

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: [X] 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 [X] 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. [X]
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: NATIVE AMERICAN SCHOOLS HEALTH & WELFARE TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan): NATIVE AMERICAN SCHOOLS HEALTH & WELFARE TRUST
2b Employer Identification Number (EIN): 85-0378863
2c Plan Sponsor's telephone number: 480-505-0400
2d Business code (see instructions): 813000

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1344
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1344
	6a(2)	1353
	6b	
	6c	
	6d	1353
	6e	
	6f	1353
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan NATIVE AMERICAN SCHOOLS HEALTH & WELFARE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIVE AMERICAN SCHOOLS HEALTH & WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 85-0378863</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
UNUM LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	632555	1353	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.

<p>(a) Total amount of commissions paid -18128</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SUMMIT CONSULTING SERVICES **PO BOX 25160**
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
-18128		SUMMIT RETURNED COMMISSIONS TAKEN IN ERROR FROM PRIOR PLAN YEAR.	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

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)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

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)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	
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)	
	(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)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	628610
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. ▶

12/10/2025
WIDE RUINS COMMUNITY SCHOOL,
MEMBER OF NATIVE AMERICAN
HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
SCHOOLS HEALTH & WELFARE TRUST
P.O. BOX 309
CHAMBERS AZ 86502

00632572
Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: WIDE RUINS COMMUNITY SCHOOL,
MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632572

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 033

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
LIFE,
LTD,
STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	24,161.44
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
ALAMO NAVAJO SCHOOL BOARD, INC.
MEMBER OF NATIVE AMERICAN
HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
SCHOOLS HEALTH & WELFARE TRUST
P.O. BOX 5907
ALAMO NM 87825

00632555
Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: ALAMO NAVAJO SCHOOL BOARD, INC.
MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632555

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 186

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
LIFE,
LTD,
STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	86,515.52
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

00966935
Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: CHILCHINBETO COMMUNITY SCHOOL

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 966935

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 025

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale, AZ 85255	\$0.00	\$0.00	\$0.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
LTD,
LIFE,
STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	15,280.02
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH	

12/10/2025
 CH'OOSGHAI COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 P.O. BOX 321
 TOHATCHI NM 87325

00632556
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: CH'OOSGHAI COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632556

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 082

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	59,598.06
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/09/2025
 DILCON COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 HC 63 BOX G
 WINSLOW AZ 86047

00632558
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: DILCON COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632558

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 056

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....	\$	13,179.70
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....	\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....	\$	.00

12/09/2025
 DZLITH-NA-O-DITH-HLE SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 35 ROAD 7585 #5003
 BLOOMFIELD NM 87413

00632559
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: DZLITH-NA-O-DITH-HLE SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632559

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 063

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

 5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	38,379.26
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

00915069
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: FLAGSTAFF BORDERTOWN
 DORMITORY BOARD DBA KINLANI BO

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 915069

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 024

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	-554.95	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
LIFE

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	1,891.19
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 GREYHILLS ACADEMY HIGH SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 P.O. BOX 160
 TUBA CITY AZ 86045

00632561
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: GREYHILLS ACADEMY HIGH SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632561

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 072

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

 5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	7,150.26
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/09/2025
 GREASEWOOD SPRINGS COMMUNITY
 SCHOOL, MEMBER OF NATIVE
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 AMERICAN SCHOOLS HEALTH/WELFARE
 HC 58 BOX 60
 GANADO NM 86505

00632560
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: GREASEWOOD SPRINGS COMMUNITY
 SCHOOL, MEMBER OF NATIVE

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632560

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 043

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....	\$	18,346.66
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....	\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....	\$	.00

12/10/2025
HUNTERS POINT BOARDING
SCHOOL, MEMBER OF NATIVE AMERI
HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
AMERICAN SCHOOLS HEALTH/WELFA
P.O. BOX 99
ST. MICHAELS AZ 86511

00632562
Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: HUNTERS POINT BOARDING
SCHOOL, MEMBER OF NATIVE AMERI

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632562

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 026

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
LIFE,
LTD,
STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	14,776.90
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 KIN DAH LICHI' L' OLTA,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 HWY 264 TO N. 39, 3 MILES
 P. O. BOX 800
 GANADO AZ 86505

00632563
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: KIN DAH LICHI' L' OLTA,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632563

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 043

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	31,484.57
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

KINTEEL RESIDENTIAL CAMPUS,
INC.

HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION

1600 LYDIA RIPPEY RD

AZTEC NM 87410-1662

00915589

Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: KINTEEL RESIDENTIAL CAMPUS,
INC.

