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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 03/01/1997

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)
OASIS OUTSOURCING HOLDINGS, INC.

2054 VISTA PARKWAY
WEST PALM BEACH, FL 33411

2b Employer Identification Number (EIN)
65-0731524

2c Plan Sponsor's telephone number
866-709-9401

2d Business code (see instructions)
561110

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.	06/10/2026	SARAH MCLEOD SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	86394
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)**	86064
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	92332
b	Retired or separated participants receiving benefits	**6b**	22
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	92354
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 82
- **(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 144597453

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(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
59-2411584	95088	07010310143761	57	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	511592
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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

A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	11	10/01/2024	09/30/2025

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(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

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	(c) Amount	(d) Purpose	

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	(c) Amount	**(d)** Purpose	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	104405
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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OMB No. 1210-0110

2025

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

A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(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
59-2411584	95088	07010310143038	7	10/01/2024	09/30/2025

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

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

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

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

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

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6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	62822
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186914	1025	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
64511	0

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

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

COMPASS CONSULTING GROUP LLC
4348 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
33481			3

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

AON CORPORATION
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
31030			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	11991035
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
SAFEGUARD HEALTH PLANS, INC., A FLORIDA CORPORATION

(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
65-0073323	52009	0161056	1520	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5695	2826

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

HUB INTERNATIONAL NORTHEAST LTD
401 BROADHOLLOW ROAD
SUITE 200
MELVILLE, NY 11747-4708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5695	2826	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	282956
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	20	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	100285
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	11	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	63790
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	1	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	13810
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186909	1752	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	13328606
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	17	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	156236
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	2	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	26781
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN OF GEORGIA

(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
58-1592076	96237	10527	98	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
23947	0

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

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

HUB INTERNATIONAL NORTHEAST LIMITED
401 BROADHOLLOW ROAD
SUITE 200
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
23947			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		
	(c) Amount	(d) Purpose	(e) Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	1208526
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	07010310186908	7282	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	66548393
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186917	334	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	1672980
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	34	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	219558
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	1	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	2481
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	1	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	15569
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	0	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	14196
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	12	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	107983
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0228188	38765	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
354347	46621

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

HUB INTERNATIONAL NORTHEAST LTD
401 BROADHOLLOW ROAD
SUITE 200
WOODBURY, NY 11797-4708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
354347	46621	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	17580932		
(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)**	17580932
b Benefit charges (1) Claims paid	**9b(1)**	14181686		
(2) Increase (decrease) in claim reserves	**9b(2)**	-90050		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	14091636
(4) Claims charged			**9b(4)**	14091636
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	354347		
(B) Administrative service or other fees	**9c(1)(B)**	0		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	1021363		
(E) Taxes	**9c(1)(E)**	328049		
(F) Charges for risks or other contingencies	**9c(1)(F)**	351619		
(G) Other retention charges	**9c(1)(G)**	-611398		
(H) Total retention			**9c(1)(H)**	1443980
(2) Dividends or retroactive rate refunds. (These amounts were [X] paid in cash, or [ ] credited.)			**9c(2)**	2045316
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	1035263
(3) Other reserves			**9d(3)**	-946873
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**	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	2	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	16573
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	4	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	32381
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0161056	8680	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
34591	1190

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

AON CONSULTING INC
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33763	450	NON-MONETARY COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

HUB INTERNATIONAL NORTHEAST LTD
401 BROADHOLLOW ROAD
SUITE 200
MELVILLE, NY 11747-4708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
828	689	SUPPLEMENTAL COMPENSATION NON-MONETARY COMPENSATION MARKETING FEES	3

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

DIGITAL INS INC

200 GALLERIA PARKWAY SE
SUITE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	51	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	304769
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	5	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	47268
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	17	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	103301
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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

A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
WELLMARK BLUE CROSS AND BLUE SHIELD OF IOWA

(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
42-0318333	88848	00032432	541	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	6702362
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

MISSING BROKER INFORMATION

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
NATIONAL GUARDIAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0493780	66583	HHN35100	560	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
21221	0

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

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

AJZ SYNERGIES
327 STRATHMORE DRIVE
BRYN MAWR, PA 19010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
21221			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		
	(c) Amount	(d) Purpose	(e) Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	316728
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	0	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	7586
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0243875	20530	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
208599	2403

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

AON CONSULTING INC
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
208599	2403	NON-MONETARY COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	1314189
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	07010310186911	1880	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	11750887
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	3	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	27958
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	60053	8999	36	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4814	0

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

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

HUB INTERNATIONAL NORTHEAST
401 BROADHOLLOW ROAD
SUITE 20
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4814			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	248838
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	0	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	43756
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	4	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	12939
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186913	716	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	4911330
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(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
59-2411584	95088	07010310143037	859	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	5640568
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	030696	58724	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [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)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	4897345
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186910	1091	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	9671788
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
ACENTRA

(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
58-1924071	62419	4216	44848	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ EMPLOYEE ASSISTANCE PROGRAM

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	282569
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0243876	4637	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
75962	964

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

AON CONSULTING INC
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75962	964	NON-MONETARY COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	475064
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	0	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	21497
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	6	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	73086
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186912	5616	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	35585434
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0251862	1503	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
76165	4220

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

AON CONSULTING INC
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76165	4220	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] 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)**	590656		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	-6922		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	583734
b Benefit charges (1) Claims paid	**9b(1)**	501598		
(2) Increase (decrease) in claim reserves	**9b(2)**	428		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	502026
(4) Claims charged			**9b(4)**	502026
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	76165		
(B) Administrative service or other fees	**9c(1)(B)**	0		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	48717		
(E) Taxes	**9c(1)(E)**	11324		
(F) Charges for risks or other contingencies	**9c(1)(F)**	17512		
(G) Other retention charges	**9c(1)(G)**	-72010		
(H) Total retention			**9c(1)(H)**	81708
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	119015
(3) Other reserves			**9d(3)**	-64101
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**	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310868556	9257	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
26303	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL NORTHEAST LIMITED
401 BROADHOLLOW ROAD
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
21628			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL NORTHEAST LIMITED
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
4675			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	2601174
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	2	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	19203
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
DELTA DENTAL OF IOWA

(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
42-0959302	55786	35004	10270	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	6633825
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN OF COLORADO

(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
84-0591617	95669	47159	20	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2410	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL NORTHEAST LIMITED
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2410			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	120615
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	1	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	2773
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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 AND 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
23-7391136	55093	720677	172	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
49877	893

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

HUB INTERNATIONAL NORTHEAST LTD
401 BROADHOLLOW ROAD
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
49877			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL INSURANCE SERVICE
PO BOX 2158
RIVERSIDE, CA 92516

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	893	FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [X] Dental
- **c** [X] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	2728563
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	10	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	37201
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
MEDICA INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
41-1490988	12459	311993	1457	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	13625400
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	2	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	19993
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN INC

(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
94-1340523	00000	606736	1010	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
166326	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL OF CALIFORNIA
INSURANCE SERVICES
PO BOX 2158
RIVERSIDE, CA 92516-2158

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
166326			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	8562689
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0251861	10132	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
251491	15847

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

DIGITAL INS INC
200 GALLERIA PARKWAY SE
SUITE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
251491	15847	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] 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)	1973588		
(2) Increase (decrease) in amount due but unpaid	9a(2)	-21370		
(3) Increase (decrease) in unearned premium reserve	9a(3)	0		
(4) Earned ((1) + (2) - (3))			9a(4)	1952218
b Benefit charges (1) Claims paid	9b(1)	1443642		
(2) Increase (decrease) in claim reserves	9b(2)	-61145		
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	1382497
(4) Claims charged			9b(4)	1382497
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)	251491		
(B) Administrative service or other fees	9c(1)(B)	0		
(C) Other specific acquisition costs	9c(1)(C)	0		
(D) Other expenses	9c(1)(D)	145203		
(E) Taxes	9c(1)(E)	33468		
(F) Charges for risks or other contingencies	9c(1)(F)	58567		
(G) Other retention charges	9c(1)(G)	-178115		
(H) Total retention			9c(1)(H)	310614
(2) Dividends or retroactive rate refunds. (These amounts were [X] paid in cash, or [ ] credited.)			9c(2)	259107
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	0
(2) Claim reserves			9d(2)	342537
(3) Other reserves			9d(3)	-218206
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	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	8	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	71895
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	1	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	11694
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	0	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	51230
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	3	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	45277
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(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
59-2411584	95088	07010310486895	481	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	3854407
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
KAISER FOUNDATION HEALTH PLAN INC

(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
94-1340523	00000	234908	1764	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
333815	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL OF
INSURANCE SERVICES
PO BOX 2158
RIVERSIDE, CA 92516-2158

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
333815			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	17440357
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
FEDERAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1063550	63223	HHN35000	452	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
5989	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AJZ SYNERGIES
327 STRATHMORE DRIVE
BRYN MAWR, PA 19010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5989			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ FI MEC

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned (**(1)** + **(2)** - **(3)**)		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add **(1)** and **(2)**)		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	171126
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310868556	9257	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
26303	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB
401 BROADHOLLOW ROAD
MELVILLE, NY 11747

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21628			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUB INTERNATIONAL NORTHEAST LIMITED
100 SUNNYSIDE BOULEVARD
WOODBURY, NY 11797

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4675			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	2601174
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AMERICAN PUBLIC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
64-0349942	60801	15185	1700	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
72420	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NATIONAL AGENCY SOLUTIONS LLC
7313 MERCHANT COURT
SARASOTA, FL 34240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42702			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

US BENTEC WORKPLACE SOLUTIONS
99 WOOD AVENUE SOUTH
SUITE 501
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16996			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PAYCHEX INSURANCE AGENCY

PO BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12722			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	428005
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA HEALTH, INC.

(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
59-2411584	95088	07010310326535	489	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	4613755
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186916	512	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
23725	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

COMPASS CONSULTING GROUP LLC
4348 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
12313			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AON CORPORATION
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
11412			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	4403968
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
WELLMARK HEALTH PLAN OF IOWA

(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
42-1455449	95531	00032432	1530	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	19735110
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	3	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	6277
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	5	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	25231
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	07010310186915	2951	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
142464	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

COMPASS CONSULTING GROUP LLC
4348 SOUTHPOINT BOULEVARD
JACKSONVILLE, FL 32216

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
73939			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AON CORPORATION
29840 NETWORK PLACE
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
68525			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	27419614
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	17	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	145573
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	10	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	61883
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	6	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	37251
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	12	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	118911
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	4	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	30658
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
SAFEGUARD HEALTH PLANS, INC., A CALIFORNIA CORPORATION

(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
95-2879515	96030	0161056	907	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3247	1553

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

HUB INTERNATIONAL NORTHEAST LIMITED
401 BROADHOLLOW ROAD
SUITE 200
MELVILLE, NY 11747-4708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3247	1553	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	162271
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HARVARD PILGRIM HEALTH CARE

(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
04-2452600	96911	C20007	9	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	53584
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
AMERICAN PUBLIC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
64-0349942	60801	15185	699	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
76656	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NATIONAL AGENCY SOLUTIONS LLC
7313 MERCHANT COURT
SARASOTA, FL 34240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46881			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

US BENTEC WORKPLACE SOLUTIONS
99 WOOD AVENUE SOUTH
SUITE 501
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17025			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PAYCHEX INSURANCE AGENCY

PO BOX 948
HENRIETTA, NY 14467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12750			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	426640
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	34	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	254347
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	0	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	28560
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

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A Name of plan
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
SAFEGUARD HEALTH PLANS, INC., A TEXAS CORPORATION

(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
75-2046497	95051	0161056	140	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
605	387

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

HUB INTERNATIONAL NORTHEAST LTD
401 BROADHOLLOW ROAD
SUITE 200
MELVILLE, NY 11747-4708

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
605	387	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	29215
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
OASIS OUTSOURCING INC. EMPLOYEE WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OASIS OUTSOURCING HOLDINGS, INC.

D Employer Identification Number (EIN)
65-0731524

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
HPHC JOINT VENTURE UHG

(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
04-3149694	18975	C20007	3	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	37236
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

Legal Name	Company Name	Fed Id Num
RAINBOW BRIDGE MANAGEMENT	REDHAWK GOLF COURSE	47-4847122
ALVIN I MALNIK	ALVIN I MALNIK	65-0564774
NATIONAL RISK MANAGEMENT ASSOC., INC.	NATIONAL RISK MANAGEMENT & ASSOC., INC.	59-2957805
ABS TECHNICAL, INC.	ABS TECHNICAL, INC.	65-0853833
MAXXIM INDUSTRIES USA II, LLC	MAXXIM INDUSTRIES USA II, LLC	87-4668063
COVE POINTE CONDOMINIUM ASSOCIATION, INC	COVE POINTE CONDO ASSOC, INC	59-2636180
MAR COVE CONDOMINIUM ASSOCIATION, INC	MAR COVE CONDOMINIUM ASSOCIATION, INC	59-2441587
RE-TIRE MINT CORP	BIG O TIRES #5873	87-2698113
BEACON AUTO REPAIR LLC-S	MEINEKE CAR CARE	86-1765290
THIBAULT'S ELECTRICAL SERVICE	THIBAULT'S ELECTRICAL SERVICE	59-3541167
SOLE SUPPORTS, INC	SOLE SUPPORTS, INC	62-1502448
COMMAND SOUTH, INC	AUDIO COMMAND SYSTEMS	59-2019141
GENERAL ENERGY SERVICES, INC.	GENERAL ENERGY SERVICES, INC.	88-2874326
LLANO GRANDE MHRV LLC	LLANO GRANDE MHRV LLC	87-2988388
LARAMAX CORP	LARAMAX CORP	36-4888243
CUSTOM QUALITY HOMES OF THOMASVILLE, LLC	CUSTOM QUALITY HOMES OF THOMASVILLE, LLC	84-4635054
GLADES INITIATIVE, INC.	GLADES INITIATIVE, INC.	01-0733180
TREASURE CAY SERVICES, INC.	TREASURE CAY SERVICES, INC.	59-1954518
ALLISON-WILLIAMS COMPANY	ALLISON-WILLIAMS COMPANY	41-0631452
GRADUATE COMMUNICATIONS	GRADUATE COMMUNICATIONS	90-1673027
ALLYANT CORP	IN-FOCUS VENTURES	81-4469980
HENDERSON HAVEN, INC.	HENDERSON HAVEN, INC.	57-1181811
HOEVEN, INC	HOEVEN, INC	84-1581423
LAKE VILLAGE ESTATES MHP LLC	LAKE VILLAGE ESTATES MHP LLC	93-3101667
PSL CHILDCARE, INC.	IVY LEAGUE PRESCHOOL ACADEMY	27-0027707
LYV WELL COMMUNITIES II, LLC	LYV WELL COMMUNITIES II, LLC	88-2621435
AEROSWISS, LLC	AEROSWISS, LLC	06-1611199
CUSTOM QUALITY MANUFACTURING, INC.	CUSTOM QUALITY MANUFACTURING, INC.	59-3388275
SWARTZ BROS. INC.	HEAVENLY TIME HOT TUBS	84-1580129
NICHOLAS FINANCIAL, INC	NICHOLAS FINANCIAL, INC	59-3019317
PACE-BRANTLEY HALL SCHOOL, INC.	PACE BRANTLEY HALL SCHOOL, INC.	59-1501677
248 MASSMUTUAL NORTH CAROLINA	248 MASSMUTUAL NORTH CAROLINA	00-0000000

SITZER AND SPURIA STUDIOS, INC.	SITZER AND SPURIA STUDIOS, INC.	56-1900346
281 BLUE OCEAN WEALTH SOLUTIONS	281 BLUE OCEAN WEALTH SOLUTIONS	00-0000000
TENNISWOOD, INC	VICKS DRY CLEANERS	82-1714732
270 STRATEGIC FINANCIAL PARTNERS	270 STRATEGIC FINANCIAL PARTNERS	00-0000000
PASC - CLEARWATER	PASC - CLEARWATER	45-5042950
ASPEN DOWNTOWNER GROUP LLC	ASPEN DOWNTOWNER GROUP LLC	81-2683798
PASC - LARGO	PASC - LARGO	45-5042950
PASC - PALM HARBOR	PASC - PALM HARBOR	45-5042950
EUGENE SPITZER	EUGENE SPITZER	84-3934178
001 MASSMUTUAL ALBANY	001 MASSMUTUAL ALBANY	00-0000000
PASC - PINELLAS PARK	PASC - PINELLAS PARK	45-5042950
MEDIA 360 LLC	MEDIA 360 LLC	84-1993060
PASC - SEMINOLE	PASC - SEMINOLE	45-5042950
PSCMB REPAIRS INC.	QUALITY INDUSTRY REPAIR	45-4510676
GLOBAL MACHINERY HOLDINGS, LTD.	GLOBAL MACHINERY HOLDINGS, LTD.	84-1258132
SANTA MONICA NEUROLOGICAL CNST	SANTA MONICA NEUROLOGICAL CNST	95-4890095
AMER - GETINO, C.	AMER - GETINO, C.	57-0339786
CUNNINGHAM METALS INC	CUNNINGHAM METALS INC	71-0451230
OPTIMATICS LLC	OPTIMATICS LLC	20-0263641
ORTHO MGD LLC	ADVANCED ORTHOPEDIC AND SPORTS MEDICINE INSTI	83-4132312
CAL-DRAULICS	CAL-DRAULICS	80-3884816
CENTER CITY PHARMACY, INC.	CENTER CITY PHARMACY, INC.	01-0820320
MEDIABUS, INC.	SHOWPRO	95-4649229
THE LIPTON GROUP, INC	THE LIPTON GROUP, INC	43-1661647
CUS DENVER LLC	COYOTE UGLY DENVER	20-1672345
CLARK AND MARTINO, PA	CLARK AND MARTINO, PA	80-0453624
CONSULTING AND PROFESSIONAL ASSISTANCE INC	CONSULTING AND PROFESSIONAL ASSISTANCE INC	26-4584028
MM DENTAL LABORATORIES INC	MM DENTAL LABORATORIES INC	85-1180185
COLLIN COUNTY ASSOCIATION OF REALTORS, INC.	COLLIN COUNTY ASSOCIATION OF REALTORS, INC.	75-1164120
MARINO STRAM AND ASSOCIATES LLC	MARINO STRAM AND ASSOCIATES LLC	27-1497719
CONSTRUCTION RESEARCH LABORATORY, INC	CONSTRUCTION RESEARCH LABORATORY, INC.	59-1804247
RICHLAND VENTURES, INC.	RICHLAND VENTURES, INC.	65-0516647
MELLACE FAMILY BRANDS CALIFORNIA, INC	MELLACE FAMILY BRANDS CALIFORNIA, INC	27-4749227

