

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 [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] 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: ADVANTAGE HEALTH PLANS TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1952
2a Plan sponsor's name (employer, if for a single-employer plan): ADVANTAGE HEALTH PLANS TRUST
2b Employer Identification Number (EIN): 73-1007826
2c Plan Sponsor's telephone number: 405-521-1711
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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 160581534

<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 ADVANTAGE HEALTH PLANS 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 ADVANTAGE HEALTH PLANS TRUST</p>	<p>D Employer Identification Number (EIN) 73-1007826</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
GREAT MIDWEST INSURANCE COMPANY (GMIC)

(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
76-0154296	18694	10334	2160	01/01/2024	12/31/2024

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

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

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

(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	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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.
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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. Specify nature of costs ▶	6d	

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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(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	729710
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<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 ADVANTAGE HEALTH PLANS 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 ADVANTAGE HEALTH PLANS TRUST</p>	<p>D Employer Identification Number (EIN) 73-1007826</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
VISION SERVICE PLAN

(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
06-1227840	39616	01109587	1339	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</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(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	

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	(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.
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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. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(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)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(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)	160082	
	(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)		160082
b	Benefit charges (1) Claims paid	9b(1)	134923	
	(2) Increase (decrease) in claim reserves	9b(2)	0	
	(3) Incurred claims (add (1) and (2))	9b(3)		134923
	(4) Claims charged	9b(4)		134923
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)	26414	
	(C) Other specific acquisition costs	9c(1)(C)	0	
	(D) Other expenses	9c(1)(D)	0	
	(E) Taxes	9c(1)(E)	0	
	(F) Charges for risks or other contingencies	9c(1)(F)	0	
	(G) Other retention charges	9c(1)(G)	0	
	(H) Total retention	9c(1)(H)		26414
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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)		0
	(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	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

(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	

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	(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) ▶ 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)
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	253780
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE 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 ADVANTAGE HEALTH PLANS TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANTAGE HEALTH PLANS TRUST		D Employer Identification Number (EIN) 73-1007826

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	908282	2393	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 56154	(b) Total amount of fees paid 0
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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
J.W. KEMPTON & ASSOCIATES INC **13431 BROADWAY EXT**
STE 130
OKLAHOMA CITY, OK 73114

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56154	0		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.
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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. Specify nature of costs ▶	6d	

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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(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) ▶ 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)	
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	505752
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan ADVANTAGE HEALTH PLANS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANTAGE HEALTH PLANS TRUST	D Employer Identification Number (EIN) 73-1007826	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

THE KEMPTON COMPANY

13431 BROADWAY EXTENSION
SUITE 130
OKLAHOMA CITY, OK 73114

73-0977441

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 15 31 38 50	NONE	3769830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LIVINITI

PO BOX 896599
CHARLOTTE, NC 28289

61-1766825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	342947	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAYER COMPASS

5800 GRANITE PARKWAY STE 450
PLANO, TX 75024

46-2047081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 23 50 70	NONE	163324	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HEALTHCARE HIGHWAYS OF OKLAHOMA LLC

1 COWBOYS WAY STE 290
FRISCO, TX 75034

36-4827148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 55 99	NONE	134704	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STRATEGIC UNDERWRITERS SOLUTIONS

2593 DEVELOPMENT DRIVE, SUITE 200
GREEN BAY, WI 54311

13-4009411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	113872	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDUCIARY RISK MANAGEMENT

PO BOX 802
WATERSMEET, MI 49969

47-4131554

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	97200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WINDSOR STRATEGY PARTNERS

777 ALEXANDER ROAD, SUITE 201
PRINCETON, NJ 08540

81-0912547

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	91933	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE PHIA GROUP

P.O. BOX 499
CANTON, MA 02021

04-3504115

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	79186	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FHS

PO BOX 802
WATERSMEET, MI 49969

93-1896442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	NONE	76611	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FORVIS MAZARS, LLP

PO BOX 200870
DALLAS, TX 75320-0870

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	NONE	54441	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INDEPENDENT COMMUNITY BANKERS ASSOC

PO BOX 1810
AZTEC, NM 87410-4810

85-0329643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	49026	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IBAT SERVICES, INC.

1700 RIO GRAND ST, STE 110
AUSTIN, TX 78701

74-1459906

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 38 50	NONE	35088	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRAMLETT AGENCY, INC

PO BOX 369
ARDMORE, OK 73402

73-1418307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21 50 65 99	NONE	31980	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZODIAC INSURANCE SERVICES

457 OAKSHADE RD STE A
SHAMONG, NJ 08088

83-1263085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	23370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIRST BETHANY BANK & TRUST

PO BOX 218
BETHANY, OK 73008

73-0509524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 29 49 99	NONE	22703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BOARDBOOKIT, INC

PO BOX 736335
CHICAGO, IL 60673-6635

46-2135456

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49 99	NONE	20583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LIQUID MEDIA

PO BOX 21626
OKLAHOMA CITY, OK 73156

26-3375865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49 99	NONE	16913	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMMUNITY BANKERS ASSOC OF OKLAHOMA

9220 N KELLEY
OKLAHOMA CITY, OK 73131

73-0967145

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49 99	NONE	15466	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HEALTHSMART PREFERRED CARE INC.

