

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BANECARE MANAGEMENT LLC HEALTH AND WELFARE BENEFITS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BANECARE MANAGEMENT LLC</u></p> <p><u>350 GRANITE STREET</u> <u>SUITE 2203</u> <u>BRAINTREE, MA 02184</u></p>	<p>1c Effective date of plan <u>06/01/2017</u></p> <p>2b Employer Identification Number (EIN) <u>04-3540929</u></p> <p>2c Plan Sponsor's telephone number <u>781-935-8505</u></p> <p>2d Business code (see instructions) <u>623000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/12/2026	JUDITH LIMA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	176
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	176
	6a(2)	127
	6b	0
	6c	0
	6d	127
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <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		15036
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <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		130131
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan BANECARE MANAGEMENT LLC HEALTH AND WELFARE BENEFITS PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BANECARE MANAGEMENT LLC		D Employer Identification Number (EIN) 04-3540929

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0144607	62049	E4037446	269	06/01/2024	05/31/2025

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 125892	(b) Total amount of fees paid 29804
--	--

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

VARIOUS AGENTS-PLEASE SEE ATTACHED

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125892	29804	COMMISSIONS AND FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <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		398135
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">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 style="font-size: large;">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 **06/01/2024** and ending **05/31/2025**

<p>A Name of plan BANECARE MANAGEMENT LLC HEALTH AND WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BANECARE MANAGEMENT LLC</p>	<p>D Employer Identification Number (EIN) 04-3540929</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
UNUM LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0278678	62235	966181	51	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 3013	(b) Total amount of fees paid 2527
--	---

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

NFP INSURANCE SERVICES - NY **PO BOX 9101**
PLAINVIEW, NY 11803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2952	394	COMMISSIONS AND FEES	3

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

NEESENROLL **65 BURBANK RD**
SUTTON, MA 01590

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2128	FEES	3

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

ALERA GROUP, INC. DBA BERKSHIRE

126 SOUTH ST
PITTSFIELD, MA 01201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61	5	COMMISSIONS AND FEES	3

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

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

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <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			28649
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b			

Specify nature of costs.

Part IV Provision of Information

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

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

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: BANECARE MANAGEMENT LLC HEALTH AND WELFARE BENEFITS PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): BANECARE MANAGEMENT LLC
2b Employer Identification Number (EIN): 04-3540929
2c Plan Sponsor's telephone number: 781-935-8505
2d Business code (see instructions): 623000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature of Judith Lima and date 1/12/26.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year		5	176
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	176
a(2) Total number of active participants at the end of the plan year		6a(2)	127
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d	127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f Total. Add lines 6d and 6e.		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Bay Path At Duxbury
Attn: Diana Spiris/Cindy Rizzotto
308 Kings Town Way
Duxbury, MA 02332 4647

December 18, 2025

Re: Information Schedule A (Form 5500)
BCN: E4694865

Dear Diana Spiris/Cindy Rizzotto:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



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Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Bay Path At Duxbury
Billing Control Number: E4694865
Plan Year Date Range: 06/01/2024 - 05/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$0.00
Amount for After Tax Paid Premium: \$61,571.44
Total Paid Premium: \$61,571.44

