

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
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|               |                                                 |
|---------------|-------------------------------------------------|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|-------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><u>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</u>                                                                                                                                                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>                                                                                                                                                                                                                         |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MILLER ENVIRONMENTAL GROUP, INC.</u><br><br><u>538 EDWARDS AVENUE</u><br><u>CALVERTON, NY 11933</u> | <b>1c</b> Effective date of plan<br><u>05/01/2002</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>11-2256843</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>631-369-4900</u><br><br><b>2d</b> Business code (see instructions)<br><u>562000</u> |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 11/20/2025 | ONNA O'MEARA                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4b</b> EIN                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5</b>                                   | 374 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 374 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b>                               | 366 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6b</b>                                  | 0   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b>                                  | 0   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6d</b>                                  | 366 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <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 4B 4D 4E 4F 4H 4L 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 type="checkbox"/> Trust                                      | (3) <input type="checkbox"/> Trust                                      |
| (4) <input checked="" type="checkbox"/> General assets of the sponsor   | (4) <input checked="" type="checkbox"/> General assets of the sponsor   |

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 8
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

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

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|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-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> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|                                                                                                                  |                                                                            |                   |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><b>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MILLER ENVIRONMENTAL GROUP, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2256843</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  
**EYEMED VISION CARE ON BEHALF OF FIDELITY SECURITY LIFE INSURANCE CO.**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 86-0773195 | 67288         | 10007041001                           | 431                                                                         | 05/01/2024              | 04/30/2025 |

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

|                                                                    |                                                          |
|--------------------------------------------------------------------|----------------------------------------------------------|
| <p><b>(a)</b> Total amount of commissions paid<br/><b>4425</b></p> | <p><b>(b)</b> Total amount of fees paid<br/><b>0</b></p> |
|--------------------------------------------------------------------|----------------------------------------------------------|

**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  
**ONEGROUP (ONEIDA WEALTH) 706 N. CLINTON STREET SYRACUSE, NY 13204**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                   | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose       |                       |
| 4425                                          | 0                               | BROKER COMMISSION | 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>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>                  |              |
| <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>               |              |
| <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:<br>(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>7e(5)</b> |
| <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> |  | 40664 |
| <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> |  | 0     |

Specify nature of costs.

N/A

**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><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>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 **05/01/2024** and ending **04/30/2025**

|                                                                                                                  |                                                                            |                   |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><b>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MILLER ENVIRONMENTAL GROUP, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2256843</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  
**NEW YORK LIFE GROUP INSURANCE COMPANY OF NY**

| (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     |
| 13-2556568 | 64548         | YOK0960574                            | 366                                                                         | 05/01/2024              | 04/30/2025 |

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

|                                                            |                                                    |
|------------------------------------------------------------|----------------------------------------------------|
| <p>(a) Total amount of commissions paid<br/><b>254</b></p> | <p>(b) Total amount of fees paid<br/><b>42</b></p> |
|------------------------------------------------------------|----------------------------------------------------|

**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  
**ONEGROUP NY INC** **706 N. CLINTON STREET**  
**SYRACUSE, NY 13204**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                      | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose          |                       |
| 254                                           | 0                               | STANDARD COMMISSIONS | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**PROFESSIONAL GROUP PLANS, INC** **225 WIRELESS BLVD**  
**STE 200**  
**HAUPPAUGE, NY 11788-3914**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                     | (e) Organization code |
|-----------------------------------------------|---------------------------------|---------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose         |                       |
| 0                                             | 42                              | GENERAL AGENCY FEES | 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 |                       |
|                                               |                                 |             |                       |

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

**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>    |   |
| <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> |   |
|                                                                                                         | <b>7c(6)</b> |   |
| (6) Total additions .....                                                                               | <b>7c(6)</b> |   |
| <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:<br>(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> |   |
|                                                                                                         | <b>7e(5)</b> |   |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> |   |
| <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) ▶ AD&D

**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> |  | 12950 |
| <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> |  | 0     |

Specify nature of costs.