PO BOX 846038
DALLAS, TX 75284

75-2508316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	14785	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COTEVA, INC

4008 UNDERWOOD STREET
CHEVY CHASE, MD 20815

52-2235989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 38 50	NONE	14345	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REDCARD ID CARD PRINTING & CHECK PR

744 OFFICE PARKWAY
ST LOUIS, MO 63141

20-5388701

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 49 99	NONE	13484	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UNDERWOOD ATTORNEYS AT LAW

P.O BOX 9158
AMARIOLLO, TX 79105

75-2256292

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	9788	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CMC CONSULTING DBA FRM

PO BOX 802
WATERSMEET, MI 49969

47-4131554

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	NONE	5299	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan ADVANTAGE HEALTH PLANS TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ADVANTAGE HEALTH PLANS TRUST	D Employer Identification Number (EIN) 73-1007826

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 15120	46295
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 74201	183247
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 17607969	15921184
(2) U.S. Government securities	1c(2) 200000	200000
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 2134	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17899424	16350726
Liabilities			
g Benefit claims payable.....	1g	3605000	5310000
h Operating payables.....	1h	402955	311930
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4007955	5621930
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13891469	10728796

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	29653377	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		29653377
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	594965	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		594965
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	94866	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		30343208

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26567589	
(2) To insurance carriers for the provision of benefits	2e(2)	1715126	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		28282715
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	899806	
(3) Recordkeeping fees	2i(3)	3751325	
(4) IQPA audit fees	2i(4)	54441	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	46992	
(7) Actuarial fees	2i(7)	205805	
(8) Legal fees	2i(8)	120802	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	143995	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5223166
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33505881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3162673
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.




Advantage Health Plans Trust

EIN 73-1007826 PN 501

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

June 30, 2025 and 2024



Advantage Health Plans Trust
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June 30, 2025 and 2024

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Independent Auditor's Report

Board of Trustees
Advantage Health Plans Trust
Oklahoma City, Oklahoma

Opinion

We have audited the financial statements of Advantage Health Plans Trust (Trust), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits and trust benefit obligations as of June 30, 2025 and 2024, the related statements of changes in net assets available for benefits and changes in trust benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and trust benefit obligations of the Trust as of June 30, 2025 and 2024 and the changes in its net assets available for benefits and trust benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Forvis Mazars, LLP

**Oklahoma City, Oklahoma
August 28, 2025**

Federal Employer Identification Number: 44-0160260

Advantage Health Plans Trust
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Money market mutual fund	\$ 69,601	\$ 309,465
U.S. government securities	200,000	200,000
Certificates of deposit	12,742,171	10,416,335
Interest-bearing cash	3,109,412	6,882,169
Total Investments, at Fair Value	16,121,184	17,807,969
Receivables		
Accrued interest	66,831	74,201
Stop-loss	116,416	-
Total Receivables	183,247	74,201
Noninterest-Bearing Cash	46,295	15,120
Prepaid Expenses and Other	-	2,134
Total Assets	16,350,726	17,899,424
LIABILITIES		
Accounts Payable and Accrued Liabilities		
Accounts payable	29,802	42,359
Payable to medical prescription (Rx) vendor	277,786	359,803
Other	4,342	793
Total Liabilities	311,930	402,955
Net Assets Available for Benefits	\$ 16,038,796	\$ 17,496,469

Advantage Health Plans Trust
Statement of Changes in Net Assets Available for Benefits
Year Ended June 30, 2025

	<u>Life</u>	<u>Health</u>	<u>Long-Term and Short-Term Disability</u>	<u>Vision</u>	<u>Other</u>	<u>Total</u>
Additions						
Contributions from participating members	\$ 509,239	\$ 28,633,972	\$ 291,018	\$ 219,148	\$ -	\$ 29,653,377
Investment income						
Net appreciation in fair value of investments	-	-	-	-	94,866	94,866
Interest and dividends, net	-	-	-	-	594,965	594,965
Total Additions	<u>509,239</u>	<u>28,633,972</u>	<u>291,018</u>	<u>219,148</u>	<u>689,831</u>	<u>30,343,208</u>
Deductions						
Benefits paid to/for participants, net of reinsurance submissions	-	24,862,589	-	-	-	24,862,589
Insurance premiums	478,763	726,197	291,018	219,148	-	1,715,126
Fees paid to plan administrator	16,023	3,735,302	-	-	-	3,751,325
Access and utilization management fees	-	391,040	-	-	-	391,040
Precertification/case management fees	-	76,611	-	-	-	76,611
Prescription administration fees	-	342,947	-	-	-	342,947
Legal and professional fees	-	-	-	-	470,256	470,256
Affordable Care Act taxes	-	-	-	-	9,129	9,129
Miscellaneous	-	-	-	-	181,858	181,858
Total Deductions	<u>494,786</u>	<u>30,134,686</u>	<u>291,018</u>	<u>219,148</u>	<u>661,243</u>	<u>31,800,881</u>
Net Increase (Decrease)	<u>\$ 14,453</u>	<u>\$ (1,500,714)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 28,588</u>	<u>(1,457,673)</u>
Net Assets Available for Benefits, Beginning of Year						<u>17,496,469</u>
Net Assets Available for Benefits, End of Year						<u>\$ 16,038,796</u>

Advantage Health Plans Trust
Statement of Changes in Net Assets Available for Benefits
Year Ended June 30, 2024