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678

NAIC: 62235

2. CONTRACT NUMBER: 915589

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 018

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	-1,257.85	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
LIFE

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	4,185.51
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

00851530
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: LEUPP SCHOOL INC, MEMBER OF
 NATIVE AMERICAN HEALTH & WELFA

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 851530

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 052

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	26,887.01
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 LITTLE SINGER COMMUNITY SCHOOL
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 P O BOX AQ
 WINSLOW AZ 86047

00632564
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: LITTLE SINGER COMMUNITY SCHOOL
 MEMBER OF NATIVE AMERICAN

- 1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:
 Unum Life Insurance Company of America
 TAX ID: 010278678 NAIC: 62235
- 2. CONTRACT NUMBER: 632564
- 3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 026
- 4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

 5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	11,902.72
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 LUKACHUKAI COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 NAVAJO ROUTE 13
 LUKACHUKAI AZ 86507

00632565
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: LUKACHUKAI COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632565

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 082

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	44,336.00
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
MANY FARMS COMMUNITY SCHOOL,
INC. A.K.A MANY FARMS COMMUNIT
HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
2600 LAKEVIEW DR
MANY FARMS AZ 86538

00449918
Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: MANY FARMS COMMUNITY SCHOOL,
INC. A.K.A MANY FARMS COMMUNIT

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 449918

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 073

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
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Summit Consulting Services PO Box 25160 Scottsdale, AZ 85255	\$0.00	\$0.00	\$0.00
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6. COVERAGE/BENEFITS PROVIDED: ADD,
LTD,
LIFE,
STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	37,572.29
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH	

12/10/2025
 NAATSI'S AAN COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 P. O. BOX 10010
 TONALEA AZ 86044

00632566
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: NAATSI'S AAN COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632566

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 023

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	13,848.38
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 NAZLINI COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 HC 58 BOX 35
 GANADO AZ 86505

00632568
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: NAZLINI COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632568

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 029

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	13,541.66
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 NA'NEELZHIIN JI' OLTA, MEMBER
 OF NATIVE AMERICAN SCHOOLS
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 HEALTH & WELFARE TRUST
 HCR 79, BOX 9
 CUBA NM 87013

00632554
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: NA'NEELZHIIN JI' OLTA, MEMBER
 OF NATIVE AMERICAN SCHOOLS

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632554

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 040

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	13,492.28
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 NAVAJO PREPARATORY SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 1220 WEST APACHE STREET
 FARMINGTON NM 87401

00632567
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: NAVAJO PREPARATORY SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632567

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 100

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	32,374.60
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 PINON COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN HEAL
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 NAVAJO ROUTE 4-OBIA CAMPUS
 P O BOX 159
 PINON AZ 86510

00632569
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: PINON COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN HEAL

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632569

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 038

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 LTD,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	20,908.03
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
 ROCK POINT COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 P.O. BOX 560
 ROCK POINT AZ 86545

00632570
 1Q\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: ROCK POINT COMMUNITY SCHOOL,
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632570

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 097

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

 5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	20,485.76
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/10/2025
SHIPROCK ASSOCIATED SCHOOLS,
MEMBER OF NATIVE AMERICAN
HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
SCHOOLS HEALTH & WELFARE TRUST
PO BOX 1809
SHIPROCK NM 87420

00632571
Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: SHIPROCK ASSOCIATED SCHOOLS,
MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632571

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 107

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
LIFE,
LTD,
STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	73,983.45
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00

12/09/2025
 WINSLOW RESIDENTIAL HALL, INC.
 MEMBER OF NATIVE AMERICAN
 HUMAN RESOURCES DEPARTMENT - OFFICIAL ERISA NOTIFICATION
 SCHOOLS HEALTH & WELFARE TRUST
 600 N. ALFRED
 WINSLOW AZ 86047

00632573
 Q1\DM

INSURANCE DATA FOR SCHEDULE A (FORM 5500)
 AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF
 1974. ADDITIONAL COMPENSATION DATA IS PROVIDED ON THE SUPPLEMENTAL COMPENSATION
 FORM. THIS IS INTENDED TO COMPLY WITH VARIOUS REGULATORS' REPORTING AND
 DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

PREPARED FOR: WINSLOW RESIDENTIAL HALL, INC.
 MEMBER OF NATIVE AMERICAN

1. NAME OF CARRIER, SERVICE OR OTHER ORGANIZATION:

Unum Life Insurance Company of America

TAX ID: 010278678 NAIC: 62235

2. CONTRACT NUMBER: 632573

3. APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY YEAR: 015

4. DATE FOR PERIOD: FROM 07-01-2024 TO 07-01-2025

 5. INSURANCE FEES AND COMMISSION INFORMATION:

NAME AND ADDRESS OF EACH SOLICITING AGENT OR BROKER RECEIVING COMPENSATION:	SALES COMMISSION PAID	FEES PAID	ADDITIONAL COMPENSATION PAID
Summit Consulting Services PO Box 25160 Scottsdale AZ 85255	.00	.00	.00

6. COVERAGE/BENEFITS PROVIDED: ADD,
 LIFE,
 STD

7. NON-PARTICIPATING CONTRACTS (PREMIUMS):

(A) TOTAL PREMIUM OR SUBSCRIPTION CHARGES PAID TO CARRIER.....\$	4,329.21
(B) PREMIUMS DUE AND UNPAID AT END OF THE PLAN YEAR.....\$	.00
(C) IF THE CARRIER, SERVICE OR OTHER ORGANIZATION INCURRED SPECIFIC COSTS IN CONNECTION WITH THE ACQUISITION OR RETENTION OF THE CONTRACT OR POLICY, OTHER THAN REPORTED IN NO. 5 ABOVE, REPORT AMOUNT.....\$	.00