SCIPM EAST 24 LLC	SPRINGHILL SUITES MIDTOWN SOUTH GRAMERCY	47-2315355
E & L INVESTMENTS GROUP	C.W. ELABORATIONS	84-1508698
ARMAND RESOURCE GROUP, INC.	ARMAND RESOURCE GROUP, INC.	71-0864412
S3 DESIGN GROUP, LLC	S3 DESIGN GROUP, LLC	92-2528112
FARM FRESH PICKLES, INC	FARM FRESH PICKLES, INC	26-1446976
GOPROCURE, INC.	GOPROCURE, INC.	81-1692534
MID VALLEY PROPERTIES	MID VALLEY PROPERTIES, INC.	95-4383131
SEMPER FI ELECTRIC AND TECHNOLOGIES LLC	SEMPER FI ELECTRIC AND TECHNOLOGIES LLC	46-3487419
ADVANTEDGE TECHNOLOGY, INC.	ADVANTEDGE TECHNOLOGY, INC.	20-0586920
HOUSTON MERCANTILE EXCHANGE, LLC	HOUSTON MERCANTILE EXCHANGE, LLC	26-2039753
MEGA LP	MEGA LP	45-4684076
RSS/SHELBY OPERATIONS LLC	NAVION OF SHELBY	93-3918207
ADMIRAL MGMT INTERNATIONAL	ADMIRAL MGMT INTERNATIONAL	65-0421686
SKS MANAGEMENT, LLC	SKS MANAGEMENT, LLC	94-3317763
OUR BABYLON, LLC.	OUR BABYLON, LLC.	47-3612235
FAMILY GATEWAY, INC.	FAMILY GATEWAY, INC.	75-2105579
O.R. CONDOMINIUM ASSOCIATION INC	O.R. CONDOMINIUM ASSOCIATION INC	65-0992037
PENNAPARTMENTSTAFFING, LLC	PENN APARTMENT STAFFING, LLC	46-1520507
WHEELCHAIR SPECIALTIES, INC	WHEELCHAIR SPECIALTIES, INC	59-3084987
COLLINS AND DUPONT INTERIORS, INC.	COLLINS & DUPONT INTERIORS, INC.	59-2837814
502 EAST BELTWAY LTD	GREENTREE APARTMENTS	76-0383654
ELECTUS HEALTH LLC	DENTAL DEPOT DFW	82-4882200
A-PLUS SHEETMETAL, INC.	A-PLUS SHEETMETAL, INC.	11-8148433
C.O.R.E. MARKETING, INC	C.O.R.E. MARKETING, INC	86-1038040
THE ELEGANT OFFICE, INC	THE ELEGANT OFFICE, INC	59-3621543
PARAMOUNT HOUSE, LLC	PARAMOUNT HOUSE, LLC	82-1106930
PAINTBRUSH LLC	PAINTBRUSH ASSISTED LIVING AND MEMORY CARE	20-3384928
OCEANSIDE INDEPENDENT LIVING, LLC	OCEANSIDE INDEPENDENT LIVING, LLC	86-3286963
L. H. THOMSON COMPANY, INC	L. H. THOMSON COMPANY, INC	58-1434815
SOMERFORD PLACE OF STOCKTON EMPLOYEES LLC	SOMERFORD PLACE OF STOCKTON EMPLOYEES LLC	87-2513295
SUNDIAL ASSISTED LIVING EMPLOYEES LLC	SUNDIAL ASSISTED LIVING EMPLOYEES LLC	87-4238038
GARDENS OF MODESTO EMPLOYEES, LLC	GARDENS OF MODESTO	88-2924590
TOOLOTS, INC.	TOOLOTS, INC.	47-4881511

CONSTRUCTION AND PROJECT MGT	CONSTRUCTION AND PROJECT MGT	86-0982007
EFORTIFY CORPORATION	EFORTIFY CORPORATION	82-1270447
BROADJUMP, LLC	BROADJUMP, LLC	45-4513955
BKJBOT INC.	BIG O TIRES 5058	68-0446521
KERSTIN FLORIAN, INC	KERSTIN FLORIAN, INC	95-3787118
BRIDGE SENIOR LIVING LLC	THE TERRACE AT CHESTNUT HILL	20-1457828
PROSOURCE FLORIDA, LLC	PROSOURCE FLORIDA, LLC	47-3891477
ENGLISH-EL-ENTERPRISES, LLC	ENGLISH-EL-ENTERPRISES, LLC	36-4759588
LIFESTYLES FOR THE DISABLED INC.	LIFESTYLES FOR THE DISABLED INC.	13-3740011
CURTISS HEALTHCARE INC.	CURTISS HEALTHCARE INC.	47-4563237
MONACO PROPERTY INVESTMENTS CORPORATION	MONACO PROPERTY INVESTMENTS CORPORATION	84-1252967
THE FORD GROUP, INC.	THE FORD GROUP, INC.	76-0353976
A FIRST CHOICE HEALTHCARE SYSTEMS, INC	A FIRST CHOICE HEALTHCARE SYSTEMS, INC	65-0766061
MOCK ENGINEERING, INC.	MOCK ENGINEERING, INC.	65-0230691
CHARLOTTE PLASTIC SURGERY	CHARLOTTE PLASTIC SURGERY	56-0944051
SYNERGY INSURANCE GROUP, INC.	SYNERGY INSURANCE GROUP, INC.	20-4860800
OTTER CREEK ADVISORS, LLC	OTTER CREEK ADVISORS, LLC	47-2293569
BDP MANAGEMENT, LLC	BDP MANAGEMENT, LLC	81-0904989
PROPHARMA DISTRIBUTION, LLC	PROPHARMA DISTRIBUTION, LLC	47-1520296
OBIE MECHANICAL SERVICES, INC.	OBIE COMFORT SOLUTIONS	26-3844695
LONGBOAT HARBOUR OWNERS ASSOCIATION, INC.	LONGBOAT HARBOUR OWNERS ASSOCIATION, INC.	59-1390793
MASSAGE HEIGHTS	RONOMI LLC	87-2621679
TOMATO PIE PIZZA JOINT SILVER LAKE, INC.	TOMATO PIE PIZZA JOINT SILVER LAKE, INC.	26-1317998
DOMINATION COLLABORATION, INC	MIXTO	45-2790763
INSTITUTE FOR RESEARCH AND EDUCATION IN FAMILY ME	IFM COMMUNITY MEDICINE	43-1863752
INFINITE FINANCIAL SOLUTIONS, LLC	LUKAS TOTAL WEALTH	46-3515763
CLOUD NINE CLOTHING, LLC	CLOUD NINE CLOTHING, LLC	46-3816859
GUARDTIME USA, INC.	GUARDTIME USA, INC.	46-3112102
GUARDTIME FEDERAL, INC.	GUARDTIME FEDERAL, INC.	47-3198868
THE WEEKLY MEDIA GROUP, LLC	THE WEEKLY MEDIA GROUP, LLC	46-3922971
CAMBRIDGE FITNESS OF OKEMOS, LLC	CAMBRIDGE FITNESS OF OKEMOS, LLC	46-3542480
NAVION RMF MANAGEMENT CO LLC	THE RESERVE AT MILLS FARM	84-2196977
CAMBRIDGE FITNESS SE, LLC	CAMBRIDGE FITNESS SE, LLC	82-1155257

CAMBRIDGE FITNESS OF PAINESVILLE, LLC	CAMBRIDGE FITNESS OF PAINESVILLE, LLC	82-5337195
NEVADA FERTILITY INSTITUTE, LLC	NEVADA FERTILITY INSTITUTE	81-0789164
ARTIANO & ASSOCIATES, A PROFESSIONAL CORPORATIOI	ARTIANO & ASSOCIATES, A PROFESSIONAL CORPORAT	26-0780124
ABACI CONSULTING, INC	ABACI CONSULTING	42-1525463
GLOBAL EQUIPMENT SALES AND SERVICE, INC	GLOBAL EQUIPMENT SALES AND SERVICE, INC	20-4793357
BACKBAY CONSTRUCTION INC.	BACKBAY CONSTRUCTION	46-1687725
BRIDGE SENIOR LIVING LLC	FLEMING FARMS	20-1457828
CORE REALTY HOLDINGS MANAGEMENT, INC.	CORE REALTY HOLDINGS MANAGEMENT, INC.	20-3213310
DISCOVERY MARYLAND EMPLOYER LLC	SEATON SILVER SPRING	81-2272375
NAVION BKE PADUCAH LLC	RIVERCREST PLACE	83-4454047
HILGERS PLLC	HILGERS GRABEN	81-0742589
POWDER RIDGE MOUNTAIN PARK RESORT, LLC	POWDER RIDGE MOUNTAIN PARK & RESORT, LLC	45-5022895
BRAMSON ORT COLLEGE	BRAMSON ORT COLLEGE	13-3036302
NAVION BKE OAKRIDGE LLC	THE GROVES AT OAK RIDGE	83-4406393
LOS ANGELES ORT TECHNICAL INSTITUTE	LOS ANGELES ORT TECHNICAL INSTITUTE	13-3281910
WESTCOAST ELECTRIC SERVICES, INC.	WESTCOAST ELECTRIC SERVICES, INC.	59-3690972
LEGACY CLOVER MGMT, LLC	LEGACY CLOVER MGMT, LLC	92-1482007
HIALEAH METAL SPINNING	HIALEAH METAL SPINNING, INC	59-1309679
THE ISLAMIC SOCIETY OF ORANGE COUNTY	ISOC	95-3693522
B AND G FIELD SALES AND MARKETING LLC	B AND G FIELD SALES AND MARKETING LLC	87-2000772
OPERIS TAX CONSULTING, L.L.C.	OPERIS TAX CONSULTING, L.L.C.	47-4833671
GLOBAL SOURCE LOGISTICS, INC.	GLOBAL SOURCE LOGISTICS, INC.	45-2607956
PRODUCE PAY, INC	PRODUCE PAY, INC.	47-2538439
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT NAPLES IL	81-2198145
ISL EMPLOYEES, INC.	DAVIS PLACE	13-4212788
LUCKY START/BEST UNION MANAGEMENT, CO.	LUCKY START/BEST UNION MANAGEMENT, CO.	65-0713084
NEW FUTURE WORLD INVESTMENT LLC	NEW FUTURE WORLD INVESTMENT LLC	27-3677037
LUCKY START SOUTH LIMITED LIABILITY COMPANY	LUCKY START SOUTH LIMITED LIABILITY COMPANY	87-0829562
LFRC OCALA, LLC	LEE'S FAMOUS RECIPE CHICKEN	87-2998980
1201 SEATTLE F AND B MANAGEMENT LLC	THE BOXYARD	88-1584928
DISCOVERY ILLINOIS EMPLOYER LLC	DISCOVERY VILLAGE HOFFMAN ESTATES	93-4107430
BREVA F AND B MANAGEMENT LLC	BREVA	99-2721154
TE F AND B MANAGEMENT LLC	CLARA'S JUNCTION	99-3788919

MEDVUE HOLDINGS LLC	MEDVUE HOLDINGS LLC	27-3229513
YNOT, LLC	YNOT, LLC	54-1850279
PARKINSON VOICE PROJECT INC	PARKINSON VOICE PROJECT	20-3940037
BEACON AUTO REPAIR LLC-S1	MEINEKE CAR CARE	86-3266126
SALITEX I LIMITED	CIMARRON LANDING APARTMENTS	76-0353205
SACO APARTMENTS LTD	EMERALD COVE APARTMENTS	76-0588069
COLUMBIA EXPORT TERMINAL LLC	COLUMBIA EXPORT TERMINAL LLC	46-1515162
WITNESS RESOURCES, INC.	WITNESS RESOURCES, INC.	65-0651867
THE FLYING LOCKSMITHS, INC	THE FLYING LOCKSMITHS, INC	04-2834677
EVANS MACHINE CO., INC.	EVANS MACHINE CO., INC.	04-2671474
MAGNIFICAT HOLDINGS LLC	YO MAMA'S FOODS	83-0561643
CTA WEALTH ADVISORS, INC.	CTA WEALTH ADVISORS, INC.	47-2785685
BIESTY AND GARRETTY, A PROFESSIONAL CORPORATION	BIESTY AND GARRETTY, A PROFESSIONAL CORPORATI	95-4542004
MARCUS SAMUELSSON GROUP LLC	MARCUS SAMUELSSON GROUP LLC	27-1273578
1 AD WAY LIVE LLC	MARCUS LIVE BAR AND GRILLE RESTAURANT	87-1735741
PRAXIS COASTAL SOLUTIONS LLC	PRAXIS COASTAL SOLUTIONS LLC	99-2796042
BMOC BIZ BROWNSBURG LLC DBA MIDAS BROWNSBURG	MIDAS BROWNSBURG	83-4078424
OAK HARBOR SENIOR LIVING LLC	SOMERSET HOUSE	47-3417638
BMOC BIZ PLAINFIELD LLC	MIDAS PLAINFIELD	83-4175320
CONFIDAS MANAGEMENT SERVICES, LLC	CONFIDAS MANAGEMENT SERVICES, LLC	33-1999861
CARLISLE PATCHOGUE OPERATOR, INC.	VILLAGE WALK A CARLISLE ASSISTED LIVING COMMUNI	46-3245617
D & F LEVITTOWN A.L., LLC	VILLAGE GREEN A CARLISLE ASSISTED LIVING COMMUI	81-3006899
GV DOUGLAS LLC	GV DOUGLAS LLC	87-1223340
ASTON PROPERTIES, INC.	ASTON PROPERTIES, INC.	56-1371097
AWD MANAGEMENT SERVICES, INC.	AWD MANAGEMENT SERVICES, INC.	77-0684908
GRAPEANDGRAINXCHANGE, LLC	GRAPEANDGRAINXCHANGE, LLC	45-5142159
CEDAR VALLEY UNITED WAY	CEDAR VALLEY UNITED WAY	42-0801846
HOUSTON CHINESE SENIOR ESTATE INC.	RAINBOW VILLAGE	76-0520297
HOUSTON CHINESE SENIOR HOUSING CORPORATION	RAINBOW VILLAGE II	76-0627206
J&S EQUIPMENT, LLC	J AND S EQUIPMENT, LLC	82-0672079
BLOCK 13 HOTEL, LLC	SPRINGHILL SUITES BY MARRIOTT FAIRBANKS	92-0169802
JL HOSPITALITY MANAGMENT, LLC	JL HOSPITALITY MANAGMENT, LLC	82-1514347
36TH AND A STREET HOTEL	SPRINGHILL SUITES ANCHORAGE MIDTOWN	82-2837741

210 LAKE SITKA ASPEN, LLC	ASPEN SITKA	33-2694979
GTL CONSTRUCTION, LLC	GTL CONSTRUCTION, LLC	13-4091261
91 STERLING HOMER ASPEN, LLC	ASPEN SUITES HOMER	33-2694884
LJ ACWORTH MANAGEMENT, LLC	VARENITA AT WEST COBB	86-3041083
SALCO PROPERTIES, LLC	SALCO SOLUTIONS GROUP	20-5976618
PH SENIOR CARE, LLC	PLEASANT HILL MANOR	82-3445654
TOP FIVE INC	TOP FIVE INC	20-2801482
VXIT SERVICES LLC	VXIT SERVICES LLC	46-3816522
CONTENTWISE INC.	CONTENTWISE INC.	32-0473391
MACORE MARKETING, LLC	MACORE MARKETING, LLC	47-4313243
FREIGHTLOGIX, INC.	FREIGHTLOGIX, INC.	27-3848406
GTL CONSTRUCTION OF NJ, INC.	GTL CONSTRUCTION OF NJ, INC.	45-4047358
DEVELOPMENTAL ENRICHMENT CENTERS	DEVELOPMENTAL ENRICHMENT CENTERS	27-1569526
ELECTRIC PUMP, LLC	ELECTRIC PUMP, LLC	41-1932807
ISL EMPLOYEES, INC.	BRUNSWICK VILLAGE	13-4212788
VISTA PRADO, INC.	VISTA PRADO, INC.	82-1222611
INNOVATIVE DOCUMENT IMAGING LLC	INNOVATIVE DOCUMENT IMAGING LLC	22-3776909
C.M.F. CRANIO-MAXILLOFACIAL SURGERY ASSOCIATES, P	C.M.F. CRANIO-MAXILLOFACIAL SURGERY ASSOCIATES	82-5436420
ELFBRA ONE INVESTMENT, LLC	ARGO SENIOR LIVING AT HAVERHILL	32-0518052
CONCERT PASADERA, LLC.	THE CLUB AT PASADERA	93-4291801
ATTICUS FRANCHISE GROUP, LLC	ATTICUS CORPORATE	47-4423569
SS LICENSE AD LLC	SESAME STREET LEARN AND PLAY	99-1889964
JUPITER COA EMPLOYEES, LLC	JUPITER COA EMPLOYEES, LLC	32-0443197
KABLOOE, INC.	KABLOOE DESIGN	85-2394988
305 CONCEPTS PAYROLL LLC	305 CONCEPTS PAYROLL LLC	84-3126186
SOFTLINE SOLUTIONS LLC	SOFTLINE SOLUTIONS LLC	26-3605289
SMH HOLDINGS	FIRSTLIGHT HOMECARE OF WARRENTON	81-1420028
GREEN EARTH GROWERS, LLC	GREEN EARTH GROWERS, LLC	20-2222844
MICHAELS ADVISORY LLC	MICHAELS ADVISORY LLC	84-4058215
MARKETINGPROFS LLC	MARKETINGPROFS LLC	20-1181156
INTELLPRO, INC.	INTELLPRO, INC.	84-2185163
DROP OF LOVE LLC	DROP OF LOVE LLC	85-1208344
DYNAMIKS HOME CARE, INC	DYNAMIKS HOME CARE, INC	27-2938409

