924	-
Federated Investors	Government Obligations Fund	-	115,081	115,081	115,081	-
Federated Investors	Government Obligations Fund	-	112,698	112,698	112,698	-
Federated Investors	Government Obligations Fund	-	90,371	90,371	90,371	-
Federated Investors	Government Obligations Fund	-	149,966	149,966	149,966	-
Federated Investors	Government Obligations Fund	-	43,768	43,768	43,768	-
Federated Investors	Government Obligations Fund	-	129,038	129,038	129,038	-
Federated Investors	Government Obligations Fund	-	90,824	90,824	90,824	-
Federated Investors	Government Obligations Fund	-	122,247	122,247	122,247	-
Federated Investors	Government Obligations Fund	-	106,192	106,192	106,192	-
Federated Investors	Government Obligations Fund	-	161,698	161,698	161,698	-
Federated Investors	Government Obligations Fund	-	87,958	87,958	87,958	-
Federated Investors	Government Obligations Fund	-	39,110	39,110	39,110	-
Federated Investors	Government Obligations Fund	-	78,609	78,609	78,609	-
Federated Investors	Government Obligations Fund	-	48,082	48,082	48,082	-
Federated Investors	Government Obligations Fund	-	53,447	53,447	53,447	-
Federated Investors	Government Obligations Fund	-	94,338	94,338	94,338	-
Federated Investors	Government Obligations Fund	-	164,834	164,834	164,834	-
Federated Investors	Government Obligations Fund	-	62,942	62,942	62,942	-
Federated Investors	Government Obligations Fund	-	158,916	158,916	158,916	-
Federated Investors	Government Obligations Fund	-	89,798	89,798	89,798	-
Federated Investors	Government Obligations Fund	-	88,369	88,369	88,369	-
Federated Investors	Government Obligations Fund	-	46,049	46,049	46,049	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
MEDICAL AND DENTAL CARE PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended December 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u> (Including Interest Rate and <u>Maturity in Case of a Loan</u> )	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Cost of</u> <u>Assets</u>	(f) <u>Current Value</u> <u>of Asset on</u> <u>Transaction Date</u>	(g) <u>Net gain or</u> <u>(loss)</u>
<b>Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year</b>						
Federated Investors	Government Obligations Fund	-	155,710	155,710	155,710	-
Federated Investors	Government Obligations Fund	-	60,216	60,216	60,216	-
Federated Investors	Government Obligations Fund	-	217,938	217,938	217,938	-
Federated Investors	Government Obligations Fund	-	35,359	35,359	35,359	-
Federated Investors	Government Obligations Fund	-	124,072	124,072	124,072	-
Federated Investors	Government Obligations Fund	-	72,081	72,081	72,081	-
Federated Investors	Government Obligations Fund	-	315,604	315,604	315,604	-
Federated Investors	Government Obligations Fund	-	209,473	209,473	209,473	-
Federated Investors	Government Obligations Fund	-	95,319	95,319	95,319	-
Federated Investors	Government Obligations Fund	-	88,467	88,467	88,467	-
Federated Investors	Government Obligations Fund	-	235,615	235,615	235,615	-
Federated Investors	Government Obligations Fund	-	37,695	37,695	37,695	-
Federated Investors	Government Obligations Fund	-	167,238	167,238	167,238	-
Federated Investors	Government Obligations Fund	-	55,786	55,786	55,786	-
Federated Investors	Government Obligations Fund	-	164,882	164,882	164,882	-
Federated Investors	Government Obligations Fund	-	95,216	95,216	95,216	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.  
 MEDICAL AND DENTAL CARE PLAN  
 SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
 For the year ended December 31, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u> (Including Interest Rate and Maturity in Case of a Loan)	(c) <u>Purchase</u> <u>Price</u>	(d) <u>Selling</u> <u>Price</u>	(e) <u>Cost of</u> <u>Assets</u>	(f) <u>Current Value</u> <u>of Asset on</u> <u>Transaction Date</u>	(g) <u>Net gain or</u> <u>(loss)</u>
<b>Category (ii) - Series of transactions in excess of 5% of the fair value of plan assets</b>						
Federated Investors	Government Obligations Fund	\$ 5,739,174	\$ -	\$ 5,739,174	\$ 5,739,174	\$ -
Federated Investors	Government Obligations Fund	-	5,969,941	5,969,941	5,969,941	-
Federated Investors	Government Obligations Income Fund	29,852	-	29,852	29,852	-
Federated Investors	Government Obligations Income Fund	-	18,389	18,389	18,389	-

See Independent Auditor's Report.

FIRST COMMUNITY BANKSHARES, INC.  
 MEDICAL AND DENTAL CARE PLAN  
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 December 31, 2024

Plan Name: First Community Bankshares, Inc. Medical and Dental Care Plan  
 EIN: 55-0694814  
 Plan Number: 504

(a)	(b) Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	(c) Description of investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) <u>Cost</u>	(e) Current <u>Value</u>
	Federated Investors	Government Obligations Fund	\$ 111,167	\$ 111,167
	Federated Investors	Government Obligations Income Fund	34,818	<u>34,818</u>
				<u>\$ 145,985</u>

See Independent Auditor's Report.