APPROXIMATE NUMBER OF PERSONS COVERED IN MAY 2025: 40

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Jeffrey Raymond Dube 9 Frances Barber Dr Hope Valley RI 02832	\$0.00	\$1,724.62	\$1,724.62	\$551.76
Andrea R Henchey 5 Edgemere Blvd Shrewsbury MA 01545	\$0.00	\$85.95	\$85.95	\$149.69
Karin Angelis 2639 N Riverside Dr Apt 1104 Pompano Beach FL 33062	\$0.00	\$27.76	\$27.76	\$0.00
Noreen Carey Neville 296 Billington St Plymouth MA 02360	\$0.00	\$133.35	\$133.35	\$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Ryan Patrick Dempsey 25 Marina Dr Haverhill MA 01830	\$0.00	\$151.15	\$151.15	\$6.64
Jeffrey Anthony Manzi 9 Richard Eger Dr Holyoke MA 01040	\$0.00	\$10.08	\$10.08	\$0.00
Pio Andres Ortiz 5 Brook Rd Enfield CT 06082	\$0.00	\$1,327.81	\$1,327.81	\$269.83
Mary-Joyce Licata 24 Coriander Ln North Kingstown RI 02852	\$0.00	\$866.55	\$866.55	\$224.10
Brian S Dempsey 60 Bailey Blvd Ste 1 Haverhill MA 01830	\$0.00	\$6,374.31	\$6,374.31	\$0.00
Richard Haskins Po Box 362 Millbury MA 01527	\$0.00	\$1.14	\$1.14	\$0.00
Christopher Manzi 400 Colonial Dr Unit 66 Ipswich MA 01938	\$0.00	\$26.02	\$26.02	\$0.00
Carleigh Gordon 135 Skunk Hill Rd Exeter RI 02822	\$0.00	\$48.33	\$48.33	\$0.00
Ashley Follis 2 Griffiths Dr Durham NH 03824	\$0.00	\$5.24	\$5.24	\$0.00
Phyllis Dunn 14 Nuhfer Dr Columbia CT 06237	\$0.00	\$3.31	\$3.31	\$0.00
Kendra Lynn Morris 11 Paine Street North Smithfield RI 02896	\$0.00	\$85.59	\$85.59	\$0.00
Nfp Corporate Services Ny Llc Po Box 786677 Philadelphia PA 19178	\$0.00	\$6,381.28	\$6,381.28	\$0.00
Enrollment Solutions Ltd 65 Burbank Rd Sutton MA 01590	\$0.00	\$3,681.69	\$3,681.69	\$3,905.91



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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Coakley Consulting Inc Po Box 1562 Charlestown RI 02813	\$0.00	\$115.91	\$115.91	\$37.02
Db Insurance Inc 23 Franklin Street Salem MA 01970	\$0.00	\$9.97	\$9.97	\$0.00
Garth E Brown 7 Skytop Rd Ipswich MA 01938	\$0.00	\$5.43	\$5.43	\$0.00
Colgate Benefits Inc 43 Magill Dr Grafton MA 01519	\$0.00	\$46.17	\$46.17	\$20.71
Thomas Benefits Inc 14 Chandler St Salem MA 01970	\$0.00	\$152.46	\$152.46	\$0.00
Fleury Enterprises Inc 162 Indian Point Rd Tiverton RI 02878	\$0.00	\$43.33	\$43.33	\$0.00
Grand Totals	\$0.00	\$21,307.45	\$21,307.45	\$5,165.66

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Bostonian Nurs Care & Reha Fbp
Attn: Judy Lima/Kim Denver
337 Neponset Ave
Dorchester, MA 02122 3103

December 18, 2025

Re: Information Schedule A (Form 5500)
BCN: E7984602

Dear Judy Lima/Kim Denver:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



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Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Bostonian Nurs Care & Reha Fbp
Billing Control Number: E7984602
Plan Year Date Range: 06/01/2024 - 05/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$0.00
Amount for After Tax Paid Premium: \$55,264.45
Total Paid Premium: \$55,264.45