ANCHOR BEL AIRE LLC	ANCHOR BEL AIRE LLC	92-2415827
SOUL CENTERED INC	SOUL CENTERED INC	85-1302640
BRIAN AND LARINA CHU DDS INC	VICTOR VALLEY KIDS DENTAL	46-5113053
ASCENT LEADERSHIP NETWORKS, LLC	ASCENT LEADERSHIP NETWORKS, LLC	82-4940965
BRENTWOOD MHP INVESTORS, LLC	BRENTWOOD MHP	20-8438590
PECAN MHP INVESTORS, LLC	PECAN PLANTATION	82-4818813
MESA DUNES MHC INVESTORS LLC	TOWN WEST	94-3315836
LONE TREE VILLAGE INVESTORS LLC	LONE TREE VILLAGE	86-3309008
THE FARRELLS, INC.	LAWN DOCTOR	86-3791773
AIRLINE MHP SPE, LLC	AIRLINE MOBILE HOME PARK	86-3703577
ALMOND BLOSSOM ESTATES SPE, LLC	ALMOND BLOSSOM ESTATES	88-3264023
JEFFREY FRANK	ARGOS ADVISORY	84-1821304
ENERGY PROFESSIONALS, LLC	EPROS	26-1539589
SUPERIOR ROOFING UNLIMITED LLC	SUPERIOR BUILT ROOFING	92-2517891
RED ROCK COLLISION REPAIR AND AUTO PAINTING	RED ROCK COLLISION REPAIR AND AUTO PAINTING	46-4219918
LINVILL PROPERTIES, INC.	LINVILL PROPERTIES, INC.	41-1554734
COURAGE REINS	COURAGE REINS	87-0618601
HORWATH INTERNATIONAL SERVICES LTD.	CROWE GLOBAL	13-3643307
COOK WEALTH MANAGEMENT, LLC	COOK WEALTH MANAGEMENT, LLC	26-0265918
CONSIDINE ASSOCIATES LLC	CONSIDINE ASSOCIATES LLC	83-2580192
SCHIFFMAN LAW OFFICE, P.C.	SCHIFFMAN LAW OFFICE, P.C.	86-0397898
JPMA INC	JPMA, INC.	84-1004970
R AND K TOOL SALES, INC	R AND K TOOL SALES	62-1267826
CSB AUTOCRAFT LLC	MIDAS AUTO SERVICE EXPERTS	83-3249776
MINT, INC.	BIG O TIRES	61-1169600
EXPLORE MONTESSORI LLC	INDIAN HARBOUR MONTESSORI	81-3429234
STS FEDERAL, LLC	STS FEDERAL, LLC	20-4234746
GLEN COVE MANSION HOSPITALITY LLC	GLEN COVE MANSION HOSPITALITY LLC	47-2303819
PF INDEPENDENT FRANCHISEE ASSOCIATION	PF INDEPENDENT FRANCHISEE ASSOCIATION	47-1014888
SWISSTO12	SWISSTO12	84-1941564
CHILDREN'S ORTHOPAEDIC INSTITUTE OF NORTHWEST FI	CHILDREN'S ORTHOPAEDIC INSTITUTE OF NORTHWEST	83-4328379
SPERRY VAN NESS/DENVER COMMERCIAL LLC	SPERRY VAN NESS/DENVER COMMERCIAL LLC	26-1361848
S & A CHEROKEE, LLC	S & A CHEROKEE, LLC	26-3745970

CHAMBER APPROVED, INC	CHAMBER APPROVED, INC	46-3583612
MAIN STREET HOLDINGS, INC.	MAIN STREET HOLDINGS, INC.	81-1438635
THE EARTHWORKS PROFESSIONAL ESTIMATING SERVICE	THE EARTHWORKS PROFESSIONAL ESTIMATING SERVI	59-2696643
HERITAGE MOTORS, LLC	CASA GRANDE RV SALES	86-0741386
MOORE INTELLECTUAL PROPERTY LAW, PLLC	MOORE INTELLECTUAL PROPERTY LAW	84-3169308
MEALS ON WHEELS NORTH CENTRAL TEXAS, INC.	MEALS ON WHEELS NORTH CENTRAL TEXAS, INC.	75-1555153
KAREN S. CLEMENS, CPA, P.C.	SANTINI FINANCIAL	56-2629104
SKY ENTERPRISES LLC	SKY ENTERPRISES LLC	20-8761135
INTERACTIVE WEALTH ADVISORS, INC	INTERACTIVE WEALTH ADVISORS, INC	46-1278622
MFRF ENTERPRISES INC	STREET TACO	81-3645621
HSE ENTERPRISES LLC	THE PARLOR ROOM	84-3725716
SKY HARBOR CAPITAL MANAGEMENT, LLC	SKY HARBOR CAPITAL MANAGEMENT, LLC	45-3058590
KATHERINE KLINE	KATHERINE KLINE	81-3298525
ARIZONA ARRHYTHMIA RESEARCH CENTER, LLC	ARIZONA ARRHYTHMIA RESEARCH CENTER, LLC	26-0824064
PULSE NUCLEAR IMAGING, LLC	PULSE NUCLEAR IMAGING, LLC	87-3869560
LMW CONSULTING, LLC	LMW CONSULTING, LLC	81-2366715
THOMSON BIKE PRODUCTS	THOMSON BIKE PRODUCTS	90-0910814
ABRAMS VAN MANAGEMENT INC	ABRAMS VAN MANAGEMENT INC	47-4260972
WILDAMERE CAPITAL MANAGEMENT, LLC	WILDAMERE CAPITAL MANAGEMENT, LLC	32-0421309
FIRST PLACE MANAGEMENT PROPERTIES, LLC	FIRST PLACE MANAGEMENT PROPERTIES, LLC	46-5456559
ADRENALIN MOTOR SPORTS, LLC	ADRENALIN MOTOR SPORTS, LLC	26-2141292
RCS COUNTERTOPS, LLC	RCS COUNTERTOPS	47-4530041
HERITAGE BLVD, LLC	HERITAGE BLVD, LLC	27-4164594
BR PREMIER PROPERTIES LLC	BR PREMIER PROPERTIES LLC	87-3142363
RED ROCK MANAGEMENT AGENCY LLC	RED ROCK MANAGEMENT AGENCY LLC	27-1523109
HERITAGE MOTORS, LLC	HERITAGE MOTORS, LLC	86-0741386
ILLINOIS CORN MARKETING BOARD	ILLINOIS CORN MARKETING BOARD	37-1135507
GMO, LLC	GMO, LLC	84-4700335
NULOGY (USA) CORPORATION	NULOGY (USA) CORPORATION	38-3958472
GRAMMAN PLUMBING AND HEATING CORP	GRAMMAN PLUMBING AND HEATING CORP	11-2266833
LARSEN WEALTH MANAGEMENT, LLC	LARSEN WEALTH MANAGEMENT, LLC	14-1948836
COLEMAN FINANCIAL ADVISORY GROUP LLC	COLEMAN FINANCIAL ADVISORY GROUP LLC	85-1294836
SIMPLEPATH RETIREMENT, LLC.	SIMPLEPATH RETIREMENT, LLC.	47-3113299

G5 ENDEAVORS, INC.	G5 ENDEAVORS, INC.	85-0591522
HERI AUM, LLC	HERI AUM, LLC	20-5543676
SARAI SPACE GROUP LLC	SARAI SPACE GROUP LLC	84-3073672
WORKHORSE BREWING COMPANY, INC.	WORKHORSE BREWING COMPANY, INC.	86-2796724
RUSSELL E SWANN MD PA	BRAZOS EYE SURGERY OF TEXAS	74-2336149
JESSIES VARIETY SHOP	JESSIES VARIETY SHOP	04-3667468
MCO RESTORATION SPRINGFIELD, LLC	MCO RESTORATION SPRINGFIELD	39-5067785
KIRON CAPITAL PARTNERS, LLC.	KIRON CAPITAL PARTNERS, LLC.	93-4667337
TRUCKEE DOWNTOWNER LLC	TRUCKEE DOWNTOWNER LLC	88-2735182
DISCOVERY NORTH CAROLINA EMPLOYER LLC	HEARTFIELDS AT CARY	85-3437133
DISCOVERY VIRGINIA EMPLOYER LLC	VIRGINIAN	81-3445893
CONCERT NORTHGATE LLC	NORTHGATE COUNTRY CLUB	93-2999109
GLENWOOD DOWNTOWNER, LLC	GLENWOOD DOWNTOWNER	33-3734600
YAYIN GADOL, LLC	TOP TEN LIQUORS	46-2724777
ADVISIUM WEALTH MANAGEMENT LLC	ADVISIUM WEALTH MANAGEMENT LLC	85-1746874
WIXTED, INC.	WIXTED, INC.	20-0075025
MOZ PROMO LLC	MOZ PROMO LLC	83-3602312
ISL EMPLOYEES, INC.	VIVANTE NORTH	13-4212788
ANSERTEAM, L.L.C.	ANSERTEAM, L.L.C.	26-0098804
RAMSEY TUTORING LLC	SMITH STREET WORKSHOP	47-2786316
SAGEBROOK TIRE & AUTO, INC.	BIG O TIRES-GRAND ISLAND	85-2011300
SAGEBROOK TIRE AND AUTO KEARNEY, INC.	BIG O TIRES-KEARNEY	85-3029233
5G STUDIO_COLLABORATIVE LLC	5G STUDIO	42-1588420
AGN INTERNATIONAL - NORTH AMERICA, INC.	AGN INTERNATIONAL - NORTH AMERICA, INC.	84-0750761
G8WAY CORP	CREDILIFE	47-3549244
SENTIGY, INC.	SENTIGY, INC.	76-0665437
SEAL FAST, INC.	SEAL FAST, INC.	74-1615774
HENDRICKS COUNTY COMMUNITY FOUNDATION INC.	HENDRICKS COUNTY COMMUNITY FOUNDATION INC.	35-1878973
JRS FINANCIAL SERVICES, LLC	JRS FINANCIAL SERVICES, LLC	11-3376499
BROADUS MANAGEMENT, LLC	BROADUS MANAGEMENT, LLC	84-3241702
DISCOVERY XT EMPLOYER LLC	MARBELLA SAN JOSE	81-2312232
TWIN PILLARS CONSTRUCTION, LLC	TWIN PILLARS CONSTRUCTION, LLC	33-1395036
JINA PENN TRACY	CENTERED WEALTH	81-1770946

BROOKWOOD GROUP	BROOKWOOD GROUP	58-1863936
THE TODD CO.	THE TODD CO.	26-4630777
MARVEL ARCHITECTS, LANDSCAPE ARCHITECTS, URBAN I	MARVEL	46-3206439
N&S PROPERTIES LLC	RESIDENCE INN WESTON	36-4788589
GREG MASCARO ENTERPRISES, INC.	AUTO CRAFTERS	86-0438904
COLUMBUS HOSPITALITY, LLC.	ARENA DISTRICT ATHLETIC CLUB (Internal Use Only)	31-1751326
CI SURFBOARDS, LLC	CI SURFBOARDS, LLC	85-3873509
7C ENGINEERING LLC	7C	85-1439401
PALOS VERDES CAPITAL LAND GROUP, LLC	PALOS VERDES CAPITAL LAND GROUP, LLC	47-1468928
PASSPORT CORPORATION	PASSPORT CORPORATION	62-1427540
SAND CAY CONDOMINIUM RENTAL MANAGEMENT CO., LLC	SAND CAY BEACH RESORT	85-3733496
PAUL BARGER INSURANCE	PAUL BARGER INSURANCE	39-4631127
TFL FRANCHISE SYSTEMS LLC	THE FLYING LOCKSMITHS	47-2649859
BLACK CROW AI, INC.	BLACK CROW AI, INC.	85-3166104
MEDICAL DOCUMENT SOLUTIONS LLC	MDABSTRACT	27-1612691
TCBB LLC	THE CLUB AT BOYNTON BEACH	82-1601623
DPBMD LLC DBA WINTER PARK ONCOLOGY	WINTER PARK ONCOLOGY	81-2292328
TECHSPERT.IO INC	TECHSPERT.IO INC	85-4039335
HANDS ON ACADEMY OF ORLANDO LLC	HANDS ON ACADEMY OF ORLANDO	83-2720002
LHMR, LLC	LHMR, LLC	26-1948498
MARAUDER TECH LLC	MARAUDER TECH LLC	81-2047291
RIVER POINT KERRVILLE SENIOR LIVING LLC	RIVER POINT OF KERRVILLE	30-1147559
DISCOVERY XT EMPLOYER LLC	MARBELLA REDWOOD CITY	81-2312232
THE ATRIUM 1818 OPCO, LLC	THE ATRIUM AT BOCA RATON	83-4534978
R-5 METAL FABRICATORS INC	R-5 METAL FABRICATORS	75-2185263
JUDGE FITE COMPANY INC	JUDGE FITE CORPORATE	75-1602359
BOCA BBQ, INC.	MISSISSIPPI SWEETS BBQ COMPANY	26-0326756
COMMUNITY TAMPA BAY	COMMUNITY TAMPA BAY	81-0675602
MOVING FORWARD INVESTMENTS LLC	MEMOEDU	45-2854682
GENVAX TECHNOLOGIES, INC.	GENVAX TECHNOLOGIES, INC.	86-2613060
COMPASS WEALTH MANAGEMENT INC	SUTTER WEALTH MANAGEMENT	86-2711435
DUNNIGAN FINANCIAL GROUP, LLC	DUNNIGAN FINANCIAL GROUP, LLC	27-1498238
JOE COOK AND ASSOCIATES INC	JOE COOK AND ASSOCIATES INC	20-0555328

SMILES IN THE GARDENS, LLC	SMILES IN THE GARDENS	83-4703716
SUB BIZ LLC	SUB BIZ LLC	82-3532544
PROSPERITY CAPITAL PARTNERS LLC	PROSPERITY CAPITAL PARTNERS LLC	82-3096393
RANDY JOHNSON MASS MUTUAL	INFINITAS	51-4941151
SOUTHLAND MHC LLC	SOUTHLAND MHC LLC	85-3716769
LAND LEASE AMERICA LLC	TEAM OUTSIDER	82-1749015
MICHIGAN VOICES	MICHIGAN VOICES	83-0612165
BLUEPOINT HOSPITALITY GROUP LLC	BLUEPOINT HOSPITALITY GROUP LLC	37-1766195
TECHNOCHEM INTERNATIONAL INC	TECHNOCHEM	42-1512274
2PM SHARP, LLC.	2PM SHARP, LLC.	99-4063917
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILL AT ALLIANCE TWN CNTR - AL	81-2312232
HG GLOBAL SERVICES INC	HG GLOBAL SERVICES INC.	81-1452853
HOTEL APPLEWOOD LLC	THE STAVRAND RUSSIAN RIVER VALLEY	85-2119323
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILL AT ALLIANCE TWN CNTR - IL	81-2312232
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE AT SOUTHLAKE 2	81-2312232
GREGORY VENDING	GREGORY VENDING	20-5613163
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE AT DOMINION IL	81-2312232
SHIELD BEARER, LLC	MAGNASCENT IODINE	20-3502961
ALASKA CHILDRENS TRUST	ALASKA CHILDRENS TRUST	91-1765129
PC NETWORK INC.	PC NETWORK INC.	22-3405334
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE AT DOMINION AL	81-2312232
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE AT SOUTHLAKE MAIN	81-2312232
LFR CHICKEN LLC	LEE'S FAMOUS RECIPE CHICKEN	87-0925357
WAVPV LLC	WAVPV LLC	80-0960175
CCDF, LLC	FLEXICASH	47-5105641
LFRC MT. STERLING LLC	LEES FAMOUS RECIPE CHICKEN	88-1356463
ISL EMPLOYEES, INC.	THE STRATFORD AT BEYER PARK	13-4212788
LFRC ST. LOUIS LLC	LEE'S FAMOUS RECIPE CHICKEN	99-1607605
COLUMBUS HOSPITALITY, LLC.	BIG BEAR FRONTIER (Internal Use Only)	31-1751326
COLUMBUS HOSPITALITY, LLC.	HYATT PLACE COLUMBUS/OSU (Internal Use Only)	31-1751326
BIG SHOULDERS DIGITAL VIDEO PRODUCTIONS, INC.	BIG SHOULDERS DIGITAL VIDEO PRODUCTIONS, INC.	36-4017366
ISL EMPLOYEES, INC.	BELLAMAR LANCASTER	13-4212788
THOMPSON-WEILER ENTERPRISES LLC	SPRIGS	13-3993560