	<u>Life</u>	<u>Health</u>	<u>Long-Term and Short-Term Disability</u>	<u>Vision</u>	<u>Other</u>	<u>Total</u>
Additions						
Contributions from participating members	\$ 518,857	\$ 27,360,865	\$ 307,581	\$ 217,326	\$ -	28,404,629
Investment income						
Net appreciation in fair value of investments	-	-	-	-	97,444	97,444
Interest and dividends, net	-	-	-	-	586,026	586,026
Total Additions	<u>518,857</u>	<u>27,360,865</u>	<u>307,581</u>	<u>217,326</u>	<u>683,470</u>	<u>29,088,099</u>
Deductions						
Benefits paid to/for participants, net of reinsurance submissions	-	18,061,187	-	-	-	18,061,187
Insurance premiums	487,132	726,751	307,581	217,326	-	1,738,790
Fees paid to plan administrator	16,654	3,569,221	-	-	-	3,585,875
Access and utilization management fees	-	361,467	-	-	-	361,467
Precertification/case management fees	-	120,904	-	-	-	120,904
Prescription administration fees	-	325,295	-	-	-	325,295
Legal and professional fees	-	-	-	-	440,495	440,495
Affordable Care Act taxes	-	-	-	-	8,649	8,649
Miscellaneous	-	-	-	-	172,138	172,138
Total Deductions	<u>503,786</u>	<u>23,164,825</u>	<u>307,581</u>	<u>217,326</u>	<u>621,282</u>	<u>24,814,800</u>
Net Increase	<u>\$ 15,071</u>	<u>\$ 4,196,040</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 62,188</u>	<u>4,273,299</u>
Net Assets Available for Benefits, Beginning of Year						<u>13,223,170</u>
Net Assets Available for Benefits, End of Year						<u>\$ 17,496,469</u>

Advantage Health Plans Trust
Statements of Trust Benefit Obligations
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Obligations for Current Benefit Coverages, at Estimated Amounts		
Medical, dental, and Rx claims incurred but not reported	<u>\$ 5,310,000</u>	<u>\$ 3,605,000</u>

Advantage Health Plans Trust
Statements of Changes in Trust Benefit Obligations
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance, beginning of year	\$ -	\$ -
Claims reported and approved for payment, net of reinsurance submissions	24,862,589	18,061,187
Claims paid, net of reinsurance submissions	<u>(24,862,589)</u>	<u>(18,061,187)</u>
Balance, end of year	<u>-</u>	<u>-</u>
Other Obligations for Current Benefit Coverage, at Estimated Amounts		
Balance, beginning of year	3,605,000	2,938,000
Net change during the year of medical, dental, and Rx claims incurred but not reported	<u>1,705,000</u>	<u>667,000</u>
Balance, end of year	<u>5,310,000</u>	<u>3,605,000</u>
Trust's Total Benefit Obligations, End of Year	<u><u>\$ 5,310,000</u></u>	<u><u>\$ 3,605,000</u></u>

Note 1. Description of Trust and Trust Operations

The following description of Advantage Health Plans Trust (Trust) provides only general information. Participants should refer to the trust document for a more complete description of the Trust's provisions.

General

The Trust was established for the purpose of providing group health and other benefits for employees of participating members. The Trust is licensed and authorized to act as a Multiple Employer Welfare Arrangement under the applicable provisions codified in Oklahoma, Texas, New Mexico, and Louisiana statutes. The Trust is subject to the provisions of the *Employee Retirement Income Security Act of 1974*, as amended (ERISA).

Benefits

The Trust provides health benefits (medical, dental, and Rx); vision benefits; life, accidental death, and dismemberment insurance coverage; and long-term and short-term disability insurance coverage to employees of participating members. The Trust offers several major employee welfare benefits, medical and dental plans covering employee claims of participating members. The Trust offers variations of these plans, including cost containment plans at reduced contribution rates. Subject to the terms of the Trust, each participating member determines the criteria by which their employees, retired employees, directors, and their dependents are eligible for benefits. The maximum medical benefits are unlimited during the 2025 and 2024 calendar years for each covered person and have no limit during the covered person's lifetime.

Insured Benefits

The Trust fully insures the life insurance benefits, accidental death and dismemberment benefits, vision benefits, short-term disability benefits, and long-term disability benefits. The Trust purchases annual insurance contracts for these insured benefits. Premiums for these contracts are paid to the insurance company from premiums collected from participating members. Premiums for basic life insurance and basic accidental death and dismemberment insurance, vision insurance, short-term disability insurance, and long-term disability insurance programs are paid to the insurance company from premiums collected from participating members.

Stop-Loss Coverage

The Trust has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured health benefits (individual participant claims exceeding a specific dollar amount).

Self-Insured Benefits

All medical, dental, and Rx trust benefits are self-insured. The claims for self-insured benefits are processed by the Trust's third-party claims processors under administrative services-only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the general assets of the Trust. Despite the Trust's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Trust.

The Trust utilizes a pharmacy benefit manager (PBM) that periodically makes refunds to the Trust based on the Trust's actual utilization pattern of specific drugs.

Contributions

Participating members make monthly contributions to the Trust to cover the cost of benefit programs provided and the cost of administering the Trust. These contributions may include employee contributions that are determined based upon the arrangements each participating member has with its employees. Rates charged for the benefit programs are determined by the trustees who designate the amount to be charged for each program.

**Advantage Health Plans Trust
Notes to Financial Statements
June 30, 2025 and 2024**

The Trust assigns participating members into groups based on health risk factors, including loss ratio, estimated claim exposure, location, and demographics. The risk factor assigned to each group dictates the rate increase with a higher risk factor yielding a higher rate increase.

Trustees

The Trust is governed by a board of seven trustees consisting of members elected by a majority of voting participating members. The trustees' responsibilities include the administration of the Trust, and the management of its assets as provided in the trust document.