N/A

**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><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|                                                                                                                  |                                                                            |                   |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><b>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MILLER ENVIRONMENTAL GROUP, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2256843</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  
**NEW YORK LIFE GROUP INSURANCE COMPANY OF NY**

| (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     |
| 13-2556568 | 64548         | VDY0960130                            | 214                                                                         | 05/01/2024              | 04/30/2025 |

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

|                                                             |                                                     |
|-------------------------------------------------------------|-----------------------------------------------------|
| <p>(a) Total amount of commissions paid<br/><b>1608</b></p> | <p>(b) Total amount of fees paid<br/><b>265</b></p> |
|-------------------------------------------------------------|-----------------------------------------------------|

**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  
**ONEGROUP NY INC** **706 N. CLINTON STREET**  
**SYRACUSE, NY 13204**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                      | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose          |                       |
| 1608                                          | 0                               | STANDARD COMMISSIONS | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**PROFESSIONAL GROUP PLANS, INC** **225 WIRELESS BLVD**  
**STE 200**  
**HAUPPAUGE, NY 11788-3914**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                     | (e) Organization code |
|-----------------------------------------------|---------------------------------|---------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose         |                       |
| 0                                             | 265                             | GENERAL AGENCY FEES | 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 |                       |
|                                               |                                 |             |                       |

**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> |   |
| <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>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> |           |   |
|                                                                                                        | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |           |   |
|                                                                                                        | (3) Transferred to separate account .....                                 | <b>7e(3)</b> |           |   |
|                                                                                                        | (4) Other (specify below) .....                                           | <b>7e(4)</b> |           |   |
| (5) Total deductions .....                                                                             |                                                                           | <b>7e(5)</b> |           |   |
| <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> |  | 79918 |
| <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> |  | 0     |

Specify nature of costs.

N/A

**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. ▶

APPROXIMATE PERSONS COVERED AT THE END OF THE POLICY YEAR

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-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: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|                                                                                                                  |                                                                            |                   |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><b>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MILLER ENVIRONMENTAL GROUP, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2256843</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  
**NEW YORK LIFE GROUP INSURANCE COMPANY OF NY**

| (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     |
| 13-2556568 | 64548         | FLY0960587                            | 366                                                                         | 05/01/2024              | 04/30/2025 |

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

|                                                                                            |                                                                                    |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">2619</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">436</p> |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

**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

**ONEGROUP NY INC** **706 N. CLINTON STREET**  
**SYRACUSE, NY 13204**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                      | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose          |                       |
| 2619                                          | 0                               | STANDARD COMMISSIONS | 3                     |

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

**PROFESSIONAL GROUP PLANS, INC** **225 WIRELESS BLVD**  
**STE 200**  
**HAUPPAUGE, NY 11788-3914**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                     | (e) Organization code |
|-----------------------------------------------|---------------------------------|---------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose         |                       |
| 0                                             | 436                             | GENERAL AGENCY FEES | 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 |                       |
|                                               |                                 |             |                       |

**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> |   |
| <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>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> |           |   |
|                                                                                                        | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |           |   |
|                                                                                                        | (3) Transferred to separate account .....                                 | <b>7e(3)</b> |           |   |
|                                                                                                        | (4) Other (specify below) .....                                           | <b>7e(4)</b> |           |   |
| (5) Total deductions .....                                                                             |                                                                           | <b>7e(5)</b> |           |   |
| <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> |  | 128206 |
| <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> |  | 0      |

Specify nature of costs.

N/A

**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><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|                                                                                                                  |                                                                            |                   |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><b>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MILLER ENVIRONMENTAL GROUP, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2256843</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  
**CIGNA HEALTH AND 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     |
| 59-1031071 | 67369         | 00636147                              | 356                                                                         | 05/01/2024              | 04/30/2025 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 465764                        |

**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

**ONEGROUP NY INC** **706 N. CLINTON STREET**  
**SYRACUSE, NY 13204**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                      | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose          |                       |
| 0                                             | 358281                          | BENEFIT ADVISOR FEES | 3                     |

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

**PROFESSIONAL GROUP PLANS, INC** **225 WIRELESS BLVD**  
**STE 200**  
**HAUPPAUGE, NY 11788-3914**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose             |                       |
| 0                                             | 107483                          | SERVICE/GEN. AGENT FEES | 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 |                       |
|                                               |                                 |             |                       |

**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> |   |
| <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>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:                                                                                   |                           |              |           |   |
|                                                                                                        | <b>7e(1)</b>              |              |           |   |
|                                                                                                        | <b>7e(2)</b>              |              |           |   |
|                                                                                                        | <b>7e(3)</b>              |              |           |   |
|                                                                                                        | <b>7e(4)</b>              |              |           |   |
| (5) Total deductions .....                                                                             |                           | <b>7e(5)</b> |           |   |
| <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> |  | 7165553 |
| <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> |  | 0       |

Specify nature of costs.