HOMETOWN OLD COUNTRY PHARMACY, INC.	HOMETOWN OLD COUNTRY PHARMACY, INC.	32-0136169
BEACON AUTO REPAIR LLC SERIES 14	MEINEKE CAR CARE BOLINGBROOK	99-4181120
CRC-CHESTER LLC	CRC-CHESTER LLC	36-4922375
VITALITY PHYSICAL MEDICINE, PLLC	VITALITY PHYSICAL MEDICINE, PLLC	92-3691354
DEKIT LLC	DEKIT LLC	83-2833108
PATHWAYS RETIREMENT ADVISORS LLC	PATHWAYS RETIREMENT ADVISORS LLC	85-3723386
CASTLE HILL CAPITAL PARTNERS, INC.	CASTLE HILL CAPITAL PARTNERS, INC.	16-1535466
K23 CATERING LLC	SATE KITCHEN	85-1849395
ELEVATE LOUISVILLE INC	ELEVATE LOUISVILLE	92-1861855
KNOWLEDGESOURCE, INC.	KNOWLEDGESOURCE, INC.	45-2721383
DISCOVERY NORTH CAROLINA EMPLOYER LLC	SUMMIT PLACE OF SOUTH PARK	85-3437133
BRY-TECH JACKSONVILLE, INC.	BRY-TECH JACKSONVILLE, INC.	26-3143249
JORDAN ROAD CARSTAR COLLISION	JORDAN ROAD CARSTAR COLLISION	26-0145943
WATERLOO WILBERT VAULT CO.	WATERLOO WILBERT VAULT CO.	42-0621291
PLANT DEVAS INC	EVANHEALY	80-0255999
WEISS GIFTED AND TALENTED SCHOOL	WEISS GIFTED AND TALENTED SCHOOL	27-0160216
PRECISION FABRICATED COMPONENTS LLC	PRECISION FABRICATED COMPONENTS	47-3031712
CONCERT RANCH, LLC	THE RANCH COUNTRY CLUB	85-1212345
ALPINE CARSTAR AUTO BODY	ALPINE CARSTAR AUTO BODY	84-1127246
PONDEROSA CONSTRUCTION INC	PONDEROSA CONSTRUCTION INC	84-1525827
ABW EDMOND INC	KELLER WILLIAMS REALTY CENTRAL OKLAHOMA	73-1418099
HAMPTON PARTNERS MANAGEMENT CO	HAMPTON PARTNERS MANAGEMENT CORP	84-1269275
CONCERT WALDEN CONROE, LLC	WALDEN ON LAKE CONROE GOLF CLUB	93-3017809
DAVEY BICKFORD USA INC.	DAVEY BICKFORD USA INC.	72-1538349
CONCERT JASNA POLANA, LLC	CLUB AT JASNA POLANA	99-3572239
CONCERT NEW SEABURY LLC	THE CLUB AT NEW SEABURY	33-3810282
IMPACT BUSINESS TECHNOLOGY CORPORATION	IMPACT BUSINESS TECHNOLOGY CORPORATION	42-1569248
EARTHSCAPES DESIGN BUILD LLC	EARTHSCAPES DESIGN BUILD LLC	45-3658991
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT BOYNTON BEACH - AL	81-2198145
AJESH HOSPITALITY LLC	HOLIDAY INN SAN JOSE	81-3909131
WAREHOUSING PRO, LLC	WAREHOUSING PRO, LLC	46-3728110
KEY POLYMER, LLC	KEY POLYMER	87-3032968
JAMIE ODOM, D.M.D., P.A.	JAMIE ODOM, DMD	59-3659078

GBG DENTAL SOLUTIONS, PLLC.	CELEBRATION DENTAL GROUP	85-4222892
HYGIENIC GREEN CLEANING, LLC	HYGIENIC GREEN CLEANING LLC	81-2626280
SERVING CHILDREN AND REACHING FAMILIES, LLC	SERVING CHILDREN AND REACHING FAMILIES, LLC	46-2975165
STARVIEW USA, INC.	STARVIEW USA, INC.	35-2627398
KEEPER MEMORIALS USA INC	KEEPER MEMORIALS USA INC	61-2013380
GOODYS SERVICES, LLC	GOODYS SERVICES, LLC	46-3773362
SHIPIUM, LLC	SHIPINTEL	87-0900440
HOBNOB BROOKHAVEN, INC	HOBNOB NEIGHBORHOOD TAVERN	81-4901446
DAYMARK OPERATIONS LLC	DAYMARK LIVING	81-4398144
QUANTUM DESIGN AND SAFETY LLC	QUANTUM DESIGN AND SAFETY LLC	47-1490440
DARIN SPILMAN	RV CAPITAL MANAGEMENT	87-4538596
RSS HITCHCOCK PLACE MANAGER LLC	HITCHCOCK SQUARE	93-1418916
STARKA PROPERTIES MANAGEMENT, LLC	STARKA PROPERTIES MANAGEMENT, LLC	86-2163236
PALM ELEMENT MIAMI, LTD.	ELEMENT MIAMI INTERNATIONAL AIRPORT	35-2733450
AYO CONTRACT MANUFACTURING LLC	AYO CONTRACT MANUFACTURING LLC	93-4519113
CONROY MEDICAL CARE PLLC	CONROY MEDICAL CARE PLLC	86-1398781
ISL EMPLOYEES, INC.	SAND SAGE OF WEST PLAINS	13-4212788
1RLP, LLC DBA REALTY 1 PARTNERS	REALTY 1 PARTNERS	46-2295767
RSS DURHAM OPERATIONS LLC	CAROLINA RESERVE OF DURHAM	82-3282299
BUFFET CRAMPON USA, INC	BUFFET CRAMPON USA, INC	74-3144773
LUXURY HOTELS GROUP FLORIDA, INC.	SPRINGHILL SUITES MARRIOTT,PORT ST.LUCIE	81-1576794
HOUSTON MEAT DISTRIBUTORS INC	HOUSTON MEAT DISTRIBUTORS INC	42-1583876
MARK W BARGLOF	MARK W BARGLOF	47-2946473
SENIOR HOUSING HEALTH CARE, INC.	RIVER GLEN OF ST CHARLES	20-3308829
WOLFGANG FINANCIAL GROUP LLC	WOLFGANG FINANCIAL AND INSURANCE AGENCY	47-2352210
LEVATAS, INC.	LEVATAS, INC.	81-4162267
DKM PHARMCARE, LLC	INTERIM HEALTHCARE OF BIRMINGHAM	86-3018210
BHPC ASSOCIATES LLC	BHPC ASSOCIATES LLC	20-1325981
ATLAS SENIOR LIVING II, LLC	ATLAS SENIOR LIVING II	83-4534978
ALTITUDE HOME CONCIERGE, LLC	ALTITUDE HOME CONCIERGE, LLC	46-4000026
ORTHO OAU LLC	BAYLIS AND BROWN ORTHOPEDICS	85-0894511
AIM HIRE OF GEORGIA, LLC	AIM HIRE	92-3842070
GROWER2BUYER.COM, INC	GROWER2BUYER.COM, INC	65-0998924

FANTASY FARMS	FANTASY FARMS	20-5478917
ATLAS SENIOR LIVING II, LLC	WILDCAT SENIOR LIVING	83-4534978
ATLAS SENIOR LIVING II, LLC	TRUSSVILLE MEMORY CARE	83-4534978
ATLAS SENIOR LIVING II, LLC	THE CANOPY AT WESTRIDGE	83-4534978
ISL EMPLOYEES, INC.	SHASTA ESTATES	13-4212788
ATLAS SENIOR LIVING II, LLC	THE OVERLOOK AT SUWANEE	83-4534978
OKTANA CORPORATION	OKTANA CORPORATION	47-1376634
BRIDGE SENIOR LIVING LLC	WOODBRIDGE PLACE	20-1457828
UNITED PROPERTIES GROUP, INC.	UNITED PROPERTIES GROUP, INC.	74-2472609
NAX USA LOGISTICS	NAKAMURA AIR EXPRESS USA, INC	95-4715944
AEROBOTICS US, INC.	AEROBOTICS US, INC.	37-1908124
NV DISTRIBUTION LLC	NV DISTRIBUTION LLC	74-3100496
ROSEBUD, INC.	302055 - ROSEBUD, INC.	59-1789417
THE JED FOUNDATION	THE JED FOUNDATION	13-4131139
MONARCH PO LLC	MONARCH PO	87-3714606
INTERCONNECT, INC	INTERCONNECT, INC	20-5755002
MM COMPOSITE, INC.	MM COMPOSITE, INC.	39-2080075
SUNSET JAX, LLC	CASINO BEACH BAR & GRILLE / DRIFT	46-1834359
TRIP 7'S, LLC	TRIP 7'S	45-2540215
EVERGLADE SOLUTIONS, INC.	LIQUID ANALYTICS	73-1728465
ETF AUTO 6 LLC	MEINEKE CAR CARE CENTER	93-2447544
SIGNIFICANT WEALTH MANAGEMENT, INC.	THE LIFEWEALTH GROUP	20-0089584
FIRST GENERAL SERVICES FRONT RANGE LLC	FIRST GENERAL SERVICES FRONT RANGE LLC	82-3543270
BD BRUBAKER TRUCKING LLC	BD BRUBAKER TRUCKING LLC	82-5105269
SENIOR HOUSING HEALTH CARE INC	RIVERVIEW RIDGE	20-3308829
BIG BROTHERS BIG SISTERS OF CENTRAL IOWA, INC.	BIG BROTHERS BIG SISTERS OF CENTRAL IOWA, INC.	42-1184999
CENTRAL IOWA DERMATOLOGY	CENTRAL IOWA DERMATOLOGY	83-2668062
DISCOVERY ILLINOIS EMPLOYER LLC	DISCOVERY VILLAGE DES PLAINES	93-4107430
ADVANTAGE CREDIT UNION	ADVANTAGE CREDIT UNION	42-0670996
AMERICAN CAPITAL REALTY GROUP, INC.	AMERICAN CAPITAL REALTY GROUP INC	95-4518319
DIKI WONDERLAND CHILDCARE CENTER, INC.	DIKI WONDERLAND CHILDCARE CENTER, INC.	83-1749550
MECCA CONSTRUCTION, L.L.C.	MECCA CONSTRUCTION, L.L.C.	86-2472950
VYFI LLC	VYFI LLC	87-2582719

WD VENTURES, LLC	WD VENTURES, LLC	81-4572644
GREEN ACRES MH LLC	GREEN ACRES MH LLC	83-3467522
ALL PRO HEATING AND AIR LLC	ALL PRO HEATING AND AIR LLC	46-1429485
AUTOMATED GASKET CORP	AUTOMATED GASKET CORP	83-3701886
NEW WAVE WELLNESS ONE LLC	LIQUIVIDA WELLNESS CENTER	88-2054913
MIDTEX MASONRY LLC	WILKS MASONRY	85-1265882
FABULOUS FISH COMPANY, LLC	FABULOUS FISH COMPANY	92-1630436
STEPHANIE GANSKE, RN LLC	CLINICAL AESTHETICS	46-4071008
JMC DEVELOPMENT CORPORATION	JMC DEVELOPMENT CORPORATION	59-1407299
CMR INSURANCE SERVICES, LLC	CMR INSURANCE SERVICES, LLC	20-4656214
FLAVORISM HOLDINGS LIMITED PARTNERSHIP	FLAVORISM	81-1258408
WILSON WEALTH STEWARDSHIP, INC.	WILSON WEALTH STEWARDSHIP, INC.	83-0738407
PROSPECTIQ, INC.	PROSPECTIQ, INC	92-2673736
MIDWEST FINANCIAL CONSULTANTS, INC.	MIDWEST FINANCIAL CONSULTANTS, INC.	20-2933863
PARADIGM WEALTH MANAGEMENT, LLC	PARADIGM GROUP	47-2603383
PROGRESSIVE DISTRIBUTION, LLC	PROGRESSIVE DISTRIBUTION	35-2452372
BRENDA M HOTALING	SERENE CAPITAL MANAGEMENT	99-2178742
GROUP 10 TOTAL WEALTH MANAGEMENT LLC	GROUP 10 FINANCIAL LLC	82-2606813
AGAPE WEALTH, LLC	AGAPE WEALTH	92-3058861
AMERICAN ENGINEERING GROUP, INC.	AMERICAN ENGINEERING GROUP, INC.	65-1154644
TFS TRIAL FORM SUPPORT INC	TFS TRIAL FORM SUPPORT INC	22-3181238
CAPITAL PROTECTION GROUP CORP	CAPITAL PROTECTION GROUP CORP	02-0760726
TRINIDAD RV INVESTORS, LP	TRINIDAD RV INVESTORS, LP	83-4309777
DISCOVERY IOWA EMPLOYER LLC	PRAIRIE HILLS AT CEDAR RAPIDS	92-3039264
ISL EMPLOYEES, INC.	WINDCHIME OF MARIN	13-4212788
RESIDENTIAL ENERGY SERVICES NETWORK INC	RESNET	71-0652923
REGROUP COUNSELING SERVICES OF NEW YORK INC.	REGROUP COUNSELING SERVICES OF NEW YORK INC.	92-3436358
SQUARE ONE STRATEGY GROUP, LLC	S1S	86-2312701
AMPAL, INC.	AMPAL, INC.	22-1840978
CUS NASHVILLE LLC	COYOTE UGLY NASHVILLE	20-1551235
DISCOVERY XT EMPLOYER LLC	THE FORUM AT THE WOODLANDS	81-2312232
ASCEVIA LLC	REYNOLDS FINANCIAL GROUP	82-4342287
TAMPA HOSPITALITY GROUP LLC	TAMPA HOSPITALITY GROUP LLC	93-1592551

ROCHESTER-MONROE COUNTY HOMELESS CONTINUUM C	PARTNERS ENDING HOMELESSNESS	46-5691570
TIMBERS RESORT MANAGEMENT, LLC	TIMBERS COMPANY	46-0516124
INSURE UTAH	INSURE UTAH	20-5320799
TIMBERS SOUTH SEAS EMPLOYEES, LLC	TIMBERS SOUTH SEAS EMPLOYEES, LLC	87-1943121
NOBLE WEALTH & INSURANCE SERVICES	NOBLE WEALTH & INSURANCE SERVICES	82-5184927
MOMENTUM ASSETS INC	MCKAYS AUTOMOTIVE	76-0421598
DAPSHIRE CAPITAL, LLC	DAPSHIRE CAPITAL, LLC	84-2548455
SP 6108 98N INC	SP 6108 98N INC	99-1383907
ETF AUTO 5 LLC	MEINEKE CAR CARE CENTER	93-2425817
SPL DISTRIBUTION GROUP LLC	SPL GROUP	93-2687881
METAFUND CORPORATION	METAFUND CORPORATION	73-1575885
PLEOPHARMA, INC.	PLEOPHARMA, INC.	87-4256907
VEER HOSPITALITY TULARE LLC	VEER HOSPITALITY TULARE LLC	85-2096313
ASCENT CONSTRUCTION GROUP INC	ASCENT CONSTRUCTION	83-2279968
FARMERS GRAIN, LLC	FARMERS GRAIN, LLC	85-3923590
CIRRIES TECHNOLOGIES, INC.	CIRRIES TECHNOLOGIES, INC.	20-4988958
ROBARE ASSET MANAGEMENT, INC	ROBARE ASSET MANAGEMENT, INC	76-0651964
WALKMED TECHNOLOGIES, LLC	WALKMED TECHNOLOGIES, LLC	93-3503838
REMA RICHIE, LLC	MAJIK TOUCH CLEANERS	27-0752779
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT TYLER	26-2991559
FIRST CONGREGATIONAL CHURCH	FIRST CONGREGATIONAL CHURCH	95-1782311
AADVANTAGE RELOCATION INC	AADVANTAGE RELOCATION INC	59-2828210
MECCA DESIGN GROUP, LLC	MECCA DESIGN	88-2741526
GEORGIA IMPLANTS AND DENTURES LLC	GEORGIA IMPLANTS AND DENTURES LLC	93-2436916
ATLANTIC PC, INC.	ATLANTIC PC, INC.	55-0793669
CROPPER NOGALES AUTO CENTER	CROPPER NOGALES AUTO CENTER	86-0681096
GROTHE PARTNERS LLC	PMI NORTHEAST ATLANTA	81-1337778
DISCOVERY XT EMPLOYER LLC	PROVINCIAL GLENVILLE	81-2312232
CLEAR VIEW BUILDING SERVICES INC.	CLEAR VIEW BUILDING SERVICES INC.	11-3561469
T'NT RESTAURANTS INC	CASA OLE 60	76-0546866
FORTUNE GROWERS, LLC	FORTUNE GROWERS, LLC	20-3255470
BMG LOANSATWORK, LLC	BMG LOANSATWORK, LLC	81-2676738
ISL EMPLOYEES, INC.	DISCOVERY COMMONS ORLAND PARK	13-4212788