Trust Termination

In the event the Trust is terminated, the trustees may direct the assets of the Trust to be returned to the participating members after payment of all expenses and liabilities. The trustees have the right to assess participating members for contributions to meet any deficiencies in administration and claim costs.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Cash and Cash Equivalents

At June 30, 2025, the Trust's cash accounts exceeded federally insured limits by \$75,697. Interest-bearing cash also includes funds held at a financial institution; this amount has not been included in uninsured cash above as the financial institution has pledged securities to secure these deposits. The amounts are, therefore, not considered at risk for credit loss.

Valuation of Investments and Income Recognition

The Trust's investments are stated at fair value. The money market mutual fund is valued at the net asset value (NAV) of shares held by the Trust at year-end. Certificates of deposit are reported at fair value, which is derived principally from or corroborated by observable market data by correlation or other means. U.S. government securities are reported at fair value, as determined by published quotations. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Trust's gains and losses on investments bought and sold as well as held during the year.

Stop-Loss Insurance

Premiums for stop-loss insurance are included in insurance premiums in the accompanying statements of changes in net assets available for benefits. During the year ended June 30, 2025, no stop-loss refunds were received; however, a refund of \$116,141 remains outstanding and is due to the Trust. During the year ended June 30, 2024, a stop-loss refund of \$47,624 was received, with no outstanding amounts due at year-end. Stop-loss amounts are netted with benefits paid to/for participants on the accompanying statements of changes in net

Advantage Health Plans Trust
Notes to Financial Statements
June 30, 2025 and 2024

assets available for benefits and any outstanding refunds due to the Trust are recorded as a stop-loss receivable in the accompanying statements of net assets available for benefits.

Payment of Benefits

Premiums paid by the Trust are recorded as insurance premiums in the accompanying statements of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processors. At June 30, 2025 and 2024, amounts due to the Rx vendor that are not known and that have yet to be reimbursed by the Trust are estimated and recorded as a benefit obligation in the accompanying statements of trust benefit obligations. At June 30, 2025 and 2024, amounts due to the Rx vendor that are known prior to the IBNR estimate are recorded as a payable to Rx vendor in the accompanying statements of net assets available for benefits. The third-party claims processors process health, disability, and death claims of active and retired participants, dependents, and beneficiaries, but the responsibility for payments to participants and providers is retained by the Trust. These payments are recorded as benefits paid to/for participants, net of reinsurance reimbursements, in the accompanying statements of changes in net assets available for benefits.

Benefit Obligations

The Trust benefit obligations for medical, dental, and Rx claims IBNR are estimated based on historical claims experience and the expected administration cost to fund the run-out claims. These estimates were provided by the Trust's actuary and are in accordance with accepted actuarial standards. Although such estimates are the Trust's best estimates of the expected liability, the actual results may vary. The Trust is engaged in a reinsurance contract related to medical and Rx claims (see Note 5). Reinsurance contracts do not relieve the Trust from its obligations to members. Failure of reinsurers to honor their obligations could result in losses to the Trust. Management believes the reinsurers presently used are financially sound and will be able to meet their contractual obligations; therefore, no allowance for uncollectible amounts has been included in the accompanying financial statements.

Refunds

Refunds due from the Trust's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against benefits paid to participants. Pharmacy rebates totaling approximately \$1,888,000 and \$1,278,000 have been netted with benefits paid to/for participants in the accompanying statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024, respectively.

Note 3. Investments

Kempton Company, the Program Manager, is charged with the responsibility of investing surplus cash. Funds are invested principally in certificates of deposit, a money market mutual fund, and U.S. government securities. As a matter of policy, certificates of deposit are limited to the maximum Federal Deposit Insurance Corporation limit at any one financial institution.

As of June 30, 2025 and 2024, the Trust has pledged \$200,000 of U.S. government securities to the Oklahoma Insurance Department as required by state statute. As of June 30, 2025 and 2024, the Trust has pledged a certificate of deposit totaling \$107,902 and \$102,609, respectively, to the Louisiana Department of Insurance as required by state statute.

Interest and dividends in the accompanying statements of changes in net assets available for benefits are reflected net of investment expenses approximating \$3,000 and \$3,200 for the years ended June 30, 2025 and 2024, respectively.

Note 4. Disclosures About Fair Value of Trust Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and significant to the fair value of the assets

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2025				
Money market mutual fund	\$ 69,601	\$ 69,601	\$ -	\$ -
U.S. government securities	200,000	-	200,000	-
Certificates of deposit	12,742,171	-	12,742,171	-
	<u>\$ 13,011,772</u>	<u>\$ 69,601</u>	<u>\$ 12,942,171</u>	<u>\$ -</u>
2024				
Money market mutual fund	\$ 309,465	\$ 309,465	\$ -	\$ -
U.S. government securities	200,000	-	200,000	-
Certificates of deposit	10,416,335	-	10,416,335	-
	<u>\$ 10,925,800</u>	<u>\$ 309,465</u>	<u>\$ 10,616,335</u>	<u>\$ -</u>

The following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended June 30, 2025 and 2024. The Trust had no liabilities measured at fair value on a recurring basis. In addition, the Trust had no assets or liabilities measured at fair value on a nonrecurring basis.

Advantage Health Plans Trust
Notes to Financial Statements
June 30, 2025 and 2024

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such investments are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy. The Trust had no Level 3 investments.

