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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
SMACC TRADE ASSOCIATION PLAN(S)

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 12/31/2024

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)

ST MATTHEWS CHAMBER OF COMMERCE INC
THE CHAMBER ST MATTHEWS
C/O ERIC CRUMP
3940 GRANDVIEW AVE
LOUISVILLE, KY 40207-3837

3940 GRANDVIEW AVENUE
LOUISVILLE, KY 40207-3837

2b Employer Identification Number (EIN)
61-1036073

2c Plan Sponsor's telephone number
502-895-2523

2d Business code (see instructions)
921000

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.	04/28/2026	ERIC CRUMP
	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 ☐ Same as Plan Sponsor

BENEFIC ADMINISTRATIVE SOLUTIONS LLC
C/O ERIC CRUMP
136 BRECKENRIDGE LN STE 101
LOUISVILLE, KY 40207-4904

3b Administrator's EIN: 45-5582474

3c Administrator's telephone number: 502-338-8112

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**	5171
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)**	5171
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5793
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**	5793
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	5793
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**	489

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

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

9a Plan funding arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☐	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☐	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** ☐ **H** (Financial Information)
- **(2)** ☒ **I** (Financial Information – Small Plan)
- **(3)** ☒ **A** (Insurance Information) – Number Attached 1
- **(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.) ..... [X] 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.) ..... [X] Yes [ ] No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 171214074

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SMACC TRADE ASSOCIATION PLAN(S)

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
ST MATTHEWS CHAMBER OF COMMERCE INC

D Employer Identification Number (EIN)
61-1036073

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
ANTHEM BLUE CROSS BLUE SHIELD

(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
61-1237516	95120	SMACC	5793	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1903726	369098

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

STERLING THOMPSON COMPANY
401 W MAIN STREET
LOUISVILLE, KY 40202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62371	70	INSURANCE AGENCY	3

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

PHIL BROWN INSURANCE AGENCY INC
9300 SHELBYVILLE ROAD
SUITE 1004
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
118108	226	INSURANCE AGENCY	3

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

GALLAGHER BENEFIT SERVICES INC

323 WEST LAKESIDE AVENUE SUITE 410
CLEVELAND, OH 44113

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
49186	279	INSURANCE AGENCY	3

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

BENEFIC ADMIN SOLUTIONS LLC

136 BRECKENRIDGE LANE
SUITE 101
LOUISVILLE, KY 40207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	368523	COBRA ADMIN, ADMIN SERVICES, COMPLIANCE, SUPERVISION, SECTION 125 - ETC	5

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

FSAB LLC

136 BRECKENRIDGE LANE
SUITE 101
LOUISVILLE, KY 40207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1674636	0	INSURANCE AGENCY	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	

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** [X] Health (other than dental or vision)
- **b** [X] Dental
- **c** [X] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] 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)**	39073416		
(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)**	39073416
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)**	1904301		
(B) Administrative service or other fees	**9c(1)(B)**	369098		
(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)**	2273399
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	39073416
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	0

Specify nature of costs.

Part IV Provision of Information

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

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

CLAIMS INFORMATION NOT PROVIDED, COSTS NOT PROVIDED, COMMISSIONS CANNOT BE VERIFIED, ETC.

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SMACC TRADE ASSOCIATION PLAN(S)

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
ST MATTHEWS CHAMBER OF COMMERCE INC

D Employer Identification Number (EIN)
61-1036073

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

ANTHEM BLUE CROSS BLUE SHIELD
1351 WM HOWARD TAFT RD
CINCINNATI, OH 45206-1721

61-1237516

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

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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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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 G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**Financial Transaction Schedules** 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.**	OMB No. 1210-0110 **2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SMACC TRADE ASSOCIATION PLAN(S)

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
ST MATTHEWS CHAMBER OF COMMERCE INC

D Employer Identification Number (EIN)
61-1036073

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	**(b)** Identity and address of obligor	**(c)** Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	**(b)** Identity and address of obligor	**(c)** Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	**(b)** Identity and address of obligor	**(c)** Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	**(b)** Identity and address of obligor	**(c)** Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

(a)	**(b)** Identity and address of obligor	**(c)** Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	**(e)** Principal	**(f)** Interest	**(g)** Unpaid balance at end of year	**(h)** Principal	**(i)** Interest

Part II **Schedule of Leases in Default or Classified as Uncollectible**

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

(a)	**(b)** Identity of lessor/lessee	**(c)** Relationship to plan, employer, employee organization, or other party-in-interest	**(d)** Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	**(f)** Current value at time of lease	**(g)** Gross rental receipts during the plan year	**(h)** Expenses paid during the plan year	**(i)** Net receipts	**(j)** Amount in arrears

Part III **Nonexempt Transactions**

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

(a) Identity of party involved	**(b)** Relationship to plan, employer, or other party-in-interest	**(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value	**(d)** Purchase price

(e) Selling price	**(f)** Lease rental	**(g)** Transaction expenses	**(h)** Cost of asset	**(i)** Current value of asset	**(j)** Net gain (or loss) on each transaction

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SMACC TRADE ASSOCIATION PLAN(S)

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
ST MATTHEWS CHAMBER OF COMMERCE INC

D Employer Identification Number (EIN)
61-1036073

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	(b) End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	1a	0	0
b	Total plan liabilities	1b	0	0
c	Net plan assets (subtract line 1b from line 1a)	1c	0	0
2	**Income, Expenses, and Transfers for this Plan Year:**		(a) Amount	(b) Total
a	Contributions received or receivable:			
	(1) Employers	2a(1)	39073416	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
c	Other income	2c		
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		39073416
e	Benefits paid (including direct rollovers)	2e	36800017	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h	2273399	
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		39073416
k	Net income (loss) (subtract line 2j from line 2d)	2k		0
l	Transfers to (from) the plan (see instructions)	2l		

3 **Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
a	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
c	Real estate (other than employer real property)	3c		X	
d	Employer securities	3d		X	
e	Participant loans	3e		X	
f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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	4n		X	

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 _____.

Anthem Blue Cross Blue Shield
1351 Wm. Howard Taft Rd.
Cincinnati, Ohio 45206-1721
Mail Drop: OH0401-B265

02/16/2026
Customer ID: SMACC
DCN:

Attention Human Resource Manager:
ST MATTHEWS AREA CHAMBER OF COMMERCE

Attention Plan Administrator:

Enclosed you will find information that may assist you in the completion of your ERISA Form 5500 Schedule A and Schedule C. For those plans that file both a Schedule A and Schedule C, information necessary to complete those Schedules is combined into a single report.

The information contained in the following report is designed to assist you with your reporting obligations as outlined by the U.S. Department of Labor, the Department of the Treasury and the Pension Benefit Guaranty Corporation as outlined in 29 CFR Part 2520. This information is based on the contract period of all insurance policies and/or service agreements between you and us. You are under no obligation to use this data if you believe you have better internal information.

Other items to note:

- All information is presented on a cash basis. If the transaction occurred during your policy year it will be included even if it pertains to a prior or subsequent policy year.
- Dental benefits provided by Anthem on the DeCare billing system will be reported on a separate ERISA Form 5500 directly from DeCare.

If this document has reached you in error, please forward it and the attached information to your Plan Administrator or the person or department responsible for completing your company's tax reporting obligations.

If you have any questions, please contact your Account Manager.