KHCS SAN DIEGO, INC.	GRISWOLD HOME CARE FOR NORTH SAN DIEGO	88-2534098
DUPREE & PHILLIPS ENTERPRISES	SUPERIOR GRAPHIC FINISHING	58-1341441
CIP INDUSTRIES, LLC	CIP INDUSTRIES, LLC	88-1727558
QUEZADA FOOD SERVICES, LLC	DON JUAN'S RESTAURANT	20-0335639
BIRCHWOOD WEALTH ADVISORS LLC	BIRCHWOOD WEALTH ADVISORS LLC	88-3346703
RUBICON RA TARRYTOWN, LLC	TARRYTOWN HOUSE ESTATE	81-3624819
EASY LIVING TECHNOLOGIES LLC	EASY LIVING TECHNOLOGIES LLC	47-4023583
WESTERN UTILITY COMPANY INC.	WESTERN UTILITY COMPANY INC.	87-0520400
ISL EMPLOYEES, INC.	ARCADIA PLACE	13-4212788
SHARP INDUSTRIES INC	SHARP INDUSTRIES INC	95-3085978
THREE BRIDGES FINANCIAL GROUP, LLC	THREE BRIDGES FINANCIAL GROUP	47-2175376
TRUJILLO ACOSTA LAW, LLC	TRUJILLO ACOSTA LAW	84-5120131
STAINLESS MARINE & FIXTURES, INC.	STAINLESS MARINE INC.	99-0746332
EXTRA MILE MANAGEMENT LLC	EXTRA MILE MANAGEMENT LLC	32-0800162
PSL ASSOCIATES, LLC	THE LEGACY AT SOUTH PLAINS	83-1427127
VILLA DE SAN ANTONIO EMPLOYEES, LLC	VILLA DE SAN ANTONIO EMPLOYEES, LLC	87-4486270
THOMAS M. COYNE, M.D., P.A.	D2 MEDICAL EXAMINER	93-4191685
ADVANTA BIOMETRICS INC.	ADVANTA BIOMETRICS INC.	88-4274738
OYSTER CREEK GOLF CLUB, LLC	OYSTER CREEK GOLF CLUB, LLC	26-0010333
ATLANTIC FURNITURE, INC.	AFI FURNISHINGS	04-2895603
AFT MANAGEMENT CORP	OCEAN MANOR RESORT	65-1160997
KING'S LANDING ADVENTURES, L.L.C.	KING'S LANDING ADVENTURES, L.L.C.	27-4534396
MODERN WEALTH BUSINESS, LLC	MODERN WEALTH BUSINESS, LLC	92-2228304
RECESS CAMPUS LOUNGE CORP	CAMPUS LOUNGE	84-2594981
MECCA MANAGEMENT, L.L.C.	MECCA MANAGEMENT, L.L.C.	86-2471758
COMFORTS OF HOME HEALTHCARE LLC	COMFORTS OF HOME HEALTHCARE	86-3325442
JALTO LLC	MEINEKE CAR CARE	99-1304899
DR. RABOT	DR. RABOT	86-0816987
EHEART DESIGN CENTER, INC.	EHEART INTERIOR SOLUTIONS	84-1158021
3 D TIRE COMPANY	3 D TIRE COMPANY	59-2852943
MUIRFIELD CAPITAL GLOBAL ADVISORS LLC	MUIRFIELD CAPITAL GLOBAL ADVISORS LLC	82-1663993
AMBLITEL, LLC	AMBLITEL, LLC	27-0757675
ISL EMPLOYEES, INC.	ASPENS AT FORT COLLINS MEMORY CARE	13-4212788

CENTRAL TEXAS MORTUARY MANAGEMENT LLC	CENTRAL TEXAS MORTUARY MANAGEMENT LLC	20-0488170
DORMAN & SUAREZ LLP	DORMAN & SUAREZ LLP	82-4150492
NEELY CONSULTING INC.	NEELY CONSULTING INC.	83-2829715
DUTT HOSPITALITY LLC	MOTEL 6 SANTA MARIA	87-4742771
OPTIONS LLC	OPTIONS LLC	84-1872335
PSL ASSOCIATES LLC	THE SEASONS OF RENO ASSISTED LIVING AND MEMOR	83-1427127
ROYALTY RENOVATION LLC	ROYALTY RENOVATION LLC	45-4268507
PSL ASSOCIATES LLC	THE CHATEAU AT GARDNERVILLE ASSISTED LIVING ANI	83-1427127
ADVANTAGE POWER SOLUTIONS	ADVANTAGE POWER SOLUTIONS	27-5542004
LJ LINCOLN MANAGEMENT, LLC	LJ LINCOLN MANAGEMENT, LLC	87-3603499
LJ BALDWIN PARK MANAGEMENT, LLC	AVIVA BALDWIN PARK	92-3257289
DISCOVERY XT EMPLOYER LLC	MORADA CEDAR HILL	81-2312232
LJ PORT ST. LUCIE MANAGEMENT, LLC	AVIVA PORT SAINT LUCIE	87-1783040
LLOYD JONES LLC	THE MEETINGHOUSE AT COLLINS COVE	02-0589146
DISCOVERY XT EMPLOYER LLC	MORADA NORTH RICHLAND HILLS	81-2312232
PSL ASSOCIATES LLC	TOWN VILLAGE CROSSING INDEPENDENT LIVING	83-1427127
MAEBELLA, LLC	FACIAL COLLECTIVE	88-3888068
DISCOVERY XT EMPLOYER LLC	MORADA ABILENE	81-2312232
THE EDDY INVESTMENT GROUP LLC	EDDY INVESTMENT GROUP LLC	93-4912285
PSL ASSOCIATES LLC	RIDGMAR PLACE INDEPENDENT LIVING	83-1427127
DISCOVERY COLORADO EMPLOYER LLC	ST. ANDREW'S	92-2819317
DISCOVERY XT EMPLOYER LLC	MORADA BURLESON	81-2312232
CORNERSTONE MEDICAL ASSOCIATES, INC.	CORNERSTONE MEDICAL ASSOCIATES, INC.	88-2056327
PSL ASSOCIATES LLC	PEGASUS LANDING OF TANGLEWOOD	83-1427127
DISCOVERY XT EMPLOYER LLC	MORADA WAXAHACHIE	81-2312232
COPYLADY, INC.	COPYLADY, INC.	46-0490342
PSL ASSOCIATES LLC	PARMER WOODS AT NORTH AUSTIN ASSISTED LIVING A	83-1427127
DISCOVERY XT EMPLOYER LLC	MORADA MEADOW LAKES	81-2312232
THE NEW YORK STATE DISPUTE RESOLUTION ASSOCIATI	THE NEW YORK STATE DISPUTE RESOLUTION ASSOCIA	16-1266087
KRAMER DENTISTRY INC.	KRAMER DENTISTRY INC.	82-2501034
PSL ASSOCIATES LLC	TUCSON PLACE ASSISTED LIVING AND MEMORY CARE	83-1427127
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA LAKE NORMAN	85-3437133
DISCOVERY XT EMPLOYER LLC	MORADA VICTORIA EAST	81-2312232

PSL ASSOCIATES LLC	SUN CITY WEST VILLAGE ASSISTED LIVING AND MEMOI	83-1427127
PIR SALES, INC	PIR SALES, INC	86-0695914
PSL ASSOCIATES LLC	BROADWAY MESA VILLAGE A SENIOR LIVING COMMUNI	83-1427127
ALERIO TECHNOLOGY GROUP, LLC	ALERIO TECHNOLOGY GROUP	20-4982177
DISCOVERY XT EMPLOYER LLC	MORADA CEDAR HILL - IL	81-2312232
ROOFLIFTERS USA, LLC	ROOFLIFTERS USA, LLC	27-0227504
GREGORY B LEVETT AND SONS FUNERAL HOMES, INC	GREGORY B LEVETT AND SONS FUNERAL HOMES, INC	58-1865866
MORAN AEROSPACE, INC.	MORAN AEROSPACE, INC.	33-0638628
NINJA, LLC	NINJA, LLC	27-3090151
MOORESVILLE PEDIATRICS DENTISTRY PC	MOORESVILLE PEDIATRIC DENTISTRY PC	33-2455097
SAN ANGELO CAR CARE LLC	MEINEKE #2193	45-3671020
ISL EMPLOYEES, INC.	MEADOW OAKS OF ROSEVILLE	13-4212788
SOFTWARE ANSWERS INC	SOFTWARE ANSWERS INC	59-3335957
615 REAL PROPERTY	615 REAL PROPERTY	62-1781996
DISCOVERY OKLAHOMA EMPLOYER LLC	MORADA SOUTHRIDGE	82-2714028
TJ SCR, LLC.	TJ SCR, LLC.	81-1730149
STEAMY CONCEPTS LLC	STEAMY CONCEPTS LLC	46-5018331
LEADERSHIP SERVICES LLC	LEADERSHIP SERVICES	47-2429454
RENUE APOTHECARY GP LLC	RENUE PHARMACY	81-1254294
PROPER POUR, LLC	THE BATTERY	85-3763901
PSL ASSOCIATES, LLC	PEGASUS LANDING OF CHISHOLM TRAIL	83-1427127
KAMSOL, INC	EDGE SOLUTIONS GROUP	20-0275210
R.N. BORELLI, INC.	BORELLI INVESTMENT COMPANY	94-2613728
INSIGNIA GROUP, L.C.	INSIGNIA GROUP, L.C.	48-1274846
VENUWORKS OF JOLIET, LLC	VENUWORKS OF JOLIET, LLC	81-5238748
MID IOWA SOCCER ACADEMY	SPORTING IOWA	84-2468024
RMS ENERGY CONSULTING, LLC	RMS ENERGY CONSULTING	46-2058495
NAVION BKE SPRING ARBOR LLC	CHANDLER PLACE ASSISTED LIVING AND MEMORY CAR	84-1843395
DFW CENTER FOR SPINAL DISORDERS PA	DFW CENTER FOR SPINAL DISORDERS PA	27-2854836
PRESTIGE TRAVEL SYSTEMS INC	PRESTIGE TRAVEL SYSTEMS INC	59-3660366
NAVION BKE CHANDLER PLACE LLC	CHANDLER PLACE INDEPENDENT LIVING	84-1779577
DISCOVERY XT EMPLOYER LLC	COLUMBUS ESTATES	81-2312232
KEOKUK HILLS BEEF COMPANY	THUNDER RIDGE BEEF COMPANY	83-3627588

HOFFMAN ENTERPRISES, LLC	SERVICEMASTER BY DISASTER PROFESSIONALS	26-0840879
EnerCom, Inc.	EnerCom, Inc.	84-1369698
RAMTECH SOFTWARE SOLUTIONS, INC	RAMTECH SOFTWARE SOLUTIONS, INC	22-3740594
METROPOLITAN LEARNING INSTITUTE, INC.	METROPOLITAN LEARNING INSTITUTE, INC.	11-3350641
TERRAPIN TECHNOLOGIES, INC.	TERRAPIN TECHNOLOGIES, INC.	41-1828817
145 STEWART PARTNERS LLC	HOME2 SUITES BY HILTON RIDLEY PARK	82-4399708
INSTITUTE FOR ATHLETES, LLC	INSTITUTE FOR ATHLETES, LLC	27-0505108
MINNESOTA ELECTRICAL ASSOCIATION, INC	MINNESOTA ELECTRICAL ASSOCIATION	41-0741501
MWA INVESTMENTS LLC	MWA INVESTMENTS LLC	37-1843684
KENTWOOD, LLC	KENTWOOD LLC	26-0176956
CLASS ACTION ADMINISTRATION LLC	JND CLASS ACTION ADMINISTRATION	81-1751596
GREATER MINNEAPOLIS COUNCIL OF CHURCHES	GREATER MINNEAPOLIS COUNCIL OF CHURCHES	41-0693933
MCGINTY ROAD PARTNERS LP	MCGINTY ROAD PARTNERS LP	82-2892965
QDA SOLUTIONS	QDA SOLUTIONS	61-1848759
SPECTRUM LIGHTING MAINTENANCE CORPORATION	SPECTRUM LIGHTING	84-1119904
ELLIOTT ENTERPRISE	ELLIOTT ENTERPRISE	62-1728011
HARI HOTELS, LLC	SPRINGHILL SUITES PITTSBURGH BUTLER	13-4237782
CATERING BY JO-EL'S, LLC	CATERING BY JO-EL'S, LLC	27-0009836
MI10 ENTERPRISES, INC.	MARCO'S PIZZA 8044-MI10	26-4778998
SSRM VB, LLC	SSRM VB - DUNKIN DONUTS	46-5692758
COLUMBUS HOSPITALITY, LLC.	WORLD EQUESTRIAN CENTER WILMINGTON (Internal Us	31-1751326
COMMERCIAL CONCRETE PRODUCTS, INC.	COMMERCIAL CONCRETE PRODUCTS	59-2919357
NM 6881 LLC	THE UPS STORE	82-0810782
FRANCISCA CHICKEN LLC	FRANCISCA CHICKEN LLC	82-1140761
SOHO VILLAGE HOTEL, LLC	FOUR POINTS BY SHERATON MANHATTAN	20-0844173
SOLITA SOHO HOTEL, LLC.	CLARION COLLECTION SOLITA SOHO HOTEL	20-1026628
DUMBO HOTEL, LLC	SHERATON BROOKLYN	27-3909629
PLEASUREBOWL, INC.	DUNEDIN LANES	75-3036089
ECOLOGICAL ENERGY	ECOLOGICAL ENERGY	27-0933400
154-71 BROOKVILLE OWNERS LLC	154-71 BROOKVILLE OWNERS LLC	33-2227952
JFK BD HOLDING, LLC	DAYS INN JFK AIRPORT	04-3836025
EDGE AUTO, INC.	EDGE AUTO, INC.	59-3836156
NDBPW 44, LLC	TOWNEPLACE SUITES BY MARRIOTT	47-2216914

150 20TH MANAGEMENT, LLC	COMFORT INN BROOKLYN	83-4001882
AUTO PAINTING ENTERPRISES, INC.	AUTO PAINTING ENTERPRISES, INC.	58-2357956
RHP - GOLD STAR HOSPITALITY LLC	HILTON GARDEN INN GROTON	93-4357193
PETRO AND ASSOCIATES, PLLC	PETRO AND ASSOCIATES, PLLC	27-1903001
ESQUIRE HOTEL GASTONIA, LLC	ESQUIRE HOTEL	83-0577390
HAL SUMSION PLUMBING	HAL SUMSION PLUMBING	84-1433122
THREE FORKS RESOURCES, LLC	THREE FORKS RESOURCES, LLC	68-0595072
ISL EMPLOYEES, INC.	THE PALMS AT LA QUINTA	13-4212788
DISCOVERY WISCONSIN EMPLOYER LLC	LAKEHOUSE SHEBOYGAN	92-3224466
PATRICK CAPITAL VENTURES LLC	TIDE CLEANERS	93-2983661
LARGEFOOT, LLC	LARGEFOOT, LLC	46-2160011
RIGSTAR INDUSTRIAL TELECOM USA, LLC	RIGSTAR INDUSTRIAL TELECOM USA, LLC	98-1372607
ANDERSON-GARRETT FUNERAL HOME	ANDERSON-GARRETT FUNERAL HOME	62-0611008
GBSL STAFFING AL, LLC	THE OAKS AT FLOWER MOUND	82-3642396
INTEGRAL SENIOR LIVING, LLC	INTEGRAL SENIOR LIVING, LLC- TRAVELERS	33-0879575
ARROW COMMERCIAL LEASING INC	ARROW COMMERCIAL LEASING INC	20-5321618
POLK COUNTY CREDIT UNION	POLK COUNTY CREDIT UNION	42-6064396
BINNACLE INVESTMENTS, INC. DBA	WILON WEALTH MANAGEMENT	20-8592667
BERKS CARE CORP	GRISWOLD HOME CARE	23-2728593
NORTH DALLAS EAR, NOSE AND THROAT, PA	NORTH DALLAS EAR, NOSE AND THROAT, PA	41-2140438
PALLET RECYCLE MANAGEMENT, LLC	PALLET RECYCLE MANAGEMENT, LLC	83-1038051
TEXAS CENTRAL RX LLC	CLOUD RX	84-3790815
DISCOVERY XT EMPLOYER LLC	THE HAMPSHIRE - MERCED	81-2312232
FINE LINER INC	BATH FITTER	73-1579462
ELECTRICITY RATINGS LLC	ELECTRICITY RATINGS LLC	27-1446702
COMPLETE EYECARE WEST INC	COMPLETE EYECARE WEST INC	31-1401063
BIG ROCK PARTNERS LP	TG KELLER WILLIAMS BIG ROCK PARTNERS	20-2267425
MILOC CORP	GRISWOLD HOME CARE	46-1799332
IOWA HEALTH CARE ASSOCIATION	IOWA HEALTH CARE ASSOCIATION	42-6067903
HEMPHILL SEARCH GROUP, INC.	HEMPHILL SEARCH GROUP, INC.	47-0829586
LAKEVIEW SURGERY CENTER	LAKEVIEW SURGERY CENTER	42-1516120
NICEVILLE OSL OPERATING LLC	THE OPAL AT BLUEWATER BAY	93-3270409
PINNER WIRE & CABLE, INC.	PINNER WIRE & CABLE INC	75-2371550