Note 5. Reinsurance and Insurance Contracts

Health Benefit Plan Reinsurance

The Trust maintains a reinsurance contract that provides reimbursement to the Trust for claims in excess of a specified deductible per covered person after any applicable policy deductible has been met and subject to a specified limit under the contract. The Trust is at risk for all medical and Rx claims not reimbursable under this contract. A summary of the significant components of such contracts that were in effect during the years ended June 30, 2025 and 2024 is as follows:

Contract Year	Reinsurance Coverage			Cost of Reinsurance	Premiums	Reinsurance Submissions
	Specific Deductible Per Covered Person	Reimbursement Maximum Per Covered Person During Contract Period	Reimbursement Maximum Per Covered Person During Lifetime			
January 1, 2025–June 30, 2025*	\$ 275,000 **	Unlimited	Unlimited	\$18.41 monthly per single insured \$50.11 monthly per family	\$ 358,122	\$ -
January 1, 2024–December 31, 2024	\$ 275,000 **	Unlimited	Unlimited	\$18.99 monthly per single insured \$53.70 monthly per family	\$ 730,313	\$ -
January 1, 2023–December 31, 2023	\$ 275,000 **	Unlimited	Unlimited	\$18.77 monthly per single insured \$59.06 monthly per family	\$ 727,452	\$ -

*Contract with re-insurer runs through December 31. As of June 30, 2025, only part of the premium had been paid and the specific corridor of \$300,000 for 2025 had not been met.

**One insured individual is subject to a specific deductible in excess of \$275,000 for the contract year.

Life and Accidental Death and Dismemberment Insurance and Long-Term and Short-Term Disability Insurance

The Trust maintains various insurance contracts to provide life and accidental death and dismemberment insurance and long-term and short-term disability insurance. Premiums are paid by the Trust to the insurers who service and pay all claims. The Trust's liability is limited to the premiums remitted to the insurers.

Note 6. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Trust, any person who provides services to the Trust, an employer whose employees are covered by the Trust, an employee organization whose members are covered by the Trust, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Trust paid fees to related-party member institutions for bank service fees of approximately \$23,000 and \$21,000 during 2025 and 2024, respectively.

The Trust has an agreement with the program manager for the administration and management of the Trust that expires in fiscal year 2028. Duties of the program manager include billing and collecting contributions due from participating members, processing and paying claims, maintaining accounting records, and furnishing accounting reports.

The Trust paid service fees based on a maximum of 13.045% of health benefit plan contributions for 2025 and 2024. These fees were \$3,735,302 and \$3,569,221 during 2025 and 2024, respectively. In addition, the Trust paid administrative fees based on 6.5% of life, long-term and short-term disability, and accidental death and dismemberment insurance premiums during 2025 and 2024 that approximated \$16,000 and \$17,000, respectively.

The program manager markets and administrates a vision service plan (VSP) for the Trust, and commissions are paid to the program manager. During 2025 and 2024, approximately \$60,000 was paid for VSP commissions and administrative services. At June 30, 2025 and 2024, no administrative and service fees were due to the program manager. The program manager is a participating member of the Trust. During 2025 and 2024, the Trust collected approximately \$1,161,000 and \$1,029,000, respectively, of contributions due from the program manager.

The Trust maintained operating cash accounts with a member bank. At June 30, 2025 and 2024, the related operating accounts totaled \$3,156,658 and \$6,913,482, respectively.

Advantage Health Plans Trust
Notes to Financial Statements
June 30, 2025 and 2024

The Trust pays certain other service and sub-service providers for claims processing, actuary, accounting, and other:

	<u>2025</u>	<u>2024</u>
Accounting Services	\$ 54,441	\$ 67,273
Actuary Services	\$ 205,805	\$ 195,649
Boardbookit, Inc.	\$ 20,583	\$ -
Bramlett Agency, Inc	\$ 31,980	\$ -
Careoperative, LLC	\$ -	\$ (680)
CMC Consulting	\$ 8,603	\$ -
Coteva, Inc	\$ 14,345	\$ 22,561
Fiduciary Health Solutions, LLC	\$ 76,611	\$ 37,072
Fiduciary Risk Management	\$ 97,200	\$ 94,680
First Bethany Bank & Trust	\$ 22,703	\$ 21,939
First Health Group Corp.	\$ 4,131	\$ 4,503
Healthcare Highways Of Oklahoma LLC	\$ 134,704	\$ 114,369
Healthsmart Preferred Care Inc.	\$ 14,785	\$ 19,210
JWKempton & Associates	\$ 60,252	\$ 59,691
Kempton Company (Administrative and service fees)	\$ 3,751,325	\$ 3,585,875
Kempton Company (Miscellaneous fees)	\$ 18,505	\$ 2,080
Legal Services	\$ 88,974	\$ 19,777
Liquid Media	\$ 16,913	\$ -
Liviniti (formerly Southern Scripts)	\$ 342,947	\$ 325,295
Medcom Case Management	\$ -	\$ 83,832
Payer Compass	\$ 163,324	\$ 205,516
Redcard ID Card Printing & Check Printing	\$ (2,530)	\$ 3,623
Scripta Insights, Inc.	\$ -	\$ 80,545
Skyward Underwriters Agency, Inc.	\$ 726,197	\$ 726,750
UNUM Life Insurance Co. Of America	\$ 769,782	\$ 794,713
U.S. Treasury	\$ 9,129	\$ 8,649
Various Community Bankers Assoc.	\$ 99,580	\$ 84,715
Vision Service Plan	\$ 158,896	\$ 157,636
Zodiac Insurance Services, Inc.	\$ 23,370	\$ 23,665

Note 7. Reconciliation of Financial Statements to Form 5500

At June 30, 2025 and 2024, the accompanying statements of trust benefit obligations included \$5,310,000 and \$3,605,000, respectively, of medical, dental, and Rx claims incurred but not reported. Such amounts are reflected as liabilities in the asset and liability statement in the Trust's Form 5500. For the years ended June 30, 2025 and 2024, the accompanying statements of changes in trust benefit obligations included a net change of \$1,705,000 and \$667,000, respectively. Such amounts are reflected as benefits paid in the income and expense statement in the Trust's Form 5500.