N/A

**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><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-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; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|                                                                                                                  |                                                                            |                   |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <p><b>A</b> Name of plan<br/><b>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MILLER ENVIRONMENTAL GROUP, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2256843</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  
**CIGNA HEALTH AND 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     |
| 59-1031071 | 67369         | 0636147                               | 262                                                                         | 05/01/2024              | 04/30/2025 |

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

|                                                              |                                                      |
|--------------------------------------------------------------|------------------------------------------------------|
| <p>(a) Total amount of commissions paid<br/><b>20459</b></p> | <p>(b) Total amount of fees paid<br/><b>8184</b></p> |
|--------------------------------------------------------------|------------------------------------------------------|

**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  
**ONEGROUP NY INC** **706 NORTH CLINTON STREET**  
**SYRACUSE, NY 13204**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                            | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                |                       |
| 20459                                         | 0                               | SALES AND BASE COMMISSIONS | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**PROFESSIONAL GROUP PLANS, INC** **225 WIRELESS BLVD**  
**STE 200**  
**HAUPPAUGE, NY 11788-3914**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                        | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose            |                       |
| 0                                             | 8184                            | GENERAL AGENT PAYMENTS | 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 |                       |
|                                               |                                 |             |                       |

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

**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>    |   |
| <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> |   |
|                                                                                                         | <b>7c(6)</b> |   |
| (6) Total additions .....                                                                               | <b>7c(6)</b> |   |
| <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:<br>(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> |   |
|                                                                                                         | <b>7e(5)</b> |   |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> |   |
| <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> |  | 207186 |
| <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> |  | 0      |

Specify nature of costs.

N/A

**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><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-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: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|                                                                                                                  |                                                                            |  |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <p><b>A</b> Name of plan<br/><b>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MILLER ENVIRONMENTAL GROUP, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2256843</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  
**COLONIAL LIFE AND ACCIDENT 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     |
| 57-0144607 | 62049         | E5020284                              | 86                                                                          | 05/01/2024              | 04/30/2025 |

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

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| (a) Total amount of commissions paid<br><b>11109</b> | (b) Total amount of fees paid<br><b>8778</b> |
|------------------------------------------------------|----------------------------------------------|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**PROFESSIONAL GROUP PLANS INC**      **225 WIRELESS BLVD**  
**HAUPPAUGE, NY 11788**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 2039                                          | 0                               | COMMISSIONS PAID | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MERRIDITH STANTON**      **456 LAKE COMO DR**  
**POMONA PARK, FL 32181**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 25                                            | 0                               | COMMISSIONS PAID | 3                     |

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

ONEGROUP NY INC 706 N. CLINTON ST  
SYRACUSE, NY 13204

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 58                                            | 0                               | COMMISSIONS PAID | 3                     |

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

JULIA GEORGE 4314 TERRACE ST  
PHILADELPHIA, PA 19128

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 14                                            | 0                               | COMMISSIONS PAID | 3                     |

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

PETRINA SKILES 1574 LITITZ PIKE  
LANCASTER, PA 17601

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 21                                            | 0                               | COMMISSIONS PAID | 3                     |

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

MARSH & MCLENNAN AGENCY LLC DBA GRAHAM COMPANY  
PHILADELPHIA, PA 19102

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 113                                           | 0                               | COMMISSIONS PAID | 3                     |

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

BENECHOICE ENROLLMENT SOLUTIONS & T 1574 LITITZ PIKE  
LANCASTER, PA 17601

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 21                                            | 0                               | COMMISSIONS PAID | 3                     |

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

VOLUNTARY SOLUTIONS INC 9903 E 150TH AVE  
BRIGHTON, CO 80602

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 55                                            | 19                              | FEES PAID   | 3                     |

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

MICHAEL ANGELO ARROYO 28 OXFORD PL  
STATERN ISLAND, NY 10301

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 1                                             | 0                               | COMMISSIONS PAID | 3                     |

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

LEITZ INSURANCE AGENCY LLC 3505 TOMOCOMO DRIVE  
HAMMONTON, NJ 08037

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 4                                             | 0                               | COMMISSIONS PAID | 3                     |