APPROXIMATE NUMBER OF PERSONS COVERED IN MAY 2025: 32

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Andrea R Henchey 5 Edgemere Blvd Shrewsbury MA 01545	\$0.00	\$7.62	\$7.62	\$0.00
Michael S Oberlander Po Box 171 Rehoboth MA 02769	\$0.00	\$13.80	\$13.80	\$0.00
Karin Angelis 2639 N Riverside Dr Apt 1104 Pompano Beach FL 33062	\$0.00	\$3.57	\$3.57	\$0.00
Noreen Carey Neville 296 Billington St Plymouth MA 02360	\$0.00	\$20.27	\$20.27	\$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Ryan Patrick Dempsey 25 Marina Dr Haverhill MA 01830	\$0.00	\$346.33	\$346.33	\$34.41
Mary-Joyce Licata 24 Coriander Ln North Kingstown RI 02852	\$0.00	\$774.84	\$774.84	\$203.38
Brian S Dempsey 60 Bailey Blvd Ste 1 Haverhill MA 01830	\$0.00	\$2,875.45	\$2,875.45	\$0.00
Lori Ann Martinez 11 Monument Dr Oxford MA 01540	\$0.00	\$20.37	\$20.37	\$0.00
Frederick D Leigh 29 Ramblin Brook Rd Seekonk MA 02771	\$0.00	\$27.38	\$27.38	\$0.00
Richard William Harrington 3 Poisson St Cumberland RI 02864	\$0.00	\$15.60	\$15.60	\$0.00
Stephen Corriveau 420 Grange Rd North Smithfield RI 02896	\$0.00	\$8.08	\$8.08	\$0.00
Ashley Follis 2 Griffiths Dr Durham NH 03824	\$0.00	\$52.89	\$52.89	\$0.00
Kendra Lynn Morris 11 Paine Street North Smithfield RI 02896	\$0.00	\$213.34	\$213.34	\$0.00
Nfp Corporate Services Ny Llc Po Box 786677 Philadelphia PA 19178	\$0.00	\$2,542.06	\$2,542.06	\$0.00
Enrollment Solutions Ltd 65 Burbank Rd Sutton MA 01590	\$0.00	\$1,611.00	\$1,611.00	\$901.46
Db Insurance Inc 23 Franklin Street Salem MA 01970	\$0.00	\$3.74	\$3.74	\$0.00
Colgate Benefits Inc 43 Magill Dr Grafton MA 01519	\$0.00	\$44.05	\$44.05	\$19.75



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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Thomas Benefits Inc 14 Chandler St Salem MA 01970	\$0.00	\$28.03	\$28.03	\$0.00
Fleury Enterprises Inc 162 Indian Point Rd Tiverton RI 02878	\$0.00	\$60.62	\$60.62	\$0.00
Grand Totals	\$0.00	\$8,669.04	\$8,669.04	\$1,159.00

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Brighton House Rehab And Nursi
Attn: Arlene Anzuoni
170 Corey Road
Brighton, MA 02135 8244

December 18, 2025

Re: Information Schedule A (Form 5500)
BCN: E4694618

Dear Arlene Anzuoni:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



000005 E46946180000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Brighton House Rehab And Nursi
Billing Control Number: E4694618
Plan Year Date Range: 06/01/2024 - 05/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$0.00
Amount for After Tax Paid Premium: \$35,067.65
Total Paid Premium: \$35,067.65

APPROXIMATE NUMBER OF PERSONS COVERED IN MAY 2025: 32

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Gianni Richio 18 Ricker Cir South Hamilton MA 01982	\$0.00	\$0.48	\$0.48	\$0.00
Jeffrey Raymond Dube 9 Frances Barber Dr Hope Valley RI 02832	\$0.00	\$1.33	\$1.33	\$0.27
Andrea R Henchey 5 Edgemere Blvd Shrewsbury MA 01545	\$0.00	\$0.59	\$0.59	\$1.06
Karin Angelis 2639 N Riverside Dr Apt 1104 Pompano Beach FL 33062	\$0.00	\$9.72	\$9.72	\$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Noreen Carey Neville 296 Billington St Plymouth MA 02360	\$0.00	\$23.12	\$23.12	\$0.00
Ryan Patrick Dempsey 25 Marina Dr Haverhill MA 01830	\$0.00	\$37.83	\$37.83	\$0.34
Mary-Joyce Licata 24 Coriander Ln North Kingstown RI 02852	\$0.00	\$1,503.93	\$1,503.93	\$458.11
Robert D Stebbins 25 Standish Ave Scituate MA 02066	\$0.00	\$311.96	\$311.96	\$0.00
Brian S Dempsey 60 Bailey Blvd Ste 1 Haverhill MA 01830	\$0.00	\$4,247.56	\$4,247.56	\$0.00
Christopher Manzi 400 Colonial Dr Unit 66 Ipswich MA 01938	\$0.00	\$2.63	\$2.63	\$0.00
Patricia Dasilva 22a Tamarac Dr Greenville RI 02828	\$0.00	\$11.61	\$11.61	\$0.00
Katherine E Greene 153 Wellington Ave Fl 1 Cranston RI 02910	\$0.00	\$14.07	\$14.07	\$0.00
Carleigh Gordon 135 Skunk Hill Rd Exeter RI 02822	\$0.00	\$178.71	\$178.71	\$18.48
Stephen Corriveau 420 Grange Rd North Smithfield RI 02896	\$0.00	\$0.77	\$0.77	\$0.00
Kendra Lynn Morris 11 Paine Street North Smithfield RI 02896	\$0.00	\$83.86	\$83.86	\$0.00
Jason C Shapiro 41 Brenton St Litchfield NH 03052	\$0.00	\$919.68	\$919.68	\$92.09
Nfp Corporate Services Ny Llc Po Box 786677 Philadelphia PA 19178	\$0.00	\$4,217.05	\$4,217.05	\$0.00