Sincerely,

St Pierre, Jeannette L
Dir Financial Ops Dept

Information For Completion Of ERISA 5500 Schedule A

Name of Plan : ST MATTHEWS AREA CHAMBER OF COMMERCE
For Period : 12/1/2024 - 11/30/2025
Customer ID : SMACC

Part I Information Concerning Insurance Contract Coverage, Fees and Commissions

1. Coverage Information

a. Name of Carrier(s)	b. EIN	c. NAIC Code	d. Coverages
Anthem Health Plans of KY, Inc. (G1700)	61-1237516	95120	DENTAL
Anthem Health Plans of KY, Inc. (G1700)	61-1237516	95120	HEALTH PPO
Anthem Health Plans of KY, Inc. (G1700)	61-1237516	95120	VISION

* See part III for enrollment information

2. and 3. Insurance Fee and Commission Information

Broker	Sales and Base Commission Paid	Fees Paid *
FSAB LLC 136 BRECKENRIDGE LANE LOUISVILLE, KY 40207	$2,043,158.95	$0.00
GALLAGHER BENEFIT SERVICES INC 323 WEST LAKESIDE AVENUE SUITE 410 CLEVELAND, OH 44113	$49,185.82	$279.11
PHIL BROWN INSURANCE AGENCY INC 9300 SHELBYVILLE ROAD STE 1004 LOUISVILLE, KY 40222	$118,108.48	$225.77
STERLING THOMPSON COMPANY 401 W MAIN ST LOUISVILLE, KY 40202	$62,371.27	$70.44

* Fees include Bonus, Override and Non Monetary compensation. Purpose of these fees is incentives, education, communication and training. Use 3 for organization type code.

We are reporting commission payments separately from overrides, bonus payments and other compensation that may be paid to your broker or consultant. These payments (overrides, bonuses and other compensation), if any,are reflected in the overall administrative cost structure and were not directly included in the determination of rates. These overrides, bonuses and other compensation were allocated to your coverage(s) on a pro rata basis to all policies enrolled through the broker or consultant which contribute to eligibility for the amounts awarded. Payments are reported as of the date we consider the payment paid or processed.

Non Experience Rated Contracts

Part III Welfare Benefit Contract Information

8. Type	8. Benefit	10.a. Premium	Approximate Enrollment (Subscribers/ Members)	8. Type	8. Benefit	10.a. Premium	Approximate Enrollment (Subscribers/ Members)
a/k	Health PPO	$38,728,036	3,346 / 5,793	f	LTD		
a/j	Health HMO			g	Supp Unemployment		
b	Dental	$271,332	727 / 1,311	h	Prescription Drug		
c	Vision	$74,048	599 / 1,078	j	Stop Loss		
d	Life Insurance*			a/l	Health Indemnity		
e	STD			m	EAP/Other		

* Includes AD&D, Voluntary, Supplemental and Dependent Life Premiums if applicable.

Note: Premium and enrollment data can vary based on retroactive adjustments that may not have been processed at time of report. Enrollment provided for employer self billed Benefit Plans is the best available number at this point in time. Life and Disability enrollment may also be unavailable in certain cases. Employer should use enrollment data as of the last month of the reporting period.

Schedule C

Name of Plan : ST MATTHEWS AREA CHAMBER OF COMMERCE
For Period : 12/1/2024 - 11/30/2025
Customer ID : SMACC

Part I Service Provider Information

1a & b. Information on Persons Receiving Only Eligible Indirect Compensation

In early 2010, provided your plan additional disclosure or clarification of eligible indirect compensation received by itself, its affiliates and vendors utilized in connection with subrogation, recovery, network access, negotiated savings and float. To the extent your plan has access to the BlueCard network, this disclosure also provided information regarding any payments for BlueCard made to other Blue Cross and/or Blue Shield plans for network access and services. This disclosure supplements the information contained in your administrative services agreement. Any other Indirect Compensation for which disclosure was not provided is listed below.

2a-h. Information on Other Service Providers Receiving Direct or Indirect Compensation.

3a-e Service Provider Information

Service Codes	**Direct Compensation**	**Other Direct Compensation**	**Indirect Compensation**	**Sources**	**Sources EIN**	**Description**

The following footnotes are applicable only if listed above.

1 Administration fees are based on enrollment at a given point in time and may vary based on timing of enrollment adjustments. To the extent your plan has access to the Blue Card network, and depending upon the terms of your agreement, your plan may be billed and we may receive Blue Card access fees. However, system constraints currently make it impractical to separately identify and report these fees in an automated fashion and are therefore not included in the direct compensation figure herein. For additional information on the fees, if any, billed in connection with your plan, please contact your account administrator.

2 Prescription Drug Rebates and related administrative fees if applicable; are estimated for the reporting period based on a historical average of rebates received by the service provider, divided by the total number of units of all prescription drugs claims (including those drugs that may not be subject to a drug rebate program) incurred by plans or policies administered by that service provider over that period, to arrive at an average rebate for each drug claim unit. This average, times the plan's actual units for the period, results in the estimated amount of rebates received by the service provider in connection with the plan. Estimated rebates do not take into consideration any rebate revenue returned to the plan or used as an offset to administrative fees; see your administrative services agreement for additional information.

3 Therapy Management, Compliance and Persistency consist of compensation received for educational and outreach services to providers and participants to help improve outcomes. This compensation is calculated based on the total number of outreach contacts per group times the average rate per contact agreed upon by the service providers. For the reporting period these fees are from Pfizer, Inc and Merck.

4 Pharmacy Data Sales Revenue is calculated based on the total revenue received for the claims data divided by the total claims sent (mail order only) to determine an average claim rate that is multiplied by the sent claims per account to determine revenue for each account.

5 Fees may include Bonus, Override and Non Monetary compensation. Purpose of these fees is incentives, education, communication and training. We are reporting commission payments separately from overrides, bonus payments and other compensation that may be paid to your broker or consultant. These payments (overrides, bonuses and other compensation), if any, are reflected in the overall administrative cost structure and were not directly included in the determination of rates. These overrides, bonuses and other compensation were allocated to your coverage(s) on a pro rata basis to all policies enrolled through the broker or consultant which contribute to eligibility for the amounts awarded. Payments are reported as of the date we consider the payment paid or processed.

The undersigned company (ies), hereby certify that the foregoing statement furnished pursuant to 29 C.F.R. 2520.103-5(c) is complete and accurate.

St Pierre, Jeannette L
Dir Financial Ops Dept
Date: 02/16/2026

Note: For certain plans, self funded products are administered by more than one legal entity. In that event, indirect compensation may be aggregated to just one of those legal entities, as method used to derive those fees is determined separately from the administrative entity.

To: Plan Administrator
From: Anthem Blue Cross and Blue Shield
Date: February 21, 2025
Re: Disclosure regarding indirect compensation Anthem Blue Cross and Blue Shield, its affiliates and subcontractors may receive in connection with your group's plan

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As you may know, the U.S. Department of Labor (DOL) has issued regulations regarding the reporting of direct and indirect compensation received by plan service providers. Among other things, the DOL's regulations address an alternative reporting option for "eligible indirect compensation" received by a service provider in connection with a self-funded welfare plan. This eligible indirect compensation includes transaction-based fees paid for transactions or services involving the plan.

This disclosure is designed to comply with the alternative reporting option and to provide your group with additional information regarding the conditions under which Anthem Blue Cross and Blue Shield, its affiliates (Anthem) or Anthem's subcontractors may be eligible for compensation from third parties – so that your group can evaluate the arrangements for reasonableness and any potential conflicts of interest. We state that Anthem and its subcontractors "may" derive this indirect compensation in connection with your group plan because the compensation is, as explained below, either earned on a per-transaction, or per-claim basis, or it is contingent upon the occurrence of certain future events. Anthem cannot state with certainty how many members of your group plan (if any) will utilize the service which may trigger indirect compensation. Likewise, Anthem cannot state with certainty whether the events upon which the indirect compensation will be earned will occur. In addition, depending on the terms of your administrative services agreement, not all of these services or forms of compensation may apply to your plan.