DISCOVERY XT EMPLOYER LLC	SOLSTICE AT KENNEWICK	81-2312232
DISCOVERY MICHIGAN EMPLOYER LLC	LAKEHOUSE THREE RIVERS	93-1531454
DISCOVERY WISCONSIN EMPLOYER LLC	LAKEHOUSE CEDARBURG	92-3224466
LAKEHOUSE SENIOR LIVING LLC	LAKEHOUSE SENIOR LIVING LLC	92-3355956
MICHIANA INTERVENTIONAL AND VASCULAR SERVICES, LI	LEGACY VEIN CLINIC	88-2915468
ORTHOPAEDIC OUTPATIENT SURGERY CENTER	ORTHOPAEDIC OUTPATIENT SURGERY CENTER	42-1508092
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE TRINITY	81-2198145
DISCOVERY NEW JERSEY EMPLOYER LLC	WOODBURY MEWS	87-3221316
ISL EMPLOYEES, INC.	THE ORCHARD	13-4212788
COLUMBUS HOSPITALITY, LLC.	JEROME VILLAGE BAR AND GRILLE (Internal Use Only)	31-1751326
ART AND COOK INC	ART AND COOK INC	20-2001398
ISL EMPLOYEES, INC.	HEARTIS FAYETTEVILLE	13-4212788
DISCOVERY FLORIDA EMPLOYER LLC	AZALEA PARK	81-2198145
ARCTIC SPAS DENVER LLC	ARCTIC SPAS DENVER LLC	83-0554941
DISCOVERY MARYLAND EMPLOYER LLC	HEARTFIELDS ASSISTED LIVING AT FREDERICK	81-2272375
ORTHO TNN LLC	MIAMI SPORTS MEDICINE	82-1954148
DISCOVERY XT EMPLOYER LLC	PINEWOOD HILLS	81-2312232
DISCOVERY XT EMPLOYER LLC	PARADISE SPRINGS	81-2312232
DISCOVERY COLORADO EMPLOYER LLC	SOLSTICE AT MESA VIEW	92-2819317
MEDISTIM USA, INC.	MEDISTIM USA, INC.	59-3692221
DISCOVERY NEW MEXICO EMPLOYER LLC	MARBELLA SANTA FE SENIOR LIVING	85-4217069
DISCOVERY COLORADO EMPLOYER LLC	RIVARIA VISTA GRANDE	92-2819317
DISCOVERY NORTH CAROLINA EMPLOYER LLC	LAURELS AND HAVEN HIGHLAND CREEK	85-3437133
DISCOVERY PENNSYLVANIA EMPLOYER LLC	OVERLOOK GREEN SENIOR LIVING	47-5629412
HALIFAX RIVER YACHT CLUB, INC	HALIFAX RIVER YACHT CLUB, INC	59-0279320
HEALTH AID COMPANY, INC.	HEALTH AID COMPANY, INC.	59-1533206
EDGEWATER MARKETS, LLC	EDGEWATER MARKETS, LLC	46-2620263
HOBNOB PEACHTREE CITY INC	HOBNOB PEACHTREE CITY INC	92-3366626
DISCOVERY XT EMPLOYER LLC	MORADA DEER PARK	81-2312232
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA SPARTANBURG	82-2370236
EWC MUELLER LLC	EWC MUELLER LLC	87-2623990
WBF GIG WORKER SERVICES LLC	WBF GIG WORKER SERVICES LLC	93-4683878
DOMINION MANAGEMENT, LLC	ASHTON OAKS	20-8621988

TOYZ ELECTRONICS, INC	TOYZ ELECTRONICS, INC	81-2273135
RSS DALTON PLACE MANAGER LLC	DALTON SQUARE	92-3988232
ARROWOOD HIX, LLC	HOLIDAY INN EXPRESS - CHARLOTTE, NC	56-2114843
CUS AUSTIN LLC	COYOTE UGLY AUSTIN	76-0739943
IOWA DWELLINGS REAL ESTATE	IOWA DWELLINGS REAL ESTATE	83-2446475
NATHAN L HOOKER	NATHAN L HOOKER	85-3896075
PSL ASSOCIATES LLC	MOUNTAIN VIEW	83-1427127
HEARTWOOD REAL ESTATE GROUP, INC.	HEARTWOOD REAL ESTATE GROUP, INC.	87-2348891
KIER HOLDINGS, INC.	KIER HOLDINGS, INC.	46-1792104
STAR SIGNS LLC	STAR SIGNS LLC	20-8893181
BRIDGE SENIOR LIVING LLC	FRANKLIN	20-1457828
LENDTRADE LLC	LENDTRADE	46-3456227
WLB BUSINESSES LLC	FISH WINDOW CLEANING	83-4555779
MEALS FROM THE HEARTLAND	MEALS FROM THE HEARTLAND	26-3443290
BING BANG LLC	BING BANG	47-1314612
LORI LYNN DOWIE D.O., P.A.	LORI LYNN DOWIE D.O., P.A.	65-1076094
MITCHELL FINANCIAL GROUP	MITCHELL FINANCIAL GROUP	26-0490521
M&M PHARMACEUTICALS, LLC	CBD PLUS USA	83-3968747
ORTHO OMP LLC	ORTHO MIAMI	87-4794502
DEALER TAG AGENCY INC	DEALER TAG AGENCY INC	33-1027540
HIGH ROAD AUTO GROUP 2 OPCO LLC	TAKE 5 OIL CHANGE	92-0511767
ORTHO SRQ LLC	360 ORTHOPEDICS	88-1922106
ISLAND HARBOR RESORT MANAGEMENT, INC.	PALM ISLAND RESORT	59-2365979
NORTH DALLAS ENT GROUP, P.A.	NORTH DALLAS ENT GROUP, P.A.	45-0497881
GLB TRUCKING, LLC	GLB TRUCKING, LLC	20-0977860
BRILL HYGIENIC PRODUCTS INC	BRILL HYGIENIC PRODUCTS INC	65-0246796
QUALITY OUTDOOR PRODUCTS INC.	QUALITY OUTDOOR PRODUCTS INC.	62-1838041
CALIFORNIA FACTORS AND FINANCE	CALIFORNIA FACTORS AND FINANCE	93-0702758
JGS PROPERTIES INC.	NATIONAL TITLE AND ABSTRACT COMPANY	65-0488706
LEGAL COUNSEL, P.A.	LEGAL COUNSEL, P.A.	81-5056119
ASHRIA ENTERPRISES LLC	ASHRIA ENTERPRISES LLC	46-1843084
JOPPA	JOPPA	27-0216625
ABILIT HOLDINGS (LAWTON) LLC	LAWTON SENIOR LIVING	61-1867110

1000 WASHINGTON STREET HOTEL LLC	1000 WASHINGTON STREET HOTEL LLC	86-2958878
ABILIT HOLDINGS (HOLSTEIN) LLC	HOLSTEIN SENIOR LIVING	37-1880268
UNIVERSITY PARK TOWER HOA LLC	UNIVERSITY PARK TOWER HOMEOWNERS ASSOCIATIO	84-1537623
KIDDS TOWING AND RECOVERY	KIDDS TOWING AND RECOVERY	48-1163491
INNOVATION PROPERTY MGMT	INNOVATION PROPERTY MGMT	81-1429459
REM-KIKS GROUP, LLC	REM-KIKS GROUP, LLC	58-2566478
MAFFEY'S SECURITY GROUP	MAFFEY'S SECURITY GROUP	22-1737844
OTS LEGAL, LLC	OTS LEGAL, LLC	26-3353967
SENIOR HOUSING HEALTH CARE, INC.	THE INDIGO AT PIKEVILLE	20-3308829
ORTHO EJB LLC	MIAMI CENTER FOR ORTHOPEDIC CARE	99-2983722
MGF HEALTHCARE PARTNERS INC	INTERIM HEALTHCARE OF BIRMINGHAM	45-2990003
ARCH CITY DEFENDERS, INC.	ARCH CITY DEFENDERS, INC.	80-0471494
WAYNE STOUT SPECIALTY SERVICE, INC.	WAYNE STOUT SPECIALTY SERVICE, INC.	33-1078818
MARKETFUEL, INC.	MARKETFUEL	99-2054667
ROBERT THOMAIER	ROBERT THOMAIER	84-3225303
COLUMBUS HOSPITALITY, LLC.	WORLD EQUESTRIAN CENTER OCALA (Internal Use Only)	31-1751326
MID AMERICA HOLDINGS, LLC	AUTOMOTIVE DETAILING SOLUTIONS	20-4116657
WEALTH PLANNING ADVISORS, INC.	WEALTH PLANNING ADVISORS	37-1577880
MONROE RESTORATION & CLEANING INC	MONROE RESTORATION AND CLEANING INC	35-1910360
ROSA MEXICANO LAS VEGAS LLC	ROSA MEXICANO LAS VEGAS LLC	92-0990067
ISL EMPLOYEES, INC.	STERLING COURT AT ROSEVILLE	13-4212788
DRIFT CAPITAL, L.L.C.	DRIFT CAPITAL, L.L.C.	88-3787958
DWEBWARE, LLC	DWEBWARE, LLC	47-5278107
ORTHO IOS LLC	INTERNATIONAL ORTHOPEDIC SPECIALIST	84-4219280
VEER HOSPITALITY PALM SPRINGS LLC	MOTEL 6 PALM SPRINGS DOWNTOWN	88-1248724
ORTHO CNN LLC	PERSONAL ORTHOPEDIC CARE	81-2326894
SPORTS NUTRITION DISTRIBUTORS, INC.	SPORTS NUTRITION DISTRIBUTORS, INC.	20-4929351
PARAGON ACADEMY OF TECHNOLOGY CHARTER	PARAGON ACADEMY OF TECHNOLOGY CHARTER	20-2664172
OKC CHIRO 1, LLC	THE JOINT EDMOND	82-5210241
HOPKIN'S COURT ASSOCIATES, LP	HOPKIN'S COURT APARTMENTS	13-4121310
PRIMM PLACE PARTNERS, LP	PRIMM PLACE APARTMENTS	43-1723053
ST MARY'S COMMON APARTMENTS, LP	ST MARY'S APARTMENTS	16-1608960
RIVERHEAD LANDING APARTMENTS, LP	RIVERHEAD LANDING APARTMENTS	13-3897774

COUNTRYSIDE NORTH APARTMENTS, LP	COUNTRYSIDE NORTH APARTMENTS	62-1716251
CREEK BEND APARTMENTS, LP	CREEK BEND APARTMENTS	26-0577174
ABILIT HOLDINGS CROSS PLAINS LLC	MILESTONE SENIOR LIVING - CROSS PLAINS	30-1006195
ABILIT HOLDINGS EAU CLAIRE LLC	MILESTONE SENIOR LIVING - EAU CLAIRE	37-1871516
PINEVIEW TERRACE I, L.P.	PINEVIEW TERRACE I, L.P.	76-0282166
WHITNEY POINTE 400, LLC	WHITNEY POINTE 400, LLC	82-1810210
DISCOVERY XT EMPLOYER LLC	THE FORUM AT MEMORIAL WOODS	81-2312232
ROSA MEXICANO RIVERSIDE LLC	ROSA MEXICANO RIVERSIDE LLC	20-3222392
QUAD CITIES COMMUNITY FOUNDATION	QUAD CITIES COMMUNITY FOUNDATION	42-6122716
COMMUNITY FOUNDATION OF NE IA	COMMUNITY FOUNDATION OF NE IOWA	42-6060414
FH AND HF-TORRANCE I, LLC	SUNNYSIDE NURSING CENTER	95-4773321
4 CORNER RESOURCES, LLC	4 CORNER RESOURCES, LLC	20-3042688
SERENITY EMPIRE AT SWEETWATER CREEK LLC	SERENITY EMPIRE AT SWEETWATER CREEK LLC	93-2958374
AFFINITY CREDIT UNION	AFFINITY CREDIT UNION	42-0794732
A AND S BROTHERS INC.	BW CLIFTON	16-1532974
JAYBIRD SENIOR LIVING, INC	JAYBIRD SENIOR LIVING	11-3712998
K3 CO.	K3 CO.	42-1055298
DISCOVERY XT EMPLOYER LLC	THE FORUM AT LINCOLN HEIGHTS	81-2312232
JL BRIDGEWATER HOTEL, LLC	BRIDGEWATER HOTEL	82-4839118
HONOUROUND INTERNATIONAL TRADE COMPANY	HONOUROUND INTERNATIONAL TRADE COMPANY	43-2112909
RSS NORTHSTAR PLACE MANAGER LLC	NORTHSTAR SQUARE	93-1540612
SPRUCE HEALTHCARE GROUP, INC.	SPRUCE HEALTHCARE GROUP, INC.	84-4863253
THE GROVES AT OAK RIDGE, LLC	THE GROVES AT OAK RIDGE	33-1651216
GRANT ALLIANCE, HOLIDAY INN EXPRESS	GRANT ALLIANCE, HOLIDAY INN EXPRESS	59-3611867
BAILEY AND SMITH	BAILEY AND SMITH	56-2148498
SEAVIEW SENIOR LIVING HOUSING DEVELOPMENT FUND	THE BRIELLE AT SEAVIEW	45-1966147
290 WILD LLC	FAIRFIELD INN - STATEN ISLAND, NY	92-3358854
TECHMASTER ELECTRONICS LLC	TECHMASTER ELECTRONICS LLC	33-0932426
LAW OFFICE OF SHELLY JEAN JOHN, P.C.	LAW OFFICE OF SHELLY JEAN JOHN	20-8395065
WALSH MANAGEMENT, LLC	WALSH MANAGEMENT, LLC	84-3580375
WOODSTOCK WEALTH MANAGEMENT, INC.	WOODSTOCK WEALTH MANAGEMENT, INC.	81-4143722
PAULEEN BAJWA AND MCKELLAR ENTERPRISES	BIG O TIRES SONORA	92-3130823
NETSOURCE TECHNOLOGY	NETSOURCE TECHNOLOGY	33-0786641

HGCC LENDER, LLC	THE HAWTHORNS GOLF & COUNTRY CLUB	47-2045087
LQA EMPLOYEES LLC	LQA EMPLOYEES LLC	50-4982864
TINA ON TOUR LLC	TINA ON TOUR LLC	92-3687498
THE FRIEDMAN WILLIAMS GROUP	THE FRIEDMAN WILLIAMS GROUP	90-0086097
DENTAL CARE MANAGEMENT SERVICES, LLC	DENTAL CARE MANAGEMENT SERVICES, LLC	83-2840946
TECHNIQUE MOTORCARS LLC	MEINEKE CAR CARE #2949	87-4018789
VERSER CABINETS OF NWA, INC	VERSER CABINETS OF NWA INC	71-0906869
PLAZA HC HOLDING COMPANY, LLC	PLAZA HEALTHCARE	56-2313510
OAKCREST MANAGEMENT, INC	OAKCREST MANAGEMENT, INC	74-2451701
GLOBAL MARKETING SERVICES, INC.	GLOBAL MARKETING SERVICES, INC.	59-3383429
ARTHUR LAWRENCE US, LLC	ARTHUR LAWRENCE US, LLC	27-3227927
CHOICE PET RIDGEFIELD LLC	15 RIDGEFIELD	86-1196069
JPEX AMERICA, INC	JPEX AMERICA, INC	47-2903484
HIGH ROAD AUTO GROUP, LLC	MEINEKE CAR CARE CENTER	82-3023739
TRENCHLESS TODAY LLC	TRENCHLESS TODAY LLC	83-2940341
CENTRALBDC ENTERPRISES, LLC	BETTER CAR PEOPLE	87-4699986
CHELSEA GRAND, LLC	CHELSEAN HOTEL NEW YORK	13-4130509
SM CORPORATION	SM CORPORATION	59-2379818
WATSON INSTALLATIONS INC	WATSON INSTALLATIONS INC	75-3141540
AKC MARKETING AND CONSULTING, INC.	AKC MARKETING AND CONSULTING, INC.	20-8788126
DISCOVERY TENNESSEE EMPLOYER II LLC	SIGNAL MOUNTAIN	92-2793271
ARCA SERVICES LLC	ARCA SERVICES LLC	20-2487374
ISLAND PALMS, L.L.C.	ISLAND PALMS	86-1009675
YONDER MEDIA MOBILE INC.	YONDER MEDIA MOBILE INC.	83-1356727
SPAC ADVISORY PARTNERS LLC	SPAC ADVISORY PARTNERS LLC	87-2603937
QUALITY HEALTH SERVICES CORPORATION	HEALTH QUALITY MANAGEMENT GROUP	95-4564070
VENUWORKS OF CAPITAL CITY, LLC	VENUWORKS OF CAPITAL CITY, LLC	33-1783311
287 FORTIS LUX FINANCIAL	287 FORTIS LUX FINANCIAL	00-0000000
REBORN ANTIQUES DISTRIBUTION, INC.	REBORN ANTIQUES DISTRIBUTION, INC.	95-4592343
AFI SYSTEMS, LLC	AFI SYSTEMS, LLC	26-3963305
COASTAL PAIN MANAGEMENT PLLC	COASTAL PAIN MANAGEMENT	85-1092728
CAROLINA INNOVATIONS, LLC	CAROLINA INNOVATIONS, LLC	06-1521366
C & A TRANSPORTATION & LOGISTICS INC.	C & A TRANSPORTATION	20-2453432