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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Enrollment Solutions Ltd 65 Burbank Rd Sutton MA 01590	\$0.00	\$2,662.95	\$2,662.95	\$2,989.19
Coakley Consulting Inc Po Box 1562 Charlestown RI 02813	\$0.00	\$12.26	\$12.26	\$3.93
Db Insurance Inc 23 Franklin Street Salem MA 01970	\$0.00	\$3.25	\$3.25	\$0.00
Colgate Benefits Inc 43 Magill Dr Grafton MA 01519	\$0.00	\$101.43	\$101.43	\$45.47
Thomas Benefits Inc 14 Chandler St Salem MA 01970	\$0.00	\$49.16	\$49.16	\$0.00
Fleury Enterprises Inc 8370 Heritage Links Ct Apt 202 Naples FL 34112	\$0.00	\$38.31	\$38.31	\$13.95
Grand Totals	\$0.00	\$14,432.26	\$14,432.26	\$3,622.89

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Bane Care Management
Attn: Arlene Anzuoni/Judy Lima
350 Granite Street
Suite 2203
Braintree, MA 02184

December 18, 2025

Re: Information Schedule A (Form 5500)
BCN: E4037446

Dear Arlene Anzuoni/Judy Lima:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



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Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Bane Care Management
Billing Control Number: E4037446
Plan Year Date Range: 06/01/2024 - 05/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$0.00
Amount for After Tax Paid Premium: \$32,495.03
Total Paid Premium: \$32,495.03

APPROXIMATE NUMBER OF PERSONS COVERED IN MAY 2025: 13

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Kimberly Anne Cunningham 266 Ferry Landing Cir Portsmouth RI 02871	\$0.00	\$5.44	\$5.44	\$0.00
Jeffrey Raymond Dube 9 Frances Barber Dr Hope Valley RI 02832	\$0.00	\$195.75	\$195.75	\$54.05
Thomas E Kienzler 359 Washington Rd Enfield CT 06082	\$0.00	\$19.95	\$19.95	\$0.00
Noreen Carey Neville 296 Billington St Plymouth MA 02360	\$0.00	\$80.74	\$80.74	\$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Ryan Patrick Dempsey 25 Marina Dr Haverhill MA 01830	\$0.00	\$264.68	\$264.68	\$29.25
Jeffrey Anthony Manzi 9 Richard Eger Dr Holyoke MA 01040	\$0.00	\$3.73	\$3.73	\$0.00
Mary-Joyce Licata 24 Coriander Ln North Kingstown RI 02852	\$0.00	\$1,332.50	\$1,332.50	\$397.98
Brian S Dempsey 60 Bailey Blvd Ste 1 Haverhill MA 01830	\$0.00	\$2,583.42	\$2,583.42	\$0.00
Richard Haskins Po Box 362 Millbury MA 01527	\$0.00	\$1.79	\$1.79	\$0.00
Christopher Manzi 400 Colonial Dr Unit 66 Ipswich MA 01938	\$0.00	\$10.84	\$10.84	\$0.00
Stephanie Dechristofaro 1225 Black Oak Dr Murfreesboro TN 37128	\$0.00	\$10.11	\$10.11	\$0.00
Carleigh Gordon 135 Skunk Hill Rd Exeter RI 02822	\$0.00	\$2.46	\$2.46	\$0.00
Kendra Lynn Morris 11 Paine Street North Smithfield RI 02896	\$0.00	\$54.90	\$54.90	\$0.00
Nfp Corporate Services Ny Llc Po Box 786677 Philadelphia PA 19178	\$0.00	\$2,590.76	\$2,590.76	\$0.00
Enrollment Solutions Ltd 65 Burbank Rd Sutton MA 01590	\$0.00	\$1,690.40	\$1,690.40	\$1,654.16
Coakley Consulting Inc Po Box 1562 Charlestown RI 02813	\$0.00	\$10.76	\$10.76	\$3.44
Db Insurance Inc 23 Franklin Street Salem MA 01970	\$0.00	\$8.64	\$8.64	\$0.00