As a result, this disclosure describes the nature and amount of the compensation (including either an estimate or a formula of how it is calculated) and what services it accompanies, along with a description of who pays and who may receive the compensation.

Recovery Services

Anthem, directly or through its subsidiaries and subcontractors, may perform recovery services for your plan. For example, depending on the plan, recovery services may be performed by Meridian Resource Company, LLC dba Carelon Subrogation (Carelon Subrogation). Carelon Subrogation is a wholly owned subsidiary of Anthem's ultimate parent, Elevance Health. Carelon Subrogation is a national cost containment company that specializes in third party liability and workers' compensation recoveries. Meridian provides subrogation services, including claim investigations, to recover money for the plan for any medical claims that were paid due to injuries where another party may be responsible for payment, such as an auto insurance policy or workers' compensation carrier. Additionally, Anthem or its subcontractors may perform audits of vendors or providers and seek recovery of overpayments. These processes help reduce the amount of claims dollars that the plan pays.

As part of the recovery process, Anthem may select and retain outside counsel or other vendors as appropriate, in addition to negotiating and effecting any settlement or recovery of the plan's subrogation or reimbursement rights. If there is a subrogation recovery, Anthem will be paid a subrogation fee of 25% of the gross recovery, "Subrogation Fee". The Subrogation Fee may be allocated between Anthem, its affiliates and vendors, and outside counsel. If there is a recovery resulting from an external vendor's audit of a provider or identification of an overpayment, Anthem will be paid a fee as specified in your plan's Administrative Services Agreement.

Any recoveries shall be net of the applicable fee(s) and shall be treated as an adjustment to the claims payment or otherwise credited to the plan, as described in further detail in the Administrative Services Agreement for your plan. Anthem or the Anthem affiliate administering the plan will typically credit the employer with the net recovery within 150 days of when Anthem receives the recovery. During that time, Anthem or the Anthem affiliate may derive indirect float compensation on the net recovery. For additional information regarding float, please review Anthem's indirect float compensation disclosure, below. If Anthem or the Anthem affiliate administering the plan does not credit the employer within 150 days of its receipt of recovery amounts, it will pay or credit the employer interest as explained in the Administrative Services Agreement.

Recoveries may be paid by a variety of individuals or entities, including without limitation, providers, vendors, the responsible individual or entity, their insurer, or other insurance plans (such as an uninsured/underinsured motorist, medical payments, personal injury protection, errors & omissions, premises liability, or any other insurance coverage). As a recovery is a contingent future event, Anthem cannot identify in advance which, if any, participants of your plan will be involved in circumstances that would result in a recovery and thus a Subrogation Fee or other recovery fees as outlined above. Therefore, Anthem cannot identify in advance the sources of any recovery compensation that may be received in connection with your plan. If you require a listing of those entities that paid a Subrogation Fee in connection with your plan during the most recent plan year, please contact us.

Savings On Non-Contracted Providers

Anthem, directly or through its subsidiaries and subcontractors, such as MultiPlan (MPI), Zelis Healthcare or others, may negotiate with non-contracted providers or utilize a pricing algorithm to result in an amount payable that is less than the provider's billed charges for a particular claim(s). This process helps to reduce the amount of claims dollars that the plan or its participants are obligated to pay. In consideration for and in connection with providing these services, Anthem may receive a portion of the savings (Savings Fee). Not all plans participate in this process. If your plan participates, the amount of the Savings Fee is specified in your plan's Administrative Services Agreement. The Savings Fee may be allocated between Anthem and its vendors or subcontracts, including without limitation, MPI or Zelis Healthcare.

BlueCard Access

Depending on the terms of your plan, one of the benefits your participants may receive is access to healthcare services under a program known as BlueCard. Typically in that situation, participants obtain care from healthcare providers that have a contractual agreement with the local Blue Cross and/or Blue Shield Licensee in that area (the "Host Blue"). Within that arrangement, we are referred to as the "Home Blue." The BlueCard Program is established and operated pursuant to policies

established and enforced by the Blue Cross and Blue Shield Association.

Below is a list of eligible indirect compensation that may be received in connection with the BlueCard Program. Note that the fees and compensation subject to disclosure under the Department of Labor rules include amounts that are not necessarily passed on to your plan or participants. The financial terms of the BlueCard Program, and additional details about the program, are described in your administrative services agreement.

1. BlueCard Access Fees: Access Fees are usually charged on a per-claim basis and are charged as a percentage of the savings that a Host Blue passes along to the Home Blue by virtue of its relationships with healthcare providers. These fees are paid by the Home Blue to the Host Blue. These fees are charged for making the Host Blue's provider network available to the Home Blue's members. The fees are capped at $2,000.00 per claim and do not exceed 3.31% of savings in 2025.

2. Administrative Expense Allowances (AEA): This is usually a flat per-claim fee paid by the Home Blue to the Host Blue. It is paid for administrative services that the Host Blue provides in processing the claim for benefits for a member of the Home Blue. In 2025, the Administrative Expense Allowance does not exceed $11.00 for institutional provider claims and $5.00 for professional provider claims.

3. Custom Arrangements with Host Blues: In some instances, Anthem may negotiate a Custom fee arrangement called a "Non-standard AEA" with a Host Blue. The Non-standard AEA is charged instead of, and replaces both the BlueCard Access Fee and the standard AEA. Although the amount of the Non-standard AEA will vary by group and host plan, it cannot exceed the average of the total fee that the Host Blue would have received for such claims using the standard Access Fees and the standard AEA.

4. Use of Estimated or Average Pricing by Host Blues: As described in your administrative services agreement, some Host Blues use estimated or average prices to determine the negotiated price that is made available to us when plan participants access the Host Blue's participating provider network. This may result in a difference (positive or negative) between the price you pay on a specific claim and the actual amount paid to the provider by the Host Blue.

The following describes the formula used for determining an estimated or average price:

Estimated: A percentage is used to modify the claim price for covered services. This percentage (either positive or negative) allows Host Blues to incorporate adjustments and actuarial projections prospectively into the final price. The percentage is determined by figuring the aggregate cost to the Host Blue over a look-back period less any initial payments made to providers divided by the total of payments initially made to providers. The aggregate cost in the numerator includes all provider retrospective settlements, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, performance-related bonuses or incentives, interest, other non-claim transactions and any positive or negative balance in the variance account. The percentage is then actuarially adjusted for anticipated changes in claims expenses for the prospective period. As of December 31, 2013, the modifying percentage applied to claims from those Host Blues that use estimated pricing ranged from -1.5% to +12.36% of the rate of payment to the provider at the point of claim.

Average: An average price is determined for a defined category of provider (e.g., institutional, professional, etc.) of a Host Blue in a given geographic area. The average is determined as follows:

Total amount paid to such providers over a look-back period, including initial payments as well as applicable claim and non-claim related transactions, which may include but are not limited to provider retrospective settlements, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, performance-related bonuses or incentives, interest, etc., and any positive or negative balance in the variance account

divided by

Total amount of such providers' corresponding charges for covered services over the same look-back period (claims for non-covered services are not included in the calculation)

This result is an average price that is applied to each claim for the defined category of provider of the Host Blue in the geographic area and presented as the negotiated price.

Although use of these pricing methods may result in a difference (positive or negative) between the price you pay and the amount actually paid to the provider, the price used to determine your payment is a final price. Any positive or negative differences are accounted for in a variance account held by the Host Blue. Host Blues may prospectively increase or reduce estimated or average prices to correct for over- or underestimation of past prices (i.e., prospective adjustments may mean that a current price reflects additional amounts or credits for claims already paid to providers or anticipated to be paid to or received from providers). Because all amounts paid are final, neither variance account funds held to be paid, nor the funds expected to be received, are due to or from your plan. Such payable or receivable would be eventually exhausted by healthcare provider settlements and/or through prospective adjustment to the negotiated prices.