REDEMPTORIST FATHERS	LIGUORI PUBLICATIONS	43-0653409
CLARUS MEDICAL, LLC	CLARUS MEDICAL, LLC	41-1965917
TEAM TSI LLC	TEAM TSI LLC	55-0814417
SPRING HILL SH OPCO, LLC	THE GOLDTON AT SPRING HILL	83-4534978
ROSS ENGINEERING CORPORATION	ROSS ENGINEERING CORPORATION	94-1609544
ISL EMPLOYEES, INC.	GLASSFORD PLACE	13-4212788
GRAHAM RESEARCH INC.	GRAHAM RESEARCH INC.	41-1724266
SUPPRESSION TECHNOLOGIES, INC.	SUPPRESSION TECHNOLOGIES, INC.	20-0932820
WELLNESS GENESIS, LLC	WELLNESS GENESIS, LLC	84-4526977
GLOBAL INSURANCE ACCELERATOR	GLOBAL INSURANCE ACCELERATOR	81-1326138
EXCIPIO CONSULTING, L.L.C.	EXCIPIO CONSULTING, L.L.C.	73-1608589
11-26 LLC	HAV + MAR	86-2077019
BONANZA RV PARK LLC	BONANZA RV	87-1561037
AH DESIGN STUDIO, INC	AH DESIGN STUDIO, INC	47-1237847
K&G INSURANCE, INC.	K&G INSURANCE, INC.	26-4594845
JAYSTAR GROUP,INC.	JAYSTAR GROUP, INC.	56-2299776
CONCERT LONGVIEW, LLC.	CONCERT LONGVIEW, LLC.	87-2676532
AVANTIC RESIDENTIAL	AVANTIC RESIDENTIAL	82-3260818
CHANCELLOR FINANCIAL GROUP WB, LP	CHANCELLOR FINANCIAL GROUP	45-4003393
DISCOVERY PENNSYLVANIA EMPLOYER LLC	NEWSEASONS AT NEW BRITAIN	47-5629412
VALUE FINANCIAL ADVISERS, INC	VALUE FINANCIAL ADVISERS, INC	84-0902767
DAUGHTRY, INC.	TRUSTED SELF STORAGE PROFESSIONALS	74-2230162
EDUCATIONAL HORIZONS, INC.	EDUCATIONAL HORIZONS, INC.	59-3405435
PJ'S CAR WASH	PJ'S CAR WASH	84-1001266
EAGLES' NEST COMMUNITY CHARTER SCHOOLS, INC.	EAGLES NEST CHARTER ACADEMY	65-1046983
COLORADO OUTDOOR, INC. DBA MILE HIGH OUTDOOR	COLORADO OUTDOOR, INC. DBA MILE HIGH OUTDOOR	86-0832912
TYNES MANAGEMENT, LLC	TYNES MANAGEMENT, LLC	20-3545965
FIRST PENTECOSTAL MINISTRIES, INC.	FIRST PENTECOSTAL MINISTRIES, INC.	59-2911191
PALM COAST PARKWAY DONUTS, LLC	DUNKIN DONUTS	61-1730588
APOPKA CHRISTIAN LEARNING ACADEMY INC	APOPKA CHRISTIAN LEARNING ACADEMY INC	56-2455772
MD PUMP INC	MD PUMP INC	27-2612762
GLOBE RUNNER LLC	GLOBE RUNNER LLC	80-0250446
VERUM PARTNERS LLC	VERUM PARTNERS LLC	83-4337981

IMOLD LLC	IMOLD CLEANING AND RESTORATION	47-3816814
TECHNICAL SYSTEMS INTEGRATION, INC.	TECHNICAL SYSTEMS INTEGRATION, INC.	13-3877546
NORTHEAST WAREHOUSE LOGISTICS LLC	NORTHEAST WAREHOUSE LOGISTICS LLC	81-2948745
PS ENERGY GROUP, INC.	PS ENERGY GROUP, INC.	58-1665516
LLHAN, LLC	LLHAN, LLC	47-4153655
CIRCUIT SEVEN, LLC	CIRCUIT SEVEN, LLC	81-5331018
FRAMEWORKS OF TAMPA BAY, INC.	FRAMEWORKS OF TAMPA BAY, INC.	20-8776228
DISCOVERY XT EMPLOYER LLC	HILLTOP ESTATES - REDDING	81-2312232
MORTGAGE ADVISORY PARTNERS, LLC	MORTGAGE ADVISORY PARTNERS, LLC	27-0525378
SHADY ELMS MHP LLC	SHADY ELMS MHP LLC	99-3033124
WARD AND ASSOCIATES	WARD AND ASSOCIATES	33-0887940
STARS & STRIPES MOBILE HOME SALES, INC.	STARS & STRIPES MOBILE HOME SALES, INC.	59-3084660
7ROCK VENTURES, LLC	7ROCK VENTURES, LLC	92-1663982
SCHIELE RELOCATION SERVICES, INC.	SCHIELE RELOCATION SERVICES, INC.	83-4624929
HM ENTERPRISES LLC	HM ENTERPRISES LLC	87-2039934
KSI, INC	KSI, INC	20-0218579
HOTEL MANAGEMENT GROUP CALIFORNIA, INC.	SANTA YNEZ VALLEY MARRIOTT	77-0364449
IMPRINT BRANDED CONTENT LLC	IMPRINT BRANDED CONTENT LLC	46-1985706
SENTECH INCORPORATED	SENTECH	23-2525891
DANBURY PET SUPPLY, INC.	7 DANBURY	57-1175518
CYPRESS COURT ASSISTED LIVING LLC	KISCO SENIOR LIVING	86-3520833
BRIGHT PROVIDER SERVICES LLC	DISCOVERY AT HOME TEXAS PERSONALIZED LIVING	88-0872314
WEST MICHIGAN HOMECARE SERVICES, INC.	FIRSTLIGHT HOMECARE	37-1845268
TELEDAAS PLLC	TELEDAAS	92-2396797
MAIN CHICK LLC	MAIN CHICK LLC	93-2500970
LAM PLATT STREET HOTEL, LLC	FOUR POINTS BY SHERATON NY FIDI	46-3756588
GRAND AVENUE SURGERY CENTER, LLC	DTLA SURGERY CENTER	83-1834803
ONE ECONOMY FINANCIAL DEVELOPMENT CORP	ONE ECONOMY FINANCIAL DEVELOPMENT CORP	83-3749919
SUMMIT DIRECT SALES LP	SUMMIT DIRECT SALES LP	20-1214114
HIGH PERFORMANCE HOLDING LTD	HIGH PERFORMANCE HOLDING LTD	20-5351057
MONROE PET SUPPLY	5 MONROE	06-1419822
BEGONIA REAL ESTATE DEVELOPMENT LLC	BEGONIA REAL ESTATE DEVELOPMENT LLC	86-2571200
THE DIZE COMPANY	THE DIZE COMPANY	56-1521484

RPG WEALTH MANAGEMENT, INC.	RPG WEALTH MANAGEMENT, INC.	83-2036424
ROD AND STAFF MINISTRIES	ROD AND STAFF MINISTRIES	35-2018346
ETF AUTO 2 LLC	MEINEKE CAR CARE CENTER	93-2343999
RLR MANAGEMENT CONSULTING (NEVADA) , INC	RLR MANAGEMENT CONSULTING (NEVADA), INC.	47-5053737
SUNZONE REAL ESTATE GROUP INC	THE REAL ESTATE GROUP	95-4695170
TARRANT COUNTY HOMELESS COALITION	TARRANT COUNTY HOMELESS COALITION	75-2331643
GARAGE FLOOR COATING FRANCHISE SYSTEM, INC.	ECO-CORFLEX	20-5682805
GOLF MAINTENANCE SOLUTIONS 4E, LLC	MUSGROVE COUNTRY CLUB	81-4514990
HEXT & ASSOCIATES, P.C.	HEXT & ASSOCIATES, P.C.	75-2053526
NM 6428 LLC	THE UPS STORE	82-3128004
TRIANGLE GROUP LP	TG KELLER WILLIAMS REALTY ALLEN	75-2953087
THE EVENT SOURCE SOLUTIONS LLC	THE EVENT SOURCE SOLUTIONS	35-2809295
JUDGE FITE MANAGEMENT COMPANY, INC	JUDGE FITE MANAGEMENT COMPANY, INC	75-2354814
WB HOWLAND COMPANY, LLC	WB HOWLAND COMPANY, LLC	59-2920697
MAD RIVER RV PARK LLC	MAD RIVER RV PARK LLC	87-2239202
SP MEDITEC, INC.	SP MEDITEC, INC.	92-3689821
DISCOVERY FLORIDA EMPLOYER LLC	BELLEAIR TOWERS	81-2198145
ALPHA DENTAL CENTER PC	ALPHA DENTAL CENTER PC	42-1532694
042 MASSMUTUAL LONG ISLAND METRO	042 MASSMUTUAL LONG ISLAND METRO	00-0000000
CENTRAL FLORIDA VETERINARY PRACTICE LLC	ADVANCED VETERINARY CARE	59-3728024
LJ WEST HARTFORD MANAGEMENT, LLC	AVIVA WEST HARTFORD	88-2307354
ISL EMPLOYEES, INC.	VIVANTE ON THE COAST	13-4212788
AFF18 OAKVIEW PARK ALF, LLC	OAKVIEW PARK	83-4534978
SCOTT ROSE INVESTMENT COMPANY, INC.	SCOTT ROSE INVESTMENT COMPANY, INC.	93-4790547
ETANA LABS, LLC	ETANA LABS, LLC	33-1619188
DATALINE INC	DATALINE INC	52-2223034
FRIER HOME SALES INC	FRIER HOME SALES INC	59-3546138
INTELLIGENT PRODUCT SOLUTIONS, INC.	INTELLIGENT PRODUCT SOLUTIONS	26-1611673
PM WELLS CHARTER SCHOOL, LLC	PM WELLS CHARTER SCHOOL, LLC	87-1399376
VEER HOSPITALITY BELLINGHAM LLC	MOTEL 6 BELLINGHAM	87-4374440
MAY STREET AUTOMOTIVE LLC	MAY STREET AUTOMOTIVE	41-2293714
ISL EMPLOYEES, INC.	BLOSSOM VALE SENIOR LIVING	13-4212788
CIS MESA LLC	CIS MESA LLC	82-1531084

DALLAS CONTEMPORARY	DALLAS CONTEMPORARY	75-1575687
NOBLE FINANCIAL GROUP, LLC	NOBLE FINANCIAL GROUP, LLC	82-0629811
SAN LORENZO BIKINIS, LLC	SLB	56-2672553
ORT AMERICA, INC.	ORT AMERICA, INC.	13-5562424
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT HOLLINGSWORTH PARK	26-2991559
CHATEAU DEL MAR, INC.	CHATEAU DEL MAR, INC.	36-4205169
BELLAIRE MULTIFAMILY MANAGEMENT LLC	BELLAIRE MULTIFAMILY MANAGEMENT LLC	88-2525209
ISL EMPLOYEES, INC.	DISCOVERY COMMONS BROOKFIELD	13-4212788
TOTAL DIVERSITY CLINICAL TRIAL MANAGEMENT	TOTAL DIVERSITY CLINICAL TRIAL MANAGEMENT	87-3713689
WHITNEY NORTHPOINTE, LLC	WHITNEY NORTHPOINTE, LLC	84-2354717
CAROLCO INDUSTRIAL SERVICES, LLC	CAROLCO INDUSTRIAL SERVICES, LLC	46-4984312
INNOVATIVE UNDERWRITING SOLUTIONS LLC	INNOVATIVE UNDERWRITING SOLUTIONS LLC	85-1222032
SEARCH ENGINE OPERATOR, INC DBA EXULTS	EXULTS	30-0335507
WHITNEY HIGHLAND KNOLLS, LLC	HAVEN AT HIGHLAND KNOLLS APARTMENTS	84-3164887
ARC SERVICE COMPANY, LLC	ARC SERVICE COMPANY, LLC	88-4320212
WHITNEY HUNT PARK II, LLC	WHITNEY HUNT PARK II, LLC	84-3422076
FERN GARDENS MEMORY CARE, LLC	TABLE ROCK MEMORY CARE COMMUNITY	26-4422606
CORTES CONSTRUCTION, INC.	CORTES CONSTRUCTION, INC.	80-0724307
DISCOVERY XT EMPLOYER LLC	THE CAMELOT	81-2312232
WARSHAW, INC.	WARSHAW, INC.	11-3383097
TRANSCEND COLD STORAGE & LOGISTICS LLC	TRANSCEND COLD STORAGE & LOGISTICS LLC	99-0394703
HAGENOW AND GUSTOFF LLP	HAGENOW AND GUSTOFF LLP	27-1413286
HPBC, INC.	HPBC, INC.	47-2711339
MAAN, INC	MAAN, INC	20-2541458
4 SUPER KIDS, LLC.	KIDS R KIDS	83-3636049
QUISLEX, INC.	QUISLEX	51-0502085
CATHOLIC CONTINUING CARE RETIREMENT COMMUNITIES	ST. GEORGE VILLAGE	58-2631622
23WW LLC	HOLIDAY INN EXPRESS AND SUITES - PHOENIX NORTH-	45-3710524
CARBONDALE DOWNTOWNER, LLC	CARBONDALE DOWNTOWNER, LLC	99-3081278
BRIDGE SENIOR LIVING LLC	WASHINGTON POINTE	20-1457828
525 EDGEWOOD AVENUE SE ATLANTA LLC	MARCUS BAR & GRILLE ATLANTA	99-2402109
K AND M TRUCK REPAIR, INC.	K AND M TRUCK REPAIR, INC.	58-2520257
BEACON AUTO REPAIR LLC-S3	MEINEKE CAR CARE	86-3165392

ANA CASTILLA, DDS, MS, PC	CASTILLA ORTHODONTICS	46-3230094
KPG INVESTMENTS II, LLC	KPG INVESTMENTS II, LLC	26-1621739
BLACK LAKE SERVICES LLC	BLACK LAKE SERVICES LLC	39-4502571
DIAMONDBACK PAINTING SERVICES, LLC	DIAMONDBACK PAINTING SERVICES	93-4097948
TEAM PREHEIM FINANCIAL, INC	TEAM PREHEIM FINANCIAL, INC	84-3305127
CASA EMBERS MHPS LLC	CASA EMBERS MHPS LLC	85-1884988
URBAN VENTURES	URBAN VENTURES	36-3558710
UROLOGIX INC	UROLOGIX INC	84-1763623
CELLECTIS BIOLOGICS INC.	CELLECTIS BIOLOGICS INC.	38-4102683
VEER HOSPITALITY PENDLETON LLC	MOTEL 6 PENDLETON	87-4029970
FORTUNE PHI, PA	DENTIQ DENTISTRY	20-4495256
HEALTH GRADES ANALYTICS LLC	HEALTH GRADES ANALYTICS LLC	84-1731147
PERFORMANCE LIVESTOCK ANALYTICS 2.0 INC	PERFORMANCE LIVESTOCK ANALYTICS 2.0 INC	93-1978206
WINTER PARK HEALTH FOUNDATION, INC	WINTER PARK HEALTH FOUNDATION	59-0669460
FLORIDA TREE & GROUND MAINTENANCE INC.	FLORIDA TREE & GROUND MAINTENANCE	20-0510768
ARIN ENTERPRISES LLC	ARIN ENTERPRISES LLC	46-1783324
MPOWERED CAPITAL LLC	MPOWERED CAPITAL LLC	87-2759309
KEDBLUESTONE INC	KEDBLUESTONE INC	99-1640253
BIRCH EVENT DESIGN LLC	BIRCH EVENT DESIGN EAST OLIVIA	33-1735904
DIVYA HOSPITALITY LLC	Divya Hospitality LLC	85-0838056
SUMMIT DIRECT MAIL INC	SUMMIT DIRECT MAIL INC	20-0398116
NAYO TECHNOLOGIES, LLC	NAYO TECHNOLOGIES, LLC	33-1146958
266 MAGNOLIA WEALTH STRATEGIES	266 MAGNOLIA WEALTH STRATEGIES	00-0000000
DISCOVERY XT EMPLOYER LLC	DIAMOND RIDGE	81-2312232
ISL EMPLOYEES, INC.	WINDSONG OF SONOMA	13-4212788
THE WILLIAM SYSTEMS, LTD.	THE WILLIAM SYSTEMS, LTD.	11-2741461
PSL ASSOCIATES, LLC	PEGASUS LANDING OF FORNEY	83-1427127
SPECTRA COMPOSITES OF FLORIDA LLC	SPECTRA COMPOSITES	88-2873854
255 MASSMUTUAL GREATER PACIFIC	255 MASSMUTUAL GREATER PACIFIC	00-0000000
WALDEN GOLF, LLC	LEGENDARY RUN GOLF COURSE	33-1753441
DISCOVERY NEW JERSEY EMPLOYER LLC	SEATON OCEAN GROVE	87-3221316
MOUNTAINMOVERS TRANSPORTATION AND LOGISTICS	MOUNTAINMOVERS	20-3243075
HUGGINS LAW FIRM, LLC.	HUGGINS LAW FIRM, LLC.	83-2943018