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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Colgate Benefits Inc 43 Magill Dr Grafton MA 01519	\$0.00	\$79.51	\$79.51	\$35.64
Thomas Benefits Inc 14 Chandler St Salem MA 01970	\$0.00	\$92.26	\$92.26	\$0.00
Fleury Enterprises Inc 162 Indian Point Rd Tiverton RI 02878	\$0.00	\$28.94	\$28.94	\$0.00
Grand Totals	\$0.00	\$9,067.58	\$9,067.58	\$2,174.52

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Hancock Park Rehab & Nursing
Attn: Diana Spiris/Jim Mahoney
164 Parkingway
Quincy, MA 02169 5020

December 18, 2025

Re: Information Schedule A (Form 5500)
BCN: E4694600

Dear Diana Spiris/Jim Mahoney:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



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Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Hancock Park Rehab & Nursing
Billing Control Number: E4694600
Plan Year Date Range: 06/01/2024 - 05/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$0.00
Amount for After Tax Paid Premium: \$98,322.03
Total Paid Premium: \$98,322.03

APPROXIMATE NUMBER OF PERSONS COVERED IN MAY 2025: 67

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Jeffrey Raymond Dube 9 Frances Barber Dr Hope Valley RI 02832	\$0.00	\$5,896.27	\$5,896.27	\$1,828.68
Noreen Carey Neville 296 Billington St Plymouth MA 02360	\$0.00	\$112.58	\$112.58	\$0.00
Ryan Patrick Dempsey 25 Marina Dr Haverhill MA 01830	\$0.00	\$111.08	\$111.08	\$0.00
Mary-Joyce Licata 24 Coriander Ln North Kingstown RI 02852	\$0.00	\$43.52	\$43.52	\$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Brian S Dempsey 60 Bailey Blvd Ste 1 Haverhill MA 01830	\$0.00	\$12,377.63	\$12,377.63	\$0.00
Richard Haskins Po Box 362 Millbury MA 01527	\$0.00	\$2.33	\$2.33	\$0.00
Christopher Manzi 400 Colonial Dr Unit 66 Ipswich MA 01938	\$0.00	\$6.00	\$6.00	\$0.00
Ashley Follis 2 Griffiths Dr Durham NH 03824	\$0.00	\$2,265.72	\$2,265.72	\$522.92
Kendra Lynn Morris 11 Paine Street North Smithfield RI 02896	\$0.00	\$226.20	\$226.20	\$0.00
Jason C Shapiro 41 Brenton St Litchfield NH 03052	\$0.00	\$42.54	\$42.54	\$0.00
Nfp Corporate Services Ny Llc Po Box 786677 Philadelphia PA 19178	\$0.00	\$12,328.60	\$12,328.60	\$0.00
Enrollment Solutions Ltd 65 Burbank Rd Sutton MA 01590	\$0.00	\$7,390.10	\$7,390.10	\$8,340.76
Coakley Consulting Inc Po Box 1562 Charlestown RI 02813	\$0.00	\$379.16	\$379.16	\$121.17
Db Insurance Inc 23 Franklin Street Salem MA 01970	\$0.00	\$12.24	\$12.24	\$0.00
Thomas Benefits Inc 14 Chandler St Salem MA 01970	\$0.00	\$189.32	\$189.32	\$0.00
Fleury Enterprises Inc 162 Indian Point Rd Tiverton RI 02878	\$0.00	\$29.76	\$29.76	\$0.00