Note 8. Risks and Uncertainties

The Trust invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions, including historical claims data. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9. General Litigation

The Trust is subject to claims and lawsuits that arise primarily in the ordinary course of business. It is the opinion of management that the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect on the financial statements of the Trust. Events could occur that would change this estimate materially in the near term.

Note 10. Tax Status

The Trust is a “welfare benefit fund” as defined in Internal Revenue Code, Section 419. As such, contributions to this welfare benefit fund by the various participating employers are subject to certain limitations. The assets of the Trust are held in a taxable trust (Taxable Trust). The Taxable Trust is taxed on the income it earns. However, trust income does not include contributions by the member employers, which are treated as contributions to the trust corpus. The Taxable Trust is allowed a deduction from its income for the amount of health benefits (medical, dental, and Rx) paid not to exceed the Taxable Trust’s “distributable net income.” For the years ended June 30, 2025 and 2024, the Taxable Trust had no taxable income and, accordingly, no provision for income taxes is reflected in the accompanying financial statements.

Note 11. Oklahoma Insurance Code

The Oklahoma Insurance Code requires Multiple Employer Welfare Arrangements to have trust assets equal to or greater than 20% of contributions made to the Trust for self-funded benefits. During 2025 and 2024, the Trust’s assets made up 55.14% and 63.02%, respectively, of contributions.

Note 12. Affordable Care Act

The Trust recorded \$9,129 and \$8,649 in *Affordable Care Act* (ACA) taxes during the years ended June 30, 2025 and 2024, respectively. The ACA taxes consist of the Patient-Centered Outcomes Research Institute Tax. The Trust is required to pay these taxes even though it derives no benefit from the amounts paid.

Note 13. Subsequent Events

Subsequent events have been evaluated through August 28, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

Advantage Health Plans Trust
EIN 73-1007826 PN 501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Rate	Maturity Date	Cost	Current Value
Money Market Mutual Fund				
Fidelity Treasury Fund	3.64%	N/A	\$ 69,601	\$ 69,601
U.S. Government Securities				
U.S. Treasury	3.63%	3/31/2028	200,000	200,000
* Certificates of Deposit				
Ally Bank	4.80%	11/17/2025	245,000	245,294
American Express National Bank	4.10%	3/27/2028	245,000	245,608
American National Bank	4.25%	3/21/2028	245,000	244,554
Bank of Deerfield	4.85%	2/23/2026	249,000	250,121
Bank Hapoalim B.M.	4.60%	5/21/2029	245,000	249,729
Bankwell Bank	5.05%	7/14/2025	245,000	245,025
BMO Harris Bank	4.60%	5/8/2026	245,000	245,987
BMW Bank	4.75%	5/17/2027	245,000	248,273
BNY Mellon National Association	4.00%	6/26/2028	245,000	244,993
BOM Bank	4.10%	6/24/2030	245,000	245,551
Cattaraugus County Bank	4.40%	12/18/2029	249,000	248,524
Celtic Bank of Salt Lake City	4.05%	12/20/2027	249,000	249,386
Central State Bank	4.50%	5/22/2029	245,000	249,013
Citizens Bank Philadelphia	4.80%	1/21/2027	245,000	247,908
Citizens State Bank Loyal	4.90%	2/27/2026	249,000	250,148
City National Bank	4.90%	11/24/2025	245,000	245,554
Dr Bank	4.10%	12/21/2026	249,000	249,351
Drake Bank	4.50%	3/12/2029	245,000	245,196
Eaglebank	3.30%	8/18/2025	249,000	248,644
Farmers & Merchants Bank	4.35%	12/28/2028	249,000	248,843
First Carolina Bank	4.45%	12/30/2027	249,000	249,030
First Federal Savings Bank	4.35%	6/20/2028	249,000	249,027
FNB Of McGregor	3.70%	9/30/2025	249,000	248,569
Goldman Sachs Bank USA	4.50%	5/21/2029	245,000	248,856
Hardin County Savings Bank	4.35%	6/20/2029	245,000	244,566
Highland Bank	4.35%	12/27/2027	249,000	249,055
JP Morgan Chase Bank	4.50%	4/15/2030	245,000	244,895
Kodabank	4.50%	4/15/2030	249,000	251,657
Medallion Bank	3.30%	8/29/2025	249,000	248,589
Mercantile Bank	4.15%	6/22/2026	245,000	245,235
Merrick Bank	4.30%	2/7/2028	249,000	250,915
Midwest Bank	4.15%	2/22/2028	249,000	247,997
Morgan Stanley Bank	4.65%	5/22/2029	245,000	250,170
Morgan Stanley Pvt Bank	5.05%	11/8/2028	245,000	252,732
Poppy Bank	4.10%	4/8/2030	249,000	244,966
Providence Bank Rocky Mount	4.50%	2/22/2028	249,000	252,212
Sallie Mae Bank	3.35%	8/11/2025	245,000	244,701
Security Bank And Trust	3.65%	9/29/2025	245,000	244,530
Star Bank Maple Lake MN	4.00%	6/30/2028	245,000	245,000
Synchrony Bank	3.35%	8/12/2025	245,000	244,672
Texas Exchange Bank	4.00%	5/23/2029	249,000	248,602
Third Federal Savings and Loan	4.00%	12/18/2029	245,000	244,419
Toyota Financial Savings Bank	4.60%	5/24/2029	245,000	249,736
UBS Bank USA	4.00%	5/7/2029	249,000	248,622
United Bank Of Iowa	4.60%	11/17/2025	245,000	245,113
United Fidelity Bank	4.80%	12/23/2025	249,000	249,608