5. Fee for Recovery of Overpayments: In some cases, a Host Blue will undertake recovery efforts from its participating providers on behalf of Home Blues. These recoveries from a Host Blue can arise in several ways, including, but not limited to, anti-fraud and abuse investigations, provider/hospital audits, credit balance audits, utilization review refunds, and unsolicited refunds. In addition, the Host Blue may engage a third party vendor to assist in identification or collection of recovery amounts. The fees of such a third party may be netted against the recovery and could be up to 25% of the recovered amount. Recovery amounts, net of fees, if any, will be applied in accordance with applicable BlueCard Program Policies, which generally require correction on a claim-by-claim or prospective basis.

6. Blue Cross Blue Shield Global Core Program. The Blue Cross Blue Shield Global Core program provides members with access to an international network of inpatient, outpatient and professional providers. Medical assistance and claims support services are also provided under the program by GeoBlue. GeoBlue's fees paid by the Home Blue are as follows:

Transaction Fee	2024 / 2025 Fee (USD)
Medical Assistance	
General inbound calls	28.91/29.37 per call
Provider search (non-medical situation)	22.71/23.07 per call
Cashless access/Guarantee of Payment (GOP)	113.55/115.37 per GOP
Telephone translation	64.52/65.55 per call
Fulfillment	9.80/9.96 per call
Provider/medical assistance information provided by nurse	98.06/99.63 per call
Misrouted calls	22.71/23.07 per call
Medical monitoring	299.35/304.14 per case
Claims Support	
Claim preparation, processing and/or payment (includes translation, coding, currency conversion)	40.25/40.89 per transaction
Misrouted claim (e.g., domestic)	9.80/9.96 per claim
Claim status inquiry	22.71/23.07 per call / ID
Medical records translation	At Cost
Currency conversion gains/losses	At Cost
Wire/ACH fees	At Cost
Additional Services	
Medical evacuation coordination	1290.32/1310.97 per case
Medical repatriation coordination	1290.32/1310.97 per case
Repatriation of remains coordination	619.35/629.26 per case
Medical travel coordination	299.35/304.14 per case
Assistance Partner Engagement (limited to ONLY countries where vendor is restricted from conducting business)	Ranging from $100-$500 per Direct Pay Letter

7. Away From Home Care (AFHC) Fees: AFHC is an out-of-area program that is available to members of participating Blue Plan HMOs. The program allows eligible members to receive Guest Membership benefits from other participating Blue Plan HMOs while traveling outside of their Home HMO service area for a minimum of 90 days. The AFHC fees are paid by Anthem to the Blue Plan HMO, which may be an Anthem affiliate HMO plan, and include:

• AFHC Membership Fees: AFHC membership fees are billed at the rate of $.04 per-member-per-year (PMPY), based on the total number of HMO members enrolled in the participating HMO.
• AFHC Transaction Fees: The transaction fee will be billed at a rate of $7.30 per transaction.

8. CFA and Transaction Fees: All Blue Cross and Blue Shield plans pay a transaction fee of $0.35 on each Reconciliation Format (RF) processed by the Central Financial Agency (CFA). The plans also pay an ITS transaction fee of $0.05 for each Submission Format (SF), Disposition Format (DF) and Reconciliation Format (RF) created and may pay a BlueSquared transaction fee of $0.05 for each transaction format that plans create.

Float

Anthem also receives and retains as compensation for services under your plan any interest earned on funds awaiting disbursement or distribution to or on behalf of the plan ("Float Compensation"). Float may be generated from several sources including without limitation, recoveries awaiting credit or adjustment to the plan, pharmacy rebates awaiting payment to the plan, incurred but as yet unpaid payments to providers or vendors, performance payments awaiting distribution, etc. Float Compensation does not include instances where the underlying funds are not payable to or on behalf of the plan (e.g. if pharmacy rebates are retained by Anthem).

Anthem may be positively or negatively affected by float. In most cases, Anthem pays a covered claim and then invoices the plan sponsor for claim reimbursement. As a result, depending on your Administrative Services Agreement, it is possible that Anthem's claim or performance payment may clear before Anthem is reimbursed by your plan sponsor ("Negative Float"). Negative Float may be reduced or exceeded by any discount, credit, or other compensation paid to Anthem by issuers of virtual credit cards in exchange for Anthem's use of the card in paying claims. Additionally, in some instances, the plan sponsor may pay Anthem before Anthem's claim or performance payment occurs or fully clears; in which case, interest may be earned by Anthem beginning on the date such funds are received from the plan sponsor and ending on the date the check is presented for payment, the timing of which may be beyond the control of Anthem ("Positive Float").

If Anthem benefits from Positive Float or if Anthem receives funds in connection with the plan which are ultimately payable to or on behalf of the plan (e.g. recoveries, deposits toward claims expenses, rebates due the plan, etc.), funds are placed into one or more non-interest bearing or interest-bearing accounts. Until such time as your plan is reimbursed for such funds, Anthem may derive interest income or other compensation. Although the amount of this Float Compensation received by Anthem may vary by account, region and over time, the net average rate earned by Anthem on all float will generally not exceed the Effective Federal Funds Rate (EFFR).

Medical Pharmacy Rebates:

Anthem receives payments from certain drug manufacturers (primarily Johnson & Johnson, Genentech, Regeneron and Amgen) in connection with certain drugs utilized when a plan participant may be receiving other medical benefits; for example, a drug or injection administered in a physician's office. Anthem provides each contracted manufacturer with de-identified drug utilization information. From October 1, 2022 to September 30, 2023, Anthem received an average of $1.48 per member per month, when averaged across all fully-insured and self-funded medical plans which Anthem insures or administers.

Diabetes Prevention Program Compensation:

Starting in 2021, Lark Technologies may provide certain groups with access to a CDC certified diabetes prevention program (DPP) via a digital application. If your plan participates, additional information on the program is set forth in your plan's Administrative Services Agreement. In connection with this DPP program, Lark may pay Anthem up to $2 per claim in consideration of Anthem's administration of the program. Anthem's administrative services may include, but are not limited to, administration or auditing of claims, vendor oversight, plan reporting, development of marketing and training of internal partners.

This disclosure describes the indirect compensation arrangements as of the date of this disclosure and is intended for plan years commencing on or after January 1, 2024. The arrangements discussed above are subject to change in the future, in which case we will update you of material changes affecting the possible indirect compensation Anthem may receive. However, the arrangement discussed herein may be different from the arrangements in the past. As a result, depending on when your group's plan year begins, the reconciliation and payment under these arrangements may not occur in your current plan year.