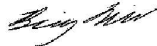


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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Grand Totals	\$0.00	\$41,413.05	\$41,413.05	\$10,813.53

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Harbor House Rehab & Nursing
Attn: Arlene Anzuoni/Cindy Rizzotto
11 Conditto Road
Hingham, MA 02043 1746

December 18, 2025

Re: Information Schedule A (Form 5500)
BCN: E4694857

Dear Arlene Anzuoni/Cindy Rizzotto:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



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Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Harbor House Rehab & Nursing
Billing Control Number: E4694857
Plan Year Date Range: 06/01/2024 - 05/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$0.00
Amount for After Tax Paid Premium: \$61,361.32
Total Paid Premium: \$61,361.32

APPROXIMATE NUMBER OF PERSONS COVERED IN MAY 2025: 50

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Kimberly Anne Cunningham 266 Ferry Landing Cir Portsmouth RI 02871	\$0.00	\$6.49	\$6.49	\$0.00
Andrea R Henchey 5 Edgemere Blvd Shrewsbury MA 01545	\$0.00	\$118.26	\$118.26	\$205.95
Noreen Carey Neville 296 Billington St Plymouth MA 02360	\$0.00	\$40.64	\$40.64	\$0.00
Ryan Patrick Dempsey 25 Marina Dr Haverhill MA 01830	\$0.00	\$433.06	\$433.06	\$50.29

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Pio Andres Ortiz 5 Brook Rd Enfield CT 06082	\$0.00	\$1,773.60	\$1,773.60	\$360.43
Mary-Joyce Licata 24 Coriander Ln North Kingstown RI 02852	\$0.00	\$1,985.21	\$1,985.21	\$587.81
Robert D Stebbins 25 Standish Ave Scituate MA 02066	\$0.00	\$101.35	\$101.35	\$0.00
Brian S Dempsey 60 Bailey Blvd Ste 1 Haverhill MA 01830	\$0.00	\$6,805.49	\$6,805.49	\$0.00
Richard Haskins Po Box 362 Millbury MA 01527	\$0.00	\$0.85	\$0.85	\$0.00
Christopher Manzi 400 Colonial Dr Unit 66 Ipswich MA 01938	\$0.00	\$6.67	\$6.67	\$0.00
Richard William Harrington 3 Poisson St Cumberland RI 02864	\$0.00	\$3.73	\$3.73	\$0.00
Stephanie Dechristofaro 1225 Black Oak Dr Murfreesboro TN 37128	\$0.00	\$3.05	\$3.05	\$0.00
Sharon Ann Leblanc 237 Tidewater Dr Warwick RI 02889	\$0.00	\$132.63	\$132.63	\$0.00
Ashley Follis 2 Griffiths Dr Durham NH 03824	\$0.00	\$20.25	\$20.25	\$0.00
Kendra Lynn Morris 11 Paine Street North Smithfield RI 02896	\$0.00	\$157.79	\$157.79	\$0.00
Michael R Ackerman 275 Commerce Dr., Suite 301 Fort Washington PA 19034	\$0.00	\$2.74	\$2.74	\$0.00
Jason C Shapiro 41 Brenton St Litchfield NH 03052	\$0.00	\$204.68	\$204.68	\$16.16