Advantage Health Plans Trust
EIN 73-1007826 PN 501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2025

(Continued)

Identity of Issue, Borrower, Lessor, or Similar Party	Rate	Maturity Date	Cost	Current Value
Univest Bank & Trust Co	4.45%	5/12/2027	\$ 249,000	\$ 251,112
Valley National Bank	4.45%	2/22/2027	245,000	246,776
West Gate Bank	4.60%	2/19/2030	245,000	245,208
** Anchor D Bank	3.75%	10/31/2025	250,000	250,000
** Exchange Bank-Skiatook OK	4.00%	10/19/2025	250,000	250,000
First Bank and Trust, Louisiana	5.05%	7/1/2025	100,000	107,902
			<u>12,689,000</u>	<u>12,742,171</u>
** Interest-Bearing Cash				
First Bethany Sweep Account	2.15%	N/A	<u>3,109,412</u>	<u>3,109,412</u>
			<u>\$ 16,068,013</u>	<u>\$ 16,121,184</u>

* Cost basis of each certificate of deposit is insured in accordance with the policies of the FDIC.

** Asset is held with a related party.

Advantage Health Plans Trust
EIN 73-1007826 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended June 30, 2025

<u>Identity</u>	<u>Description</u>	<u>Purchase/ Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Fidelity Treasury Fund	Purchases (*) 7/1/24–6/30/25	\$ 5,150,969	\$ 5,150,969	\$ 5,150,969	\$ -
Fidelity Treasury Fund	Sales (*) 7/1/24–6/30/25	\$ (5,390,833)	\$ (5,390,833)	\$ (5,390,833)	\$ -
First Bethany Sweep Account	Transfers (*) to (25) 7/1/24–6/30/25	\$ 23,843,717	\$ 23,843,717	\$ 23,843,717	\$ -
First Bethany Sweep Account	Transfers (*) from (30) 7/1/24–6/30/25	\$ (28,636,989)	\$ (28,636,989)	\$ (28,636,989)	\$ -

*Series of transactions

Multiple-Employer Plan Participating Employer Information
 Advantage Health Plans Trust 73-1007826/501

Participating Employer	EIN	% of Total Contributions
FNB OF ARDMORE	73-0130930	1.65%
Citizens Bank and Trust Co	73-1048930	0.70%
Farmers & Merchants Bank	73-0236470	0.21%
First Bethany Bank & Trust	73-0509524	1.43%
Peoples National Bank	73-0397610	0.66%
Security State Bank	73-0440370	1.96%
First National Bank & Trust	73-0181535	4.69%
First Bank & Trust Company	73-0188428	0.25%
Oklahoma Bank & Trust	73-0383057	0.95%
Shamrock Bancshares, Altus Br	73-0957956	2.89%
F & M Bank	73-0236480	4.87%
Farmers & Merchants Bank	73-0236525	0.29%
First Bank and Trust Co.	73-1332958	2.16%
Fnb Financial Services Inc	73-1283778	2.37%
First National Bk Of Elk City	73-0227845	2.14%
Farmers & Merchants Nat Bank	73-0236525	0.89%
Washita Valley Bank	73-0502370	1.00%
Idabel National Bank	73-0295465	0.55%
State Exchange Bank	73-0467027	0.66%
First National Bank & Trust Co	73-0344835	3.81%
Grant County Bank	73-0262550	0.07%
First State Bank	73-0242220	0.31%
First Bank Of Okarche	73-0379925	0.46%
First Liberty Bank	73-0351620	4.35%
The Kempton Company	73-0977441	3.63%
Quail Creek Bank, N.A.	73-0965506	4.70%
Payne County Bank	73-0394870	1.42%
Hinson Ins Agency, Seminole Br	73-1144011	0.07%
The Farmers State Bank	73-0237150	0.83%
American Heritage Bank	73-0126720	6.18%
Seiling State Bank S30	73-0440756	0.66%
Snb Bank National Association	73-0443980	0.64%
Exchange Bank	73-0233290	0.89%
Spiro State Bank	73-0574426	0.32%
Anchor D Bank	73-0479232	1.16%
First State Bank	73-0237190	1.19%
CORE Bank W35	73-0686264	0.01%
Latimer State Bank	73-1062949	0.14%
Stock Exchange Bank	73-0470545	2.04%