NAME / GROUP NAME	FEIN	CASE NUMBER
5T PROPERTIES LLC	45-5308290	W30213
A & S CONSTRUCTION	86-1798206	L08072
A Plus Loans	47-468-1135	W30475
A&N PRECISION MACHINE	83-0105086	L01845
A-1 Better Sewer & Drain Cleaning	40-7862838	W30274
AAA Transit	61-1397656	W30259
ABOVE & BEYOND JUST FOR YOU LLC	46-1013145	KY2614
ACCOUNT CERVICES LLC	46-1192707	L13930
ACCU-TEC INC	61-1138582	L11887
Action Machinery Inc	61-1271483	W30075
ACTIVE RELIABLE PROPERTY	NOT PROVIDED BY GROUP	L05219
Acuity National Real Estate LLC	45-2933959	W30074
ADVANCED HOME MEDICA	03-0526986	W30580
AFFORDABLE PROPERTIES INC	27-0059305	KY2337
Aldyn Capital LLC	27-5105585	W30166
ALICE LLOYD COLLEGE	NOT PROVIDED BY GROUP	L14789
A-LINE TOOL & DIE INC	c	W30050
ALL SEASON HEATING AND COOLING LLC	502-638-9393	W30413
ALPHA LEASING COMPANY INC	61-104-6283	KY2464
Amber Platform Technologies LLC	27-0253900	W30099
AMEND PSYCHOLOGICAL SERVICES PSC	61-1422192	KY2582
AMERICAN GINSENG & HERBS	27-4517117	KY2530
AMERIPAK INC	61-1095897	L08458
AN ROTH COMPANY LLC	61-1460812	L02294
ANDERSON BEHAVIORAL	NOT PROVIDED BY GROUP	L08761
ANDERSON COMMERCIAL	47-2860327	L03391
ANNE-MARIE HOGAN CPA	81-2219387	L13297
ANNEX CAPITAL LLC	NOT PROVIDED BY GROUP	L14245
ARISE REAL ESTATE TE	81-2706637	L03914
ARW LLC	61-1301379	W30307
ASIO Capital LLC	83-1236348	W30214
ASSOCIATION OF PRIMARY CARE PHYSICIANS	61-1273766	L12113
ASSURANCE ROOFING LLC	27-3051075	KY2532
ASSURANCE SERVICES CORPORATION	38-3946250	W30227
Atlas Siding & Window Company Inc	61-138-7957	W30165
AUTO CONECTION USED TRUCKS & CARS	26-2034976	W30312
AUTODEMO LLC	61-1334500	L10846
B & B HEATING AND COOLING	61-0942279	L08369
B & E Furniture LLC	61-181219	W30169
B.A. Systems Integration Company Inc	01-0557098	W30376
BAKER DIRECT MEDICAL CARE PLLC	47-1334254	L00960
BARGAIN SUPPLY	NOT PROVIDED BY GROUP	L11272
BARTLEY MEDICAL	90-0791258	L03667

BARTON LAW INC	83-3170865	L07303
BB&G LTD	46-2446995	W30159
BC Plumbing Company	61-0953871	W30474
Beckmar Environmental Lab	61-0895488	W30071
Best Stamp & Seal Company Inc	61-0957596	W30469
BETTER BATH BETTER BODY LLC	47-4421893	L05960
BETTER BUSINESS BUREAU INC	61-0417092	L02582
Blankenbaker Apartments LLC	26-3772554	W30094
BLAZE ENTERPRISES LLC	47-2966988	L05584
BLINDSIDE CONSULTING	88-0535207	L12933
BLUECAT RV SERVICES LLC	88-1365376	L08659
Bluegrass Coaching LLC	82-5270017	W30447
BLUEGRASS TECH SOLUTIONS	62-1868114	L13247
Bluegrass.Net	61-1284846	W30081
BOCOOK ENGINEERING INC	61-0920649	L02617
BOOKER DESIGN COLLABORATIVE	35-2441150	L04049
Bow Tie Express Car Wash Inc	30-0224268	W30493
BOWTIE BONEYARD INC	47-3049690	L06451
BROKER HOUSE LENDING	NOT PROVIDED BY GROUP	L14437
BSD SAVE DISCOUNT DRUGS	61-1878865	W30205
BUILDING SOLUTIONS LLC	35-2543880	L04456
BUONA FORTUNA LLC	46-5270353	L00970
BURDORF KESSLER INC	61-1243784	L01503
BURGESS BROTHERS LLC	61-1031232	W30240
BYB EVENT SERVICES LLC	82-4321359	L06642
C WEALTH MANAGEMENT	82-0597505	L00932
C&C PORTABLES LLC	20-5987746	L02912
C&C Services Inc	51-1268125	W30242
CAMPBELL CHEVROLET	61-1042572	L12990
CANEYVILLE CRUSHED STONE LLC	80-0612298	L05783
CANEYVILLE STONE COM	99-3338428	L13024
Cardinal Ice Equipment Inc	61-1055069	W30063
Carpenter Wealth Management LLC	81-5134706	W30298
Casebolt Broadcasting Inc	20-852-0498	W30429
CASHMAN ENTERPRISES COMPANY	84-2885697	L02288
CBD & T INC	NOT PROVIDED BY GROUP	L12829
CDT REAL ESTATE LLC	NOT PROVIDED BY GROUP	L01537
CENTERLINE CONVEYOR	NOT PROVIDED BY GROUP	L10081
Central Kentucky Capital LLC	68-0653816	W30073
Central Kentucky Hardware LLC	47-1580602	W30317
Central Kentucky Industrial Warehousing Inc	61-1368635	W30444
CF CAPITAL LLC	84-4545877	L08010
Charles Stelzig Interiors LLC	46-4803237	W30374
Chase Marketing Inc	61-1313031	W30492

Chears LLC	82-2928653	W30431
CHERRICARE INC	31-1552202	L03469
Cherry Investment Inc	26-3714752	W30320
CHI RHO CLASSICAL ACADEMY	83-4353564	W30570
Choice Contracting Inc	83-0954904	W30361
CITY OF JEFFERSONTOWN	61-0870747	L09193
Clark Jewelers Inc	61-0938577	W30065
CLAY ROBINSON STATE FARM LLC	46-1546926	L04115
CLAYTON R HUME PLLC	20-575-2479	L02240
CLEARVIEW CENTRAL SYSTEMS	45-3515794	L07793
CLEMENTS AGRI SUPPLY INC	61-1177552	L07530
CLIFFORD TREE SERVICES LLC	32-0110660	L00964
Collins Respiratory Care Inc	61-1260906	W30476
COMMONWEALTH COUNSELING CENTERS	47-3901760	L12425
Community Core LLC	46-2515020	W30415
CONCORD ENERGY STRATEGIES LP	26-4541417	KY2556
CORNERSTONE INDUSTRIAL SERVICES LLC	35-2368674	L11122
CORVINS IN TOWN MOVING & FURNITURE	83-4034017	L05741
Cos-Bec Inc	61-1242011	W30139
CRAIG & HALL INSURANCE AGENCY INC	61-1037479	KY2541
CRAVENS & LEWIS JEWERY	61-0721571	L00738
Creg Damron Furniture Inc	20-3464738	W30342
Cummings Enterprises Inc	61-1561144	W30446
Custom Food Solutions LLC	35-2553077	W30385
DAJCOR ALUMINUM INC	84-2357709	L04630
Dalton Red Hot Promotions	02-070-8536	W30087
Damron Financial Planning	02-0771714	W30439
DAN HARDT FINANCIAL SERVICES LLC	61-1109343	L10260
DANIELSON & ASSOCIATES	38-2722005	L10741
DANVILLE BOYLE COUNTY AIRPORT BOARD	61-1351862	KY2612
Danville Country Club Inc	61-0435896	W30164
DANVILLE NEPHROLOGY CONSULTANTS	61-1345315	W30358
DATA ADMINISTRATORS	27-1491809	W30058
DD REAL ESTATE INVESTMENTS	27-4328582	L13966
Deltech Manufacturing	61-1087649	W30243
DENZIL'S LAWN & LANDSCAPING	30-0069488	L07525
DERBY CITY PIZZA COMPANY	45-2236246	W30186
DESIGN + INC	61-1296655	KY2557
DESIGN FABRICATORS & INTEGRATORS	46-3720942	L10081
DESROCHERS CONTRACTING	NOT PROVIDED BY GROUP	L10404
DGV SERVICES LLC	37-1235986	KY2630
DIAGNOSTIC X-RAY PHYSICIANS PSC	61-0982294	L14282
Discernity LLC	61-1390006	W30167
DNR EXPEDITE COMPANY	27-3695002	L02918