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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Nfp Corporate Services Ny Llc Po Box 786677 Philadelphia PA 19178	\$0.00	\$6,708.95	\$6,708.95	\$0.00
Enrollment Solutions Ltd 65 Burbank Rd Sutton MA 01590	\$0.00	\$4,123.26	\$4,123.26	\$4,432.30
Db Insurance Inc 23 Franklin Street Salem MA 01970	\$0.00	\$5.16	\$5.16	\$0.00
Garth E Brown 7 Skytop Rd Ipswich MA 01938	\$0.00	\$1.70	\$1.70	\$0.00
Colgate Benefits Inc 43 Magill Dr Grafton MA 01519	\$0.00	\$122.53	\$122.53	\$54.95
Thomas Benefits Inc 14 Chandler St Salem MA 01970	\$0.00	\$61.79	\$61.79	\$0.00
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$0.00	\$2.78	\$2.78	\$2.98
National Enrollment Partners Llc C/O Natl Enrollment Partners Cranston RI 02920	\$0.00	\$13.19	\$13.19	\$16.34
Fleury Enterprises Inc 162 Indian Point Rd Tiverton RI 02878	\$0.00	\$9.61	\$9.61	\$0.00
Grand Totals	\$0.00	\$22,845.46	\$22,845.46	\$5,727.21

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
 AVP of Sales Compensation

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



John Scott House
Attn: Jim Mahoney/Christina Moreira
233 Middle Street
Braintree, MA 02184

December 18, 2025

Re: Information Schedule A (Form 5500)
BCN: E4694626

Dear Jim Mahoney/Christina Moreira:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



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Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: John Scott House
Billing Control Number: E4694626
Plan Year Date Range: 06/01/2024 - 05/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$0.00
Amount for After Tax Paid Premium: \$54,052.88
Total Paid Premium: \$54,052.88

APPROXIMATE NUMBER OF PERSONS COVERED IN MAY 2025: 35

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Karin Angelis 2639 N Riverside Dr Apt 1104 Pompano Beach FL 33062	\$0.00	\$9.81	\$9.81	\$0.00
Noreen Carey Neville 296 Billington St Plymouth MA 02360	\$0.00	\$171.11	\$171.11	\$0.00
Ryan Patrick Dempsey 25 Marina Dr Haverhill MA 01830	\$0.00	\$171.85	\$171.85	\$12.00
Pio Andres Ortiz 5 Brook Rd Enfield CT 06082	\$0.00	\$61.96	\$61.96	\$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Mary-Joyce Licata 24 Coriander Ln North Kingstown RI 02852	\$0.00	\$6.87	\$6.87	\$0.00
Brian S Dempsey 60 Bailey Blvd Ste 1 Haverhill MA 01830	\$0.00	\$2,412.26	\$2,412.26	\$0.00
Richard Haskins Po Box 362 Millbury MA 01527	\$0.00	\$12.74	\$12.74	\$0.00
Christopher Manzi 400 Colonial Dr Unit 66 Ipswich MA 01938	\$0.00	\$28.60	\$28.60	\$0.00
Richard William Harrington 3 Poisson St Cumberland RI 02864	\$0.00	\$42.98	\$42.98	\$0.00
Carleigh Gordon 135 Skunk Hill Rd Exeter RI 02822	\$0.00	\$36.44	\$36.44	\$0.00
Ashley Follis 2 Griffiths Dr Durham NH 03824	\$0.00	\$15.20	\$15.20	\$0.00
Kendra Lynn Morris 11 Paine Street North Smithfield RI 02896	\$0.00	\$42.09	\$42.09	\$0.00
Jason C Shapiro 41 Brenton St Litchfield NH 03052	\$0.00	\$897.41	\$897.41	\$87.85
Nfp Corporate Services Ny Llc Po Box 786677 Philadelphia PA 19178	\$0.00	\$2,454.54	\$2,454.54	\$0.00
Enrollment Solutions Ltd 65 Burbank Rd Sutton MA 01590	\$0.00	\$1,463.75	\$1,463.75	\$1,041.32
Db Insurance Inc 23 Franklin Street Salem MA 01970	\$0.00	\$8.32	\$8.32	\$0.00
Thomas Benefits Inc 14 Chandler St Salem MA 01970	\$0.00	\$287.54	\$287.54	\$0.00



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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Fleury Enterprises Inc 162 Indian Point Rd Tiverton RI 02878	\$0.00	\$33.57	\$33.57	\$0.00
Grand Totals	\$0.00	\$8,157.04	\$8,157.04	\$1,141.17

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation