Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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. . . . . ▸ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
PBS ASO, LLC HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▸ 501

1c Effective date of plan
07/01/2020

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PBS ASO, LLC

1121 RIVERCHASE OFFICE ROAD
BIRMINGHAM, AL 35244

2b Employer Identification Number (EIN)
85-0768284

2c Plan Sponsor's telephone number
205-271-5422

2d Business code (see instructions)
541110

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.

SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2025	TOM HANCOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
		3c Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a	Sponsor's name	**4d** PN	
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	2468
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2468
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2761
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2761
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E 4F 4H

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [ ] Trust	(3) [ ] Trust
(4) [ ] General assets of the sponsor	(4) [ ] 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) [X] **A** (Insurance Information) – Number Attached 3

(4) [ ] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Insurance Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
PBS ASO, LLC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PBS ASO, LLC

D Employer Identification Number (EIN)
85-0768284

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
BLUE CROSS BLUE SHIELD OF ALABAMA

(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	Policy or contract year **(g)** To
63-0103830	55433	0095487	5380	07/01/2024	06/30/2025

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

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

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

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

(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 **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			7b	0
c Additions: (1) Contributions deposited during the year	7c(1)			
(2) Dividends and credits	7c(2)			
(3) Interest credited during the year	7c(3)			
(4) Transferred from separate account	7c(4)			
(5) Other (specify below) ▶	7c(5)			
(6) Total additions			7c(6)	0
d Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
(2) Administration charge made by carrier	7e(2)			
(3) Transferred to separate account	7e(3)			
(4) Other (specify below) ▶	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	23342062		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	0		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned ((**1**) + (**2**) - (**3**))			**9a(4)**	23342062
b Benefit charges (1) Claims paid	**9b(1)**	26728903		
(2) Increase (decrease) in claim reserves	**9b(2)**	1090100		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	27819003
(4) Claims charged			**9b(4)**	0
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	0		
(B) Administrative service or other fees	**9c(1)(B)**	1393881		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	0		
(E) Taxes	**9c(1)(E)**	372555		
(F) Charges for risks or other contingencies	**9c(1)(F)**	352463		
(G) Other retention charges	**9c(1)(G)**	-18869		
(H) Total retention			**9c(1)(H)**	2100030
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	2649700
(3) Other reserves			**9d(3)**	0
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	0
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	0

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 [X] No

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

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
PBS ASO, LLC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PBS ASO, LLC

D Employer Identification Number (EIN)
85-0768284

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
GLOBE 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
63-0782739	91472	GLB0085;7G00103	2346	07/01/2024	06/30/2025

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
638799	0

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

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

PAYROLL AND BENEFIT SOLUTION
1121 RIVERCHASE OFFICE ROAD
BIRMINGHAM, AL 35244

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
393165			3

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

COBBS ALLEN AND HALL
115 OFFICE PARK DRIVE, SUITE 200
MOUNTAIN BROOK, AL 35223

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
155583			3

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

PROVIDENCE BENEFITS LLC

2000 PROVIDENCE PARK STE 200
BIRMINGHAM, AL 35242

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
90051			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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

m ☒ Other (specify) ▶ SUPPLEMENTAL MEDICAL

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2761438
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Insurance Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
PBS ASO, LLC HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PBS ASO, LLC

D Employer Identification Number (EIN)
85-0768284

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
GUARDIAN

(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
13-5123390	64246	00051882;005147	3630	07/01/2024	06/30/2025

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
305549	45528

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

PAYROLL & BENEFIT SOLUTIONS
1121 RIVERCHASE OFFICE RD.
BIRMINGHAM, AL 35244-2868

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
242149	45528	FEES	3

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

COBBS ALLEN & HALL
115 OFFICE PARK DR.
BIRMINGHAM, AL 35223-2421

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
63400			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.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	**10a**	1731625
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

PBS ASO, LLC Health and Welfare Plan
EIN # 85-0768284
Plan # 501
Adopting Employers

Company Name	**FEIN**
58 INC.	82-2950004
Accelerate Advisory Group, LLC	83-2181630
Action Boyd LLC	83-3462377
Action Car & Truck LLC	63-1258526
Action Truck Center, Inc.	63-0706409
AIE Marketing Services LLC	83-2393923
Alabama Aging Resources, Inc.	47-2746786
Alabama Association of Nonprofits	63-1172730
Alabama Cancer Care, LLC	27-2458311
Alabama Fabric Protection LLC	85-3346095
Alabama Holocaust Education Center	80-0955027
Alabama Self-Insured Worker's Compensation Fund	63-0773197
Alabama Society Of Certified Public Accountants	63-0393137
Alabama's Best Fabricators Inc	63-1090400
Allied Photocopy Inc.	63-0742557
Altadena Eye Care, LLC	85-1815478
American Society for Reproductive Medicine	04-2284338
Analytical AI LLC	82-5398837
ARC Realty LLC	46-1112829
ARC Realty Montgomery River Region LLC	82-2314498
Aspire Integrative Health Clinic, LLC	47-4413635
Attaway Tree Service, Inc	20-1789665
Autism Support Of Alabama	74-3099595
Background IQ, LLC	82-3605199
Barrow & Associates, LLC	75-3010633
Bayliss Machine & Welding Co. LLC	63-0321650
Berkeley & Company, LLC	93-1400251
Bern, Butler, Capilouto, & Massey, PC	63-0967991
Birmingham Business Alliance	26-4629738
Birmingham Recovery Center Inc.	86-1851206
Birmingham Theological Seminary	63-0846743
Bond & Botes Of Florence, PC	63-1141902
Bond & Botes Of Gadsden, PC	45-3539042
Bond & Botes Of Mississippi, P.C.	64-0863421
Bond & Botes, P.C.	63-1010334
Bond, Botes, Shinn & Donaldson	63-1122682
Bond, Botes, Sykstus, P. C.	63-1097460
Boom Vang Brewing Company - Huntsville, LLC	87-2855689
Boom Vang Brewing Company -Birmingham, LLC	82-2615050
Boys and Girls Club of North Alabama	63-0360026
Bradford Building Company, Inc.	63-1023131
Brian Michael Pflaum	41-8136303

BRP Properties, LLC	83-2680613
Buckingham Holdings LLC	45-3622120
BuildUP BHM	84-3981807
Cahaba Comfort Solutions, Inc.	45-5079364
Cameron Executive Search and Staffing, Inc.	46-3050712
Campaign Data Group, LLC	84-3931547
Capital Growth Buchalter	47-1813413
Capstone Realty, LLC	88-0646838
Central AlabamaWorks	61-1705744
Central Six Development Council Inc	46-2680335
Cheeriodicals LLC	27-4540261
Chelsea Tire Pros	20-3466701
Christ Fellowship Church	45-4871054
Christchurch Anglican	20-2641081
Christian Service Mission	63-0594603
Clark CRE Investments LLC	83-1904192
Clayton Management, Inc.	63-1154449
CLT Hardware LLC	93-3490984
Cohens Electronics & Appliances, Inc.	63-0521260
Comprehensive Anesthesia Services, P.C.	63-1142437
Conley Enterprises, LLC	43-2831367
Cook & Bynum Capital Management, LLC	20-8030717
Coosa Technologies LLC	27-0698300
Creative Montessori School, Inc.	63-0570956
Cyber Investigations And Intelligence Agency, LLC	82-1865137
Dark Horse Construction, LLC	85-3719467
Davidson Davidson & Umbach	46-5309148
Davidson Davidson Umbach & Forbus	83-0888927
Daymark Pastoral Counseling	63-1193157
DBL Down Media, LLC	87-1304712
Definitive Home Solutions, Inc.	47-3172260
Development Solutions & Facilities LLC	85-3939119
DMC Group, LLC	47-1758835
Dragonfly Motors, LLC	85-2972339
DRK Advisory, LLC	88-1328484
DRS Service Corporation	83-2627993
DSLD Land Management Company Inc	63-1146960
Duncan & Dearmon Building Company, LLC	93-1818072
Empirical Applications Inc.	42-1545239
Environmental Biological Services, LLC	45-3666789
Family First Urgent Care Alabama, LLC	86-3052766
Faulkner Industrial Maintenance Co. Inc	63-1025886
Foam Fab Packaging LLC	87-1411192
Fort McClellan Credit Union	63-0346919
Freedom Packaging Products, LLC	92-1586141
Galilee Investment Group	45-4306035
Grady B. Core MD, PC	72-1530059