Docs Industrial Inc	61-1131307	W30229
DONALDSON DRUG INC	26-0301914	L06631
DONE RIGHT AUTO SERVICE	20-2192803	L05467
Door 2 Door Computer Services LLC	46-066-8878	W30332
DOPAG (US) LTD LLC	27-0850516	W30056
Doug Jones Home Improvement	61-1306277	W30067
DRBCE LANGLEY FARMS	83-4580697	L00898
DREAM REAL ESTATE LLC	20-2222794	KY2563
Durbin Plumbing Inc	61-1368262	W30390
Durham & Demaree Insurance	46-4216772	W30319
DUTY PRECISION MACHINERY	37-1481891	L00090
E W Helton Attorney at Law	61-1123626	W30219
EAST KENTUCKY CHEMICAL INC	90-016606	L12234
EAST KENTUCKY GUTTER & SIDING	61-1330197	L06348
Economy Drug Company Inc	01-0648715	W30127
EDWARDS DEVELOPMENT	46-0713577	L14838
EDWARDS MOVING & RIGGING INC	61-1058735	L02218
EEZY INC	NOT PROVIDED BY GROUP	L11244
EGELSTON MAYNARD SPORTING GOODS	NOT PROVIDED BY GROUP	L07413
Ehrler's Inc	61-1271704	W30305
Elder & Good PLLC	26-4778669	W30442
ELINE TECHNICAL SOLUTIONS LLC	92-0837538	L13197
Escola Enterprises Inc	61-1307316	W30189
ESPINOZA LAW PLLC	99-3368204	L13351
FADO ENTERPRISES	26-0841552	L03921
FAMILY OF FAITH FELLOWSHIP INC	61-1304394	L02398
Farris and Associates CPA PLLC	27-153-2379	W30412
FDAK SERVICES CORPOR	NOT PROVIDED BY GROUP	L14146
FERN CREEK HIGHVIEW UNITED MINISTRIES INC	61-1148234	L10343
Ferro Coals Inc	61-119-0545	W30297
FINANCIAL STANDARDS GROUP INC	65-0152722	KY2481
Fire Protection Services	41-2120050	W30079
FLEUR DE LIS EVENTS	NOT PROVIDED BY GROUP	L05069
FLYNN HOLDINGS MANAGEMENT COMPANY	31-1501468	L07834
FocustApps	46-4736659	W30313
FORCASTR LLC	83-2287729	L00967
FOUNDATION FOR EXCEL	NOT PROVIDED BY GROUP	L14394
Fred H. Miller & Son Inc	61-0645104	W30107
FreshFry LLC	47-1813088	W30116
FS FABRICATION & DESIGN	45-2149745	W30235
FSAB LLC	20-0196671	W30066
FUNCTIONAL THERAPY	46-2709712	L08074
G H BROWN & COMPANY	61-1002089	W30359
G L BREEDS LLC	NOT PROVIDED BY GROUP	L02438

GALLATIN COUNTY LIBRARY	61-0943556	L06374
GATEWAY COLLISION	NOT PROVIDED BY GROUP	L06854
Gatti and Young LLC	61-1375880	W30277
Gerald C. Schoenlaub DMD	61-1099401	W30370
Gilliam, Mease, & Associates	01-0820272	W30132
GLO-MARR PRODUCTS INC	61-1140689	KY2444
GMJ PROPERTIES LLC	20-076-5054	KY2403
GOD PARTICLE IT GROUP LLC	85-3751458	L03484
GOOSE CREEK CANDLES LLC	47-5350650	W30236
GRACELAND MANAGEMENT SERVICES LLC	27-1289683	L06360
Grate Balls Afire	61-1371404	W30101
Greg's Custom Audio Video & Car Stereo Inc	26-1409295	W30326
Griffin Equity	81-2169510	W30343
GUARDIAN ANGEL STAFFING AGENCY INC	61-1359967	L04976
Guardian Owl LLC	46-549-5496	W30238
H2R CONSULTING LLC	NOT PROVIDED BY GROUP	L15451
HARLEYS QUICK LUBE & TIRE CENTER LLC	21-5126007	W30462
HARRODS CREEK IMPORTS INC	61-1258788	L12077
HAWK DESIGN INC	61-1382431	L07950
HCTMS Inc	45-4584914	W30301
HEALTH CONNECTION LLC	20-1963924	KY2489
HEALTHY HR ALLIANCE	NOT PROVIDED BY GROUP	L09587
Helson Development	61-1290950	W30470
HENSLEY CARPET INC	61-1200849	L03358
Hessig and Pohl PLLC	47-1600518	W30290
HESSIG PROCESS	NOT PROVIDED BY GROUP	L07031
HESS'S LANDSCAPING & LAWN SERVICES	61-1376193	L03231
HHTRONICS CORPORATION	93-1969330	L10904
HIGH TECH RESCUE INC	NOT PROVIDED BY GROUP	L15448
HIGH10 DIGITAL	83-2957045	W30454
Highland Sod Farm	20-0064847	W30207
Hire Power Professional Staffing	46-2391452	W30304
HISHAM ALREFAI MD ENDOCRINE ASSOCIATES	47-1923670	L03232
Home Advantage	01-0763560	W30564
HOMETOWN FINANCE COMPANY INC	61-1359911	L07206
Horsman Contract Resources LLC	32-0140313	W30187
HOST ME LLC	NOT PROVIDED BY GROUP	L08654
Howard Carpenter Floor Covering Inc	61-1053245	W30416
HPG INC	26-1825736	L03710
Hubbuch in Kentucky	NOT PROVIDED BY GROUP	W30379
IHIGH INC	NOT PROVIDED BY GROUP	L14266
Import Auto Specialists Inc	46-4751551	W30347
INDEPENDENT PIOLETS ASSOCIATION	61-1171169	L13269
INDUSTRIAL REMAN	65-1316090	W30276

INFRARED CAMERA SOLUTIONS LLC	88-1023300	L06118
Inner City Trade	61-1355390	W30086
INNOVEK LLC	81-3022714	KY2580
Integrated Medical Solutions	47-1104909	W30272
IntegriQual LLC	47-4286890	W30422
INTEGRITY SOLUTIONS REALTY LLC	85-4335805	L10387
IPAK Inc	61-1380512	W30109
J & G Investments Inc	61-114-2711	W30148
J Wagner Group LLC	30-0582810	W30202
JAB Contracting	82-279593	W30150
Jack Hart Body Shop	61-0985779	W30302
JACKSON STREET FLATS	92-0272043	L08112
JBVS PLLC	81-2588436	L01005
JC SERVICES	45-4757392	L11229
JD GLASS LLC	93-3382994	L13491
Jeff and Dottie Fisher LLC	33-1103813	W30430
JEFFERSONTOWN CHRISTIAN CHURCH	61-0600604	L00827
Jims Car Wash Systems	47-2603456	W30450
JON CARLOFTIS	83-0696473	L00968
JONES & SCOTT FENCING INC	61-1486523	L03702
JONES OIL COMPANY INC	61-0940585	L02250
Joseph Banis MD	61-1375642	W30362
JUDD AND JUDD PLLC	20-4043890	W30287
JWG PROMO LLC	87-1680372	L03741
K F Commercial LLC	31-1571751	W30085
Kaden Companies	61-1018352	W30248
KADENS CAUSE INC	82-247604	L01906
KATIE BUSH DESIGN INC	74-3116684	L09916
Keene's Depot	01-0616441	W30378
KEFFER-HOFFMAN, LLC	47-2493086	KY2535
KELLY BROTHERS FURNITURE INC	20-1792034	L02323
KELTNER CONTRACTING LLC	83-2739813	L05158
KENTUCKY ASSOCIATION OF HEALTH PLANS INC	NOT PROVIDED BY GROUP	L06119
KENTUCKY DERBY MUSEUM	NOT PROVIDED BY GROUP	L12827
KENTUCKY FLOORING WAREHOUSE	82-3999280	L02239
KENTUCKY HEALTHCARE MANAGEMENT	46-3786448	L04167
KENTUCKY PAPER BOX	61-1187276	L13769
Kentucky Planning Partners	42-1686045	W30388
Kentucky Senior Citizens Apartment Inc	61-0664350	W30434
KERRS WHOLE FLORAL	00-0835723	L06182
KERSHAW & BAUMGARDNER	06-1681776	KY2577
Keyserve Mechanical Service LLC	46-1985778	W30215
KGC LOUISVILLE	NOT PROVIDED BY GROUP	W30378
KIPER FINANCIAL GROUP LLC	87-3100942	L04846