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

MCO PARTNERS LLC 315 WEST 39TH ST  
STE 303  
NEW YORK, NY 10018

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 8658                                          | 8759                            | COMMISSIONS PAID | 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 |                       |
|                                               |                                 |             |                       |

**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> |   |
| <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>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:                                                                                   |                           |              |           |   |
|                                                                                                        | <b>7e(1)</b>              |              |           |   |
|                                                                                                        | <b>7e(2)</b>              |              |           |   |
|                                                                                                        | <b>7e(3)</b>              |              |           |   |
|                                                                                                        | <b>7e(4)</b>              |              |           |   |
| (5) Total deductions .....                                                                             |                           | <b>7e(5)</b> |           |   |
| <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,HOSPITAL GAP, CRITICAL ILLNESS**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-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: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|                                                                                                                  |                                                                            |  |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <p><b>A</b> Name of plan<br/><b>MILLER ENVIRONMENTAL GROUP HEALTH &amp; WELFARE PLAN</b></p>                     | <p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MILLER ENVIRONMENTAL GROUP, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>11-2256843</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  
**THE PAUL REVERE 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     |
| 04-1590994 | 67598         | E5020284                              | 48                                                                          | 05/01/2024              | 04/30/2025 |

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

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| (a) Total amount of commissions paid<br><b>8897</b> | (b) Total amount of fees paid<br><b>2015</b> |
|-----------------------------------------------------|----------------------------------------------|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**PROFESSIONAL GROUP PLANS INC**      **225 WIRELESS BLVD**  
**HAUPPAUGE, NY 11788**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 867                                           | 0                               | COMMISSIONS PAID | 3                     |

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

**MERRIDITH STANTON**      **456 LAKE COMO DR**  
**POMONA PARK, FL 32181**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 15                                            | 0                               | COMMISSIONS PAID | 3                     |

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

ONEGROUP NY INC 706 N. CLINTON ST  
SYRACUSE, NY 13204

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 3602                                          | 0                               | COMMISSIONS PAID | 3                     |

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

JULIA GEORGE 4314 TERRACE ST  
PHILADELPHIA, PA 19128

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 40                                            | 0                               | COMMISSIONS PAID | 3                     |

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

PETRINA SKILES 1574 LITITZ PIKE  
LANCASTER, PA 17601

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 60                                            | 0                               | COMMISSIONS PAID | 3                     |

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

MARSH & MCLENNAN AGENCY LLC DBA GRAHAM COMPANY  
PHILADELPHIA, PA 19102

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 90                                            | 0                               | COMMISSIONS PAID | 3                     |

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

BENECHOICE ENROLLMENT SOLUTIONS & T 1574 LITITZ PIKE  
LANCASTER, PA 17601

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 54                                            | 0                               | COMMISSIONS PAID | 3                     |

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

DRUSILLA ROBERTSON  
 678 WARBURTON AVE  
 APT 7C  
 YONKERS, NY 10701

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 6                                             | 0                               | COMMISSIONS PAID | 3                     |

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

SAMUEL DAVID BREIER  
 34 GRAMERCY PARK E  
 NEW YORK, NY 10003

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 2                                             | 0                               | COMMISSIONS PAID | 3                     |

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

AIKEN ENTERPRISES LLC  
 341 GILLIGAN RD  
 HUDSON, NY 12534

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
| 1                                             | 0                               | COMMISSIONS PAID | 3                     |

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

MCO PARTNERS LLC  
 315 WEST 39TH ST  
 STE 303  
 NEW YORK, NY 10018

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 4160                                          | 2015                            | FEES PAID   | 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 |                       |
|                                               |                                 |             |                       |

**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> |   |
| <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>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:                                                                                   |                           |              |           |   |
|                                                                                                        | <b>7e(1)</b>              |              |           |   |
|                                                                                                        | <b>7e(2)</b>              |              |           |   |
|                                                                                                        | <b>7e(3)</b>              |              |           |   |
|                                                                                                        | <b>7e(4)</b>              |              |           |   |
| (5) Total deductions .....                                                                             |                           | <b>7e(5)</b> |           |   |
| <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, HOSPITAL GAP, CRITICAL ILLNESS**

**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> | 24987 |
| <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. ....<br>Specify nature of costs. | <b>10b</b> | 0     |

N/A

**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. ▶