Grand Slam Club/Ovis	58-1969611
Haven Field Community Church	46-2143981
Help 2 Others Foundation (H2O Foundation)	20-0865454
Henderson Sewing Machine Co., Inc.	63-0746734
Heritage Christian Academy	45-2641911
HH Counseling Inc	93-4304097
High Sec Labs, Inc.	35-2539909
Hodges Legacy LLC	88-3867676
Holcombe Doors and Windows LLC	20-2097331
Holley Steel, Inc.	20-4568933
Hoover Ear, Nose & Throat Associates, PC	63-0967867
Hughes Capital Partners LLC	20-8868307
Iconic Custom Carts	85-0932552
Ingram-Whatley LLC	87-1178084
Insurance Facilities, Inc.	63-0995532
Integrative Approaches to Wellness LLC	81-4205358
J. Christopher Davis, PLLC	27-1437088
J.R. Prewitt & Associates, Inc.	63-0676171
JACPLA, LLC	27-2104300
JBD Development	87-2189570
Jennifer Whisenant LLC	99-1484160
JMD Rheum LLC	92-2063936
Junior League of Birmingham, Inc.	63-0324707
JVF Holdings, LLC	85-2828126
K & P Pharmacy, LLC	83-3003748
Kari L Bartlett DMD LLC	47-4412555
Kent Unlimited, Inc.	87-1686987
Kinetic Communications LLP	63-1154171
KKP Holdings, LLC	45-5586455
Kore LLC	47-1971606
LabWorks LLC	82-3983748
Landscape Concepts	46-2245676
Launch Dental Institute, LLC	86-2287562
Law Offices of Jeff W Parmer	20-1679104
LeSourd Partners, Inc.	88-3026863
LifeCourse Capital, Inc.	62-1872595
Lighthouse CPA. LLC	83-1766653
Limestone Building Group, LLC	20-8568246
LMB Preferred Services, LLC	61-1650431
Local Roots, LLC	81-1323598
Loft Machine LLC	93-2778821
Loftis Robbins, Inc	63-1087027
LPM Management LLC	82-2311762
Lumina, LLC	46-4857778
Magic City Tire & Service, LLC	88-2660405
Magnolia Dental Holdings I, LLC	84-2523323
Manley LLC	88-2836702

MAP Casa Verde LLC	93-4228920
Maples & Jacobs, LLC	27-1311896
Massey Drugs, Inc.	20-2594906
Material Systems, Inc.	26-2398464
McCain Sales Company LLC	27-4429140
MealFit, LLC	46-0968676
Medsym, Inc.	26-1194459
Mid-America Engine, Inc.	62-1086403
Mid-South Bus Center, Inc	62-0901692
Mikos/Kampakis Insurance Services, Inc.	63-1212937
Mills Physician Acute Care Services, LLC	92-3116313
Mitchell's Place, Inc.	20-1056421
Moore Syndication, Inc	63-1003229
Moore's True Value Hardware Inc.	59-2323815
Morgan Family Motors, LLC	88-3974649
Murray Construction, Inc.	26-3093417
No Resistance Consulting Group, LLC	81-3105422
One Source Heating, Cooling & Electrical LLC	46-6533299
Orange Development LLC	20-5621490
OrthoSports 1st PC	84-4167903
OS1 Management, LLC	84-3168416
Outdoor Solutions of MS LLC	64-0939085
Packwood Holdings, LLC	86-1476334
Pathology Associates, P. C.	63-0578920
Paychecks 4 EE's, LLC	46-3347998
Pediatric Associates of Madison, P.C.	63-1252822
Phillips Landscape Architecture, LLC	92-0316504
PLT Hardware LLC	46-5215662
Poole & Company Architects, PC	33-1112899
Premier Family Dentistry of Alabaster, P.C.	27-0949705
Prestigious Appliance LLC	81-2246348
Printing Technologies & Labels, Inc.	32-0287588
Prosper Foundation	87-1572206
Pure Dermatology & Aesthetics	46-0904801
R & M Equipment Rentals, Inc.	36-3893891
R2Metrics Inc	20-8832278
Railroad Park Foundation	63-1280818
Red Mountain Wellness & Internal Medicine	46-4525677
Reeves Cosmetic Dentistry, P.C.	72-1381061
Reliable Sign Services, Inc.	63-1117782
Renew Birmingham	87-3838491
Resolute Business Ventures, LLC	46-4547419
River Oak Financial LLC	99-0888835
Robert A Webb & Associates CPA, LLC	36-4495988
Rudd Enterprises, LLC	83-3362543
RVT IV Enterprises LLC	45-4200652
Selcom, LLC	84-2974904