KITCHEN TUNE UP	NOT PROVIDED BY GROUP	L02296
Klein Racing LLC	82-3188393	W30158
KY HOSP AND KHA SOLU	61-1004776	W30505
KY PLUMBER LLC	45-3910256	KY2478
LABOR WORKS NTERNATIONAL	NOT PROVIDED BY GROUP	L10396
LaCrosse Enclosures Inc	61-1325772	W30061
Lambert Glass	61-0662763	W30254
LANE & COMPANY LLC	32-0165874	KY2617
Laurel Financial	61-135-9740	W30425
Laurie 1025 LLC	20-1325729	W30211
LBL CONTRACTING COMPANY LLC	51-065874	L01946
LEANHART PLUMBING INC	61-0974278	L03308
LERON INDUSTRIES INC	61-0993353	L02603
Letterperfect Enterprises	20-3878184	W30114
Limestone Wealth Advisors OPM	61-1374312	W30283
LINCOLN INSURANCE AGENCY	81-1305930	W30455
LINDSAY CONSTRUCTION	86-3250397	L13261
Lite Source Inc	61-1076087	W30064
LORD & RICHARDS INC	46-3343689	L10211
Lorie B. Casey	45-3176231	W30487
LOUISVILLE CLEANING SERVICES LLC	61-1365844	W30506
Louisville Plumbing Company	27-4504337	W30092
LOWE CHIROPRACTIC & WELLNESS PLLC	20-0875867	L05318
LUMINA MATERIALS LLC	93-1628266	L11567
LYNETTE R SCHINDLER CPA PSC	61-1200228	L02293
M H SOLUTIONS LLC	NOT PROVIDED BY GROUP	L07305
MACS Heating Cooling and Electrical	61-1378091	W30387
MADISON HVAC & REMODELING LLC	27-4402804	W30559
MAGNATE WEALTH MANAGEMENT LLC	81-1339155	W30507
Majors Floor Covering	61-1350263	W30246
MAPS SECURITY LLC	20-9956687	L02422
MARION CO WELDING & FABRICATION LLC	46-2527997	KY2591
Market Points Inc	61-1393781	W30212
MARSFAM ENTERPRISES INC	NOT PROVIDED BY GROUP	W30288
Matsen Enterprises LLC	58-240-0627	W30400
MATT HARROD ELECTRIC LLC	47-3826259	L08076
MAYFIELD IT CONSULTING	47-4925977	L02364
McCarthy Strategic Solutions	46-1682292	W30126
McClain DeWees PLLLC	27-4402881	W30091
MCLAUGHLIN LAW OFFIC	47-327-7024	W30280
MCMAHAN COMPANY INC	61-0912103	L01944
MEANS ADULT PRIMARY CARE CLINIC PLLC	61-1360748	L00916
MED TM Inc	61-1403564	W30251
MEDICAL TRANSFORMATION CENTER PLLC	46-3579842	L06254

MEEKS HARDWOOD FLOORING INC	61-1348347	L02606
Michael Herren DMD PLLC	61-1547897	W30403
Midway Vetinary Clinic Inc	80-031-0782	W30353
MIKE WEBER CUSTOM TACK	61-1393898	KY2412
Mikes Kentucky Kitchen	46-2403117	W30142
MILTON FAMILY DENTAL PLLC	47-5671949	L07999
MODE ONE LLC	82-0863500	L03915
MOHAWK PLUMBING	26-2442837	L10512
MOLLY MALONES IRISH PUB	NOT PROVIDED BY GROUP	L11274
Mooney EyeCare	61-1528287	W30478
MORGAN SMITH INDUSTRIES	45-5231283	L10906
Mortgage Network Inc	61-124-1860	W30095
MOUNTAIN ASSOCIATION	31-0900246	L03029
MOUNTAIN MUSIC EXCHANGE	45-5107176	L09018
Mountain Top Media LLC	83-4095864	W30503
MOUNTAIN TOWN MACHIN	NOT PROVIDED BY GROUP	L10425
MPE SOLUTIONS LLC	83-1814112	L06837
MSS CONSULTING	47-4517512	L13745
NATIONAL SERVICES MANAGEMENT INC	01-0794680	L09500
National Telecommunications Network Inc	61-1242957	W30394
Neff Refrigeration Heating & Air Conditioning	61-1008151	W30351
NEW LEAF CLINIC	82-1876723	L10342
NEW OUTLOOK REALTY LLC	82-2299852	L00911
NEWMAN ELECTRIC LLC	81-4016930	KY2345
NJN Companies	20-2327591	W30498
NORSEMEN VENTURES LLC	86-3524422	L10669
NORTH SEA HOLDINGS	85-3947921	L03548
NTANDEM FITNESS & NUTRITION LLC	30-022-3746	W30459
NURSING CE CENTRAL LLC	83-3462167	L01093
Oasis Senior Advisors	81-227-4643	W30175
Oberman Enterprises LLC	61-1335406	W30438
OCHSNERS GARAGE INC	61-0703994	L01923
Office Computing Inc	61-1227851	W30111
OKOLONA FENCE	61-1088304	L03509
Ole Events	46-1308368	W30258
ONE STOP MARKET INC	61-1049976	W30060
Organization Matters LLC	61-1253303	W30471
PARAGON MANAGEMENT GROUP AAMC	38-3665337	L06047
Payrite Payroll & Accounting Services Inc	35-2164454	W30144
PDJF	NOT PROVIDED BY GROUP	L15363
PESTINGER PEAK PERFORMANCE INC	81-3211935	W30136
PICCOLA MANUFACTURING	61-1103423	L09928
Pike Co Chamber of Commerce	61-0544068	W30143
PIKEVILLE AREA FAMILY YMCA INC	61-1177162	L02546

PINNACLE MORTGAGE LLC	NOT PROVIDED BY GROUP	L06222
PLAYBOOK MEDIA INC	45-3808767	L13480
POLUR ELDER LAW PLLC	82-3358681	KY2349
POWERSPORTS	NOT PROVIDED BY GROUP	W30378
Precise Machine & Tool	31-1525148	W30245
Precision Agricultural Services	61-1309375	KY2507
PREFERRED CARDIOLOGY	NOT PROVIDED BY GROUP	L12928
Prescott Plastic Surgery and Med Spa PLLC	61-1375642	W30362
PRINTING INC OF LOUISVILLE	61-0719825	L04082
Printworx of Louisville	20-1961231	W30155
PROCLAIM ROOFING AND HOME REPAIR	46-1367518	KY2550
Promotional Wood Products	61-126841	W30293
PROPERTIES DC LLC	45-4863281	L08068
PT ON THE GO	82-4027900	L04731
Raelee Wireless Inc	26-405-363	W30371
Railmark Rail Services INC	81-3654199	W30234
Randol Industrial Electronics LLC	46-1139527	W30130
Rangaswamy & Associates Inc	61-112-0743	W30146
RCMS LLC	46-568-0945	W30334
REALITY CHECK CONSULTING	77-0615850	L03419
Red E App	451204349	KY2477
REGIONAL ADMINISTRATORS	NOT PROVIDED BY GROUP	L15346
REYINFO TECH LLC	47-5107128	L08393
RH CLARKSON INSURANC	NOT PROVIDED BY GROUP	L14133
Rich Ventures	NOT PROVIDED BY GROUP	W30491
RIDGEWAY PROPERTY MANAGEMENT	61-1341705	KY2578
Right Touch Dental Center	20-0337840	W30484
ROBINBROOKE CROSSING	NOT PROVIDED BY GROUP	L15285
Rockford Lane Auto Sales	61-1317059	W30373
Rodeo Drive Inc	61-12335659	W30348
RODRIGUEZ CLEANING SERVICES	45-2800587	L00667
ROGER AYRES CONSTRUCTION COMPANY INC	61-1318525	L02520
RunSwitch Public Relations	46-0595639	W30083
Ruth & Shearer CPAS LLC	61-1000321	W30417
SAFEGUARD RADIOLOGY INTERPRETATION SERVICES	20-1928636	L05208
Safety Effects LLC	31-1569921	W30152
Samuel Stewart & Assoc PSC	401-78-7146	W30057
SAVE RITE DRUGS LOUISVILLE	NOT PROVIDED BY GROUP	L08661
Savland Construction LLC	82-3243817	W30226
Scenic Cabin Rentals LLC	26-3214790	W30261
SCOCOM	81-4613519	L07851
SEBURG PROPERTIES LLC	86-2965878	L13476
SEMINARY WOODS CONDOMINIUMS COUNCIL OF C	26-4526975	L02536
Senler Campbell & Associates	61-091-1895	W30273

SJS Enterprises	01-0550047	W30210
SLADE & COLLINS INSURANCE AGENCY	61-0736307	L02624
SMITH CHIROPRACTIC PSC	61-1360630	L04743
SNL Enterprises USA Inc	31-1329481	W30382
SOLID STONES LLC	NOT PROVIDED BY GROUP	L09963
SONNE STEAL INC	20-3239682	L10773
SOOSHIEMAN INCORPORATED	92-0490745	L07715
SOURCE USA INC	83-3239674	KY2370
South Park Country Club	61-03443385	W30479
Speech & Swallowing Specialists LLC	27-1046404	W30120
SPEEDY PROPERTY HOLDINGS 1 LLC	82-4336777	L00626
SPENCER THOMAS	NOT PROVIDED BY GROUP	L13688
Spray Tec Inc	61-1173404	W30269
SRJ LLC	45-5427894	L03659
St. Matthews Area Chamber of Commerce	61-1036073	W30106
Stack Insurance Agency LLC	27-3237751	W30296
STRUCTURAL SERVICES	20-158-6834	W30461
Suburban Construction	61-0931438	W30255
Sunharbor Wealth Advisors LLC	81-1853542	W30495
SUNRISE SERVICES LLC	62-1798045	L06807
SWS Enterprises Inc	61-1175100	W30197
SYSTEMAX CORP	NOT PROVIDED BY GROUP	L05081
Tassels	NOT PROVIDED BY GROUP	W30140
TAUL FUNERAL HOMES	61-0983059	KY2572
TAX TIME AGAIN INC	99-5026712	L14102
TDA Capital Group LLC	20-2829805	W30406
TEAL LOGISTICS	82-2987757	L05329
TEK CENTER INC	87-1826793	L07363
THE 5 GRAYS COMMONWEALTH	82-2516042	W30456
The Appraisal Source LLC	47-1417418	W30482
THE COWABUNGA GROUP	82-0958859	W30566
THE DELISH DISH LLC	46-4675897	L05211
THE FAITHFUL PLATFORM LLC	83-3827366	L02144
THE FURROW	81-1176824	L09962
THE KIDNEY SPECIALIST OF KENTUCKIANA	82-4663079	L10369
The Kleiner Group	47-4827312	W30380
The Lampmaker	61-1088260	W30449
The LB Group	45-2402169	W30366
THE MAIN STREET TRUST	NOT PROVIDED BY GROUP	L11260
THE RENTAL DEPOT	61-1207023	L11029
THE TEAM SPIRIT SHOP INC	61-1291477	KY2408
THE VIMARC GROUP	61-1258818	L13233
The Wright Legacy Group LLC	20-1701658	W30314
THOMAS ALLEN INSURANCE AGENCY	47-4618597	L05976

THOROUGHBRED MECHANICAL INSULATION LLC	61-1384197	KY2597
TM SQUARED	61-1339673	L07940
TMMAK HOLDINGS LLC	82-5024230	KY2357
TODD HANCOCL LANDSCAPING MAINTENANCE	74-3143100	L08771
TODD ROLL SERVICES LLC	88-3158962	L06357
Tonini Church Supply Company	61-0662390	W30345
Tonini Realty LLC	82-0614182	W30437
Town & Country Animal Clinic PLLC	26-3439995	W30179
TRANSITIONAL TECHNOLOGIES INC	38-3673642	L08031
Trinity Hose & Industrial Supply	47-1920027	W30113
TRU PAYNE HOLDINGS L	NOT PROVIDED BY GROUP	L14638
UNBRIDLED SPIRITS CONSULTING	84-4229378	L06226
Unique Construction Concepts LLC	45-4842727	W30424
UNITED MECHANICAL INC	61-1357868	L12817
UNITED STRUCTURAL SYSTEMS LTD INC	35-1953234	W30560
UNITING PARTNERS FOR	NOT PROVIDED BY GROUP	L03946
UT MANAGEMENT INC	NOT PROVIDED BY GROUP	L12905
VALLEY SCALE COMPANY LLC	35-2094811	L09936
VANKIRK GRISSELL FUN	NOT PROVIDED BY GROUP	L15224
VAUGHN PETITT LEGAL GROUP	47-5316128	L03959
Versatile Automation & Finishing LLC	27-1234814	W30110
VESCO LTD CO	45-271-9850	KY2396
VICK ROBERTS CONSULTING	84-3125770	L11728
Victory Roofing LLC	27-1614677	W30098
VITRONIC MACHINE VISION	NOT PROVIDED BY GROUP	W30250
VMBA LLC	03-0537808	W30337
VOICES OF HOPE LEXINGTON INC	81-0821411	L10981
VOLARE RESTAURANT	NOT PROVIDED BY GROUP	L06628
VOLTA INC	61-1300096	L12466
Wallen Puckett & Anderson PSC	61-1166529	W30321
Walter Wagner Jr Company LLC	61-0566320	W30223
WARDLOW AUCTIONS INC	61-1321648	L10638
WATER ART OF LOUISVILLE	46-4222007	L10199
West End Family Dental Clinic	31-217-2146	W30294
WESTPORT ROAD BAPTIST CHURCH	61-0655593	L04745
WHITE OAK WOOLS LLC	81-4218158	KY2511
Wilkinson Manufacturers Agents Inc	61-0601441	W30368
WILLIAM H HANEY MD PLLC	82-1814319	L13598
WILLIAMSON PHYSICAL THERAPY	46-1493667	L03697
Wilson Controls Inc	38-3724540	W30395
WINDSOR CREEK PROPERTIES LLC	83-0806538	W30569
Wine & Spirits Wholesalers of KY	61-0247863	W30352
WINEBRENNER FINANCIAL SERVICES INC	61-1383865	KY2473
Wise Heating & Air Conditioning LLC	20-8037917	W30231

WISE LAW LLC	84-4941904	L06629
Wolf Land Surveying LLC	26-2601144	L08209
Woodshed Beverage LLC	26-2855939	W30225
Yates Electric	61-1316993	W30128
Z SYSTEM CONSULTING	88-2096663	L12054
Zhou Pain Management Center	47-3853522	W30398