Arrowhead Yacht Club	73-0936657	4.18%
Beggs Telephone Co	73-0615167	0.64%
Walter Duncan, Inc	36-2331183	2.02%
John W Holden Md	04-3711844	0.12%
Oklahoma State Bank	73-0384130	0.04%
Cattlemens Bank in Cotulla	73-0242130	0.24%
PrimeBank of Texas	47-1555676	0.39%
PrimeBank of Texas	47-1555676	0.16%
PrimeBank of Texas	47-1555676	0.06%
Independent Banker Assoc Of Tx	75-1459906	1.78%
First National Bank Of Bastrop	74-0501835	3.78%
Commercial Nat Bank Of Brady	74-0625630	2.86%
Donley County State Bank	74-0592970	0.31%
Citizens Bank	75-0194635	1.35%
First National Bank	74-0617368	0.78%
First National Bank Falfurrias	74-0617368	0.54%
First National Bank Granbury	75-0298448	3.47%
First State Bank	75-1880332	1.58%
Peoples State Bank	74-0718790	0.85%
Junction National Bank	75-0435225	0.39%
First National Bank Of Mertzou	75-1646602	0.96%
First National Bank Of Moody	75-0453080	0.02%
American National Bank	27-0263968	0.87%
Buford Resources, Inc	46-1222418	0.20%
Atascosa Bank	75-1095233	0.17%
Hamby & Hengeli Llc	46-1222418	0.15%
Texas State Bank	75-0269610	2.99%
Crossroads Bank	74-0625605	1.60%
First National Bank	85-0074681	0.52%
Foresight Credit Group Llc	47-4557418	0.00%
J. Keith Hughey Company	45-9762372	0.00%
Commercial State Bank	75-0203480	0.02%
FNB in Port Lavaca	74-1296016	0.57%
Wellington State Bank	75-0644150	1.98%
ValueBank Texas	74-1559329	1.06%
Tucumcari Fed Savings & Loan	85-0074681	0.17%

Advantage Health Plans Trust
EIN 73-1007826 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended June 30, 2025

<u>Identity</u>	<u>Description</u>	<u>Purchase/ Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Fidelity Treasury Fund	Purchases (*) 7/1/24–6/30/25	\$ 5,150,969	\$ 5,150,969	\$ 5,150,969	\$ -
Fidelity Treasury Fund	Sales (*) 7/1/24–6/30/25	\$ (5,390,833)	\$ (5,390,833)	\$ (5,390,833)	\$ -
First Bethany Sweep Account	Transfers (*) to (25) 7/1/24–6/30/25	\$ 23,843,717	\$ 23,843,717	\$ 23,843,717	\$ -
First Bethany Sweep Account	Transfers (*) from (30) 7/1/24–6/30/25	\$ (28,636,989)	\$ (28,636,989)	\$ (28,636,989)	\$ -

*Series of transactions

Advantage Health Plans Trust
EIN 73-1007826 PN 501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Rate	Maturity Date	Cost	Current Value
Money Market Mutual Fund				
Fidelity Treasury Fund	3.64%	N/A	\$ 69,601	\$ 69,601
U.S. Government Securities				
U.S. Treasury	3.63%	3/31/2028	200,000	200,000
* Certificates of Deposit				
Ally Bank	4.80%	11/17/2025	245,000	245,294
American Express National Bank	4.10%	3/27/2028	245,000	245,608
American National Bank	4.25%	3/21/2028	245,000	244,554
Bank of Deerfield	4.85%	2/23/2026	249,000	250,121
Bank Hapoalim B.M.	4.60%	5/21/2029	245,000	249,729
Bankwell Bank	5.05%	7/14/2025	245,000	245,025
BMO Harris Bank	4.60%	5/8/2026	245,000	245,987
BMW Bank	4.75%	5/17/2027	245,000	248,273
BNY Mellon National Association	4.00%	6/26/2028	245,000	244,993
BOM Bank	4.10%	6/24/2030	245,000	245,551
Cattaraugus County Bank	4.40%	12/18/2029	249,000	248,524
Celtic Bank of Salt Lake City	4.05%	12/20/2027	249,000	249,386
Central State Bank	4.50%	5/22/2029	245,000	249,013
Citizens Bank Philadelphia	4.80%	1/21/2027	245,000	247,908
Citizens State Bank Loyal	4.90%	2/27/2026	249,000	250,148
City National Bank	4.90%	11/24/2025	245,000	245,554
Dr Bank	4.10%	12/21/2026	249,000	249,351
Drake Bank	4.50%	3/12/2029	245,000	245,196
Eaglebank	3.30%	8/18/2025	249,000	248,644
Farmers & Merchants Bank	4.35%	12/28/2028	249,000	248,843
First Carolina Bank	4.45%	12/30/2027	249,000	249,030
First Federal Savings Bank	4.35%	6/20/2028	249,000	249,027
FNB Of McGregor	3.70%	9/30/2025	249,000	248,569
Goldman Sachs Bank USA	4.50%	5/21/2029	245,000	248,856
Hardin County Savings Bank	4.35%	6/20/2029	245,000	244,566
Highland Bank	4.35%	12/27/2027	249,000	249,055
JP Morgan Chase Bank	4.50%	4/15/2030	245,000	244,895
Kodabank	4.50%	4/15/2030	249,000	251,657
Medallion Bank	3.30%	8/29/2025	249,000	248,589
Mercantile Bank	4.15%	6/22/2026	245,000	245,235
Merrick Bank	4.30%	2/7/2028	249,000	250,915
Midwest Bank	4.15%	2/22/2028	249,000	247,997
Morgan Stanley Bank	4.65%	5/22/2029	245,000	250,170
Morgan Stanley Pvt Bank	5.05%	11/8/2028	245,000	252,732
Poppy Bank	4.10%	4/8/2030	249,000	244,966
Providence Bank Rocky Mount	4.50%	2/22/2028	249,000	252,212
Sallie Mae Bank	3.35%	8/11/2025	245,000	244,701
Security Bank And Trust	3.65%	9/29/2025	245,000	244,530
Star Bank Maple Lake MN	4.00%	6/30/2028	245,000	245,000
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Advantage Health Plans Trust
EIN 73-1007826 PN 501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2025

(Continued)

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