Sette Management, Inc.	81-5219820
Shades Creek Wealth Advisors, Inc.	20-0392707
Shannon Waltchack Investment Management, LLC	82-2979548
Shannon Waltchack Management, LLC	20-3979722
Shannon Waltchack, LLC	20-3203413
Shelby Baptist Ambulatory Surgery Center LLC	20-3150946
Shryock Energy Services Co LLC	85-1043679
SMB Investments Inc	27-2132156
South Cypress, Inc	45-3956771
Southeast Physician Network, PC	27-0996600
Southeastern Steel Detailing, Inc.	63-1097863
Southern Heritage Masonry, LLC	20-0266097
Southern Specialty Physicians, LLC	84-4446836
Southlake Capital LLC	26-4459553
Southpace Management Inc.	63-1087963
Southpace, Inc	63-1048535
Southside Baptist Church	63-0414565
Southside Pain Specialists, PC	26-1605441
Spratley Consulting, LLC	85-3331887
Stewardly Advisors, LLC	88-2683111
Steyr Arms, Inc.	20-0468383
Stott & Harrington, P.C.	82-3827724
Strickland Paper Company Inc	63-0203160
Summit Realty LLC	83-1520874
Sunbelt Paper & Packaging Inc.	20-2097758
Sunbelt Paper & Packaging of Ft. Payne, LLC	82-5133164
Suzanne Booker-Canfield, Ph.D. LLC	82-3767689
SW CRE LLC	82-2962790
Sweetwater Construction, LLC	27-1401861
Sylacauga Family Health Center, LLC	36-4363892
Tassco LLC	46-3968531
TBH North America, Inc	82-2234557
TechBirmingham	34-1975251
TeleSystems, Inc.	63-1049836
Tennessee Valley Metals, Inc.	63-0796999
Terry Equipment Company LLC	85-3089647
Thacker Metal and Arts Inc	99-4694886
The Bus Center of Atlanta LLC	47-2633477
The Center For Executive Leadership	63-1263584
The Community Foundation of South Alabama	63-0695166
The Rush Corporation	71-0892571
The Station Church	71-1005756
Three M Karts & Mowers Inc	63-1277593
Thrive Talladega, LLC	87-3695525
Timberline Golf Club, LLC	63-1288259
Trammell Equipment Company, Inc	63-0893433
Transportation South, Inc.	63-0990270

Tri-State Metals, Inc.	63-1162106
Triumph Services, Inc.	26-0508897
Trustworthy Electric, Inc	63-1128755
Try Me Fencing, Inc.	81-0961083
Tuscaloosa Ear, Nose & Throat Center, P.C.	63-0726764
TWE Enterprises, Inc	83-2318844
Twin Tree Ventures, Inc.	26-0172547
Underwood Restaurant and Store Equipment	58-2163808
United Mortgage Group, Inc.	82-3871446
VISTAR Inc.	63-1034376
Vital Health and Wellness LLC	93-3107942
Wadsworth Electric, Inc.	63-1038621
Walker Brothers Heating & Air Conditioning LLC	93-3310024
Wallace Jordan Ratliff & Brandt, LLC	63-1134171
Warehouse Primary Care & Specialty Clinic, Inc.	88-1675129
Williams, King & Associates, LLC	80-0681652
Women's Care Specialists	63-0909626
YouthServe Inc	63-1278901

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Annual Return/Report of Employee Benefit Plan** This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	OMB Nos. 1210-0110 1210-0089 **2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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 ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan PBS ASO, LLC Health and Welfare Plan	**1b** Three-digit plan number (PN) ▶ 501 **1c** Effective date of plan 07/01/2020
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PBS ASO, LLC 1121 Riverchase Office Road Birmingham AL 35244	**2b** Employer Identification Number (EIN) 85-0768284 **2c** Plan Sponsor's telephone number 205-271-5422 **2d** Business code (see instructions) 541110

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.

SIGN HERE	Tom J Hancock Signature of plan administrator	12/8/25 Date	Tom Hancock Enter name of individual signing as plan administrator
SIGN HERE	Tom J Hancock Signature of employer/plan sponsor	12/8/25 Date	Tom Hancock Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address ☒ Same as Plan Sponsor	**3b** Administrator's EIN	
		3c Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a	Sponsor's name	**4d** PN	
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	2,468
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2,468
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2,761
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2,761
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)
- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☐ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☐ Trust
- (4) ☐ 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 3
- (4) ☐ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code____________________