PHILIP SCOTT, INC.	PHILIP B	95-4364349
MURPHY PLACE ASSISTED LIVING	MURPHY PLACE ASSISTED LIVING	46-1708136
DISCOVERY FLORIDA EMPLOYER LLC	THE TREMONT	81-2198145
DISCOVERY XT EMPLOYER LLC	THE BENTLEY	81-2312232
EUREKA HOUSING PARTNERS I, LLC	EUREKA HOUSING PARTNERS I, LLC	20-0040738
FRESHMEXFL, LLC	DEL TACO	86-3332708
EARTHQUAKE HOLDINGS, INC.	WICKED COOL	82-4968899
DISCOVERY INDIANA EMPLOYER LLC	GREENTREE AT WESTWOOD SENIOR LIVING	47-5618736
HICKORY PROPERTIES INC	HICKORY HILLS COUNTRY CLUB	36-2755797
BUCKINGHAM SENIOR LIVING COMMUNITY	BUCKINGHAM SENIOR LIVING COMMUNITY	30-0097872
JDP PARTNERS, INC	SVN VANGUARD	27-1504673
DISCOVERY ILLINOIS EMPLOYER LLC	LIBERTY COURT SENIOR LIVING	93-4107430
ILA PRIVATE EDUCATION, LLC	IVY LEAGUE ACADEMY	82-4308471
EXCELSIOR CHARTER OF BROWARD, INC.	EVEREST CHARTER SCHOOL	20-3521211
D M KELLY AND COMPANY	D M KELLY AND COMPANY	42-1439008
Z MITCH, LLC	ADVENTHEALTH CENTER ICE	45-4034706
CAREFIRST SPECIALTY PHARMACY LLC	CAREFIRST SPECIALTY PHARMACY	47-2084409
THE CONCIERGE LEVEL INC	THE CONCIERGE LEVEL INC	20-5614557
VENUWORKS OF VICKSBURG, LLC	VENUWORKS OF VICKSBURG, LLC	55-0790819
BRIDGE SENIOR LIVING, LLC	SOMERBY BAXTER VILLAGE	20-1457828
VENUWORKS OF BURNSVILLE	VENUWORKS OF BURNSVILLE	37-1539609
MOTEN LLC	MOTEN LLC	20-3281353
VENUWORKS OF DAVENPORT, LLC	VENUWORKS OF DAVENPORT, LLC	48-1261756
STEWART-PETERSON GROUP, INC.	STEWART-PETERSON GROUP, INC.	39-1526549
ALIGN DIVINE LLC	ALIGN DIVINE LLC	85-4140954
CORP PCS LLC	CORP PCS LLC	95-4653877
BEST CARE PHARMACY INC	BEST CARE PHARMACY INC	45-2946928
FIBRONOSTICS US, INC.	FIBRONOSTICS US, INC.	82-2442344
MARCO ISLAND YACHT CLUB INC.	MARCO ISLAND YACHT CLUB INC	65-1116984
RMI DIRECT MARKETING, INC.	RMI DIRECT MARKETING, INC.	06-1461588
VENUWORKS OF TOPEKA, LLC	VENUWORKS OF TOPEKA, LLC	48-1261748
VENUWORKS OF KENNEWICK	VENUWORKS OF KENNEWICK	20-0270961
AGRO-IRON LLC	AGRO-IRON LLC	36-4861673

MICHAEL MANCUSI	MICHAEL MANCUSI	47-3507086
CEJ DONUTS, LLC	DUNKIN DONUTS	87-1238934
INNOVATIVE RESEARCH OF AMERICA	INNOVATIVE RESEARCH OF AMERICA	65-0604295
ATHLETE ONE, LLC	ATHLETE ONE	93-2973107
THE TRUCK WORKS, INC.	THE TRUCK WORKS, INC.	59-3548044
ABILIT HOLDINGS HAWTHORNE CROSSING LLC	COURTYARD ESTATES AT HAWTHORNE CROSSING	30-1200766
TMB HOLDINGS, LLC	TMB HOLDINGS, LLC	90-0395887
STARCHILDHC, LLC	STAR CHILD ACADEMY	92-1382558
SONA SENIOR LIVING MA LESSEE LLC	THE PARC AT HARBOR VIEW	99-1053182
SILVER STATE MHP LLC	SILVER STATE MHP	84-3439812
AVLINO INC	AVLINO INC	46-4445802
ELSINORE HILLS RV PARK, LLC	ELSINORE HILLS RV PARK, LLC	83-4707041
SHAPING EXPECTATIONS THERAPY, LLC	SHAPING EXPECTATIONS THERAPY, LLC	82-3912501
DUNN MANUFACTURING CORP.	DUNN MANUFACTURING CORP.	23-1625313
INTERNATIONAL TRUCKING GROUP INC	INTERNATIONAL TRUCKING GROUP INC	20-8511473
DAVIS ISLAND YACHT CLUB	DAVIS ISLAND YACHT CLUB	59-0870549
DANIEL B. GEEHAN DBA BRENTON PRIVATE WEALTH ADVI	BRENTON PRIVATE WEALTH ADVISORS	47-4273446
SEVEN KINGS MANAGEMENT, LLC	SEVEN KINGS MANAGEMENT, LLC	87-3527259
RIVERCREST PLACE ASSISTED LIVING LLC	RIVERCREST PLACE ASSISTED LIVING	33-1596607
FRIEDA WINDOW SYSTEMS, INC	FRIEDA WINDOW SYSTEMS, INC	59-3088628
KPG INVESTMENTS, INC.	KPG INVESTMENTS, INC.	59-2551726
BOOTLEGGERS HOMEMADE WINE LLC	BOOTLEGGERS HOMEMADE WINE LLC	80-0695545
YNOT VENDING, LLC	YNOT VENDING, LLC	46-2522988
AHUS INC	AHUS INC	65-0979544
RIDGEVIEW RV RESORT LLC	RIDGEVIEW RV RESORT LLC	87-2999251
EHTO CONSULTING GROUP INC	EHTO CONSULTING GROUP INC	20-0302482
ONCLAVE NETWORKS, INC.	ONCLAVE NETWORKS, INC.	81-4580797
PRETTY WOMAN LLC	PRETTY WOMAN LLC	92-2146507
TRUST US SINCE 1999, INC.	HATCH TOYOTA STATELINE/CDJR	83-4533765
EXECUTE TO WIN LLC	EXECUTE TO WIN LLC	45-2531637
CITY OF PALMS CHARTER HIGH SCHOOL, INC.	CITY OF PALMS CHARTER HIGH SCHOOL, INC.	20-4994481
EPILOGUE SYSTEMS INC	EPILOGUE SYSTEMS INC	27-2488239
RIVERLAND AG CORP	RIVERLAND AG CORP	20-5952900

PROGRESS REHABILITATION NETWORK, LLC	PROGRESS REHABILITATION NETWORK, LLC	16-1755725
FAIRWAY SUPPLY, INC.	FAIRWAY SUPPLY, INC.	75-1708639
AFB MANAGEMENT, PLLC	AFB MANAGEMENT	93-1505997
HILTON HEAD ASSISTED LIVING, LLC	VILLAGE COVE ASSISTED LIVING	93-2338250
RACCOON RIDGE COMMUNITY CHURCH	RACCOON RIDGE COMMUNITY CHURCH	47-5486576
PHOENIX SERVICES, LLC	PHOENIX SERVICES, LLC	20-8715610
FLAIR DIVERSIFIED PROPERTIES, LLC	STOP N STOR MINI STORAGE	94-3129446
IOWA ELEVATOR SYSTEMS AND SERVICE, INC	IOWA ELEVATOR SYSTEMS AND SERVICE, INC	42-1344964
A PLUS LOGISTICS, LLC	A PLUS LOGISTICS, LLC	46-1130005
DEALER IMPACT SYSTEMS, LLC	FLICKFUSION	39-1946535
TOSH, INC.	CHECK CITY	87-0524498
THE GANTEN GROUP, LLC	THE GANTEN GROUP, LLC	27-2616049
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT EAST AMHERST	81-2312232
PATHWAYS MEDICAL ASSOCIATION	PATHWAYS MEDICAL ASSOCIATION	45-4956490
TOP TIER SECURITY SOLUTIONS LLC	TOP TIER SECURITY SOLUTIONS LLC	92-0527719
DISCOVERY IOWA EMPLOYER LLC	ADDINGTON PLACE OF CLINTON	92-3039264
ARRINGTON LUMBER & PALLET COMPANY INC.	ARRINGTON LUMBER & PALLET CO.	75-2379697
CREATIVE WEALTH MANAGEMENT, LLC	CREATIVE WEALTH MANAGEMENT, LLC	74-3059499
FINDING SERENITY	MASSAGE HEIGHTS	26-3873386
PRIORITY FINANCIAL GROUP, LLC	PRIORITY FINANCIAL GROUP, LLC	45-5280570
COMMERCIAL FURNITURE SERVICES, INC.	COMMERCIAL FURNITURE SERVICES, INC.	41-1549436
WHITNEY GEORGETOWN, LLC	GEORGETOWN WOODS APARTMENTS	45-1759695
MERIDIAN STRATFORD PLACE LIMITED	MERIDIAN STRATFORD PLACE APARTMENTS	38-3628164
WHITNEY MANAGEMENT GROUP	WHITNEY MANAGEMENT CORP	74-2004297
ANGELA B. NAHL M.D., INC.	ANGELA B. NAHL M.D., INC.	01-0741683
ISL EMPLOYEES, INC.	THE LODGE AT GREELEY	13-4212788
RODRIQUEZ WEALTH MANAGEMENT INC	RODRIQUEZ WEALTH MANAGEMENT INC	84-4086325
ISOCRATES LLC	ISOCRATES LLC	47-4153206
MARK BOND & COMPANY, INC.	MARK BOND & COMPANY	75-2174264
S.P. ENTERPRISES 2005 INC.	BIG O TIRES RICHMOND	85-1358102
WHITNEY O'FALLEN LLC	PINEWOOD PLACE APARTMENTS	46-4987149
DISCOVERY XT EMPLOYER LLC	THE LANDING OF POUGHKEEPSIE	81-2312232
VELOCITY AUTOMOTIVE HOLDINGS KDH NC, LLC	MEINEKE CAR CARE KILL DEVIL HILLS #2199	33-2095328

KESARI HOSPITALITY LLC	HILTON GARDEN INN YUMA	47-4727072
DIXON CONSTRUCTION CO	DIXON CONSTRUCTION CO	73-1382260
JBC VENTURES, LLC	GP MOTOR COMPANY AND PARKLINE MOTORS	46-5270736
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA ROCK HILL	82-2370236
XPOWER MANUFACTURE, INC.	XPOWER MANUFACTURE, INC.	80-0710178
K-SPACE IMAGING CORP.	K-SPACE IMAGING CORP.	85-3423264
TRUSTPOINT LEGAL TALENT, LLC	TRUSTPOINT LEGAL TALENT, LLC	87-3976805
AMERICAN ORIGINAL BALLGLOVE CO., LLC	NOKONA	27-2765578
CAMBRIDGE MANAGEMENT COMPANY, LLC	CAMBRIDGE MANAGEMENT COMPANY, LLC	38-3577888
DISCOVERY XT EMPLOYER LLC	SUMMER PLACE - CHELMSFORD	81-2312232
DISCOVERY XT EMPLOYER LLC	VENTURA PLACE	81-2312232
LUXUS DIGITAL LLC	LUXUS DIGITAL LLC	82-5327228
SUN BAY SUITES & APARTMENTS	SUN BAY SUITES & APARTMENTS	86-0631064
ALLEN KING WONG, D. D. S., A PROFESSIONAL DENTAL CC	WONG ORTHODONTICS	95-2669520
JASON L WALKER	JASON L WALKER	25-3590982
THE PEEBLES CORPORATION	THE PEEBLES CORPORATION	52-1878092
SOUTHERN KENTUCKY FINANCIAL SERVICES LLC	SOUTHERN KENTUCKY FINANCIAL SERVICES LLC	84-3106623
COUNTERINTUITY, LLC	COUNTERINTUITY, LLC	26-0304791
HARLOW WEALTH MANAGEMENT, INC.	HARLOW WEALTH MANAGEMENT, INC.	20-3317043
HELLENIC CLASSICAL CHARTER SCHOOL-STATEN ISLAND	HELLENIC CLASSICAL CHARTER SCHOOL-STATEN ISLAI	85-1596185
KELLER LAW LLP	KELLER LAW LLP	46-5634735
OC HOSPITALITY, LLC	CANDLEWOOD SUITES	92-2622781
JETALL COMPANIES, INC.	JETALL COMPANIES, INC.	54-2182089
GREEN MOUNTAIN COMMUNITY SCHOOL, INC.	GREEN MOUNTAIN COMMUNITY SCHOOL, INC.	87-1867364
SOPHOS PRODUCTIONS LLC	APTLY	83-3782846
DISCOVERY AT HOME GULF COAST, LLC	DISCOVERY AT HOME GULF COAST	46-3588877
100X BRANDS, LLC	100X EQUINE	84-1969260
SUBTLE IMPRESSIONS INCORPORATED	SUBTLE IMPRESSIONS, INCORPORATED	56-1550831
IOWA 4-H FOUNDATION	IOWA 4-H FOUNDATION	42-6061606
CHANGE COURSE	CHANGE COURSE	87-4559307
ALF BC BETHESDA LLC	ALF BC BETHESDA LLC	45-2788807
AMERICAN HOME HEALTH INC.	AMERICAN HOME HEALTH INC.	36-3818452
ACE TICKET WORLDWIDE, INC.	ACE TICKET	04-3551312

GENESIS INC.	GENESIS YOUTH FOUNDATION	80-0965193
LINDALE MOBILE HOME PARK SPE, LLC	LINDALE MOBILE HOME PARK SPE, LLC	88-3298184
ERX WEALTH, LLC	ERX WEALTH, LLC	20-3640083
GRETCHEN J. BREWER, O.D. AND ASSOCIATES, INC.	BREWER EYE ASSOCIATES	94-3417856
REVELATION SOFTWARE CONCEPTS	REVELATION SOFTWARE CONCEPTS	98-0382243
PB MANAGE NYC LLC	THE POLO BAR	84-3344093
MKR GROUP LLC	CENTENNIAL ADVISORS	82-3805030
CENTER FOR ANTI-AGING, P.C.	CENTER FOR ANTI-AGING, P.C.	46-2705416
DISCOVERY XT EMPLOYER LLC	COPPERFIELD ESTATES	81-2312232
PERFORMANCE MANAGEMENT GROUP INC.	PERFORMANCE MANAGEMENT	38-3820688
RIGHT WAY AUTOMOTIVE INC	MEINEKE CAR CARE CENTER 2829	83-4580472
LRM TRUCK REPAIR, INC.	LRM TRUCK REPAIR	81-4489757
NEPONSET BAY CAPITAL LP	NEPONSET BAY CAPITAL LP	82-2032471
IMMANUEL HOME HEALTH CARE, INC.	SIGNATURE HEALTH SERVICES	76-0483661
PHOENIX EDUCATION NETWORK, INC	NAPLES CLASSICAL ACADEMY	84-2776904
THE MEYERS PRINTING COMPANIES, INC.	THE MEYERS PRINTING COMPANIES, INC.	41-0760489
BOAVIDA COMMUNITIES LLC	BOAVIDA COMMUNITIES LLC	36-4919874
EAGLE CREEK MHP II LLC	EAGLE CREEK	85-2678812
ETANA HOLDINGS OPERATING SUB CORP	ETANA HOLDINGS OPERATING SUB CORP	33-1658016
ISL EMPLOYEES, INC.	HEARTIS BUCKHEAD	13-4212788
SIMPLICITY FINANCIAL MARKETING HOLDINGS, INC.	SIMPLICITY FINANCIAL	26-1553695
MY FAIR LADY TOURING	MY FAIR LADY TOURING	88-0640663
DISCOVERY MARYLAND EMPLOYER LLC	SEATON TOWSON	81-2272375
TRIARC CONSTRUCTION, LLC	TRIARC CONSTRUCTION, LLC	30-0804388
VOYAGE ET CIE, INC.	VOYAGE ET CIE, INC.	20-2715007
VFW MAINTENANCE INC.	VFW MAINTENANCE INC.	83-4159358
BLUE ROC PREMIER PROPERTIES, LLC	BLUE ROC PREMIER PROPERTIES, LLC	47-5374174
EHR REAL ESTATE SERVICES INC	EHR REAL ESTATE SERVICES INC	85-2214397
ESL SD VICTORIAN OPERATIONS LLC	THE VICTORIAN	82-1461995
GERBER AGRI INTERNATIONAL, LLC	GERBER AGRI INTERNATIONAL, LLC	58-2438846
DHANANI INVESTMENTS, LLC	SUPER KIDS ACADEMY LAKE NONA	27-3192531
WESTERN SERVICE MERCHANDISERS, INC.	WESTERN MARKETING SERVICES	20-4131113
SELF STORAGE MANAGEMENT OF MID-FLORIDA, LLC.	SELF STORAGE MANAGEMENT OF MID-FLORIDA, LLC.	04-3679290

CELL APPLICATIONS INC.	CELL APPLICATIONS INC.	33-0592912
CROSSROADS LIVE NORTH AMERICA LLC	CROSSROADS LIVE NORTH AMERICA LLC	13-4072122
AUTO PAINTING HOLDING, INC.	AUTO PAINTING HOLDING, INC.	26-2838665
IOWA BEEF CATTLE PRODUCERS ASSOCIATION	IOWA BEEF CATTLE PRODUCERS ASSOCIATION	42-0931773
INTEGRITY CONTROL SERVICES LLC	INTEGRITY CONTROL SERVICES LLC	27-3352545
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA FUQUAY-VARINA	85-3437133
IOWA CATTLEMEN'S ASSOCIATION	IOWA CATTLEMEN'S ASSOCIATION	42-0924739
MARSHALLTOWN YMCA - YWCA	MARSHALLTOWN YMCA - YWCA	42-1478611
AGRI-GATORS INC	AGRI-GATORS INC	59-3039037
MOAB DOWNTOWNER, LLC	MOAB DOWNTOWNER, LLC	92-1195718
8 CALIFORNIA AVE LLC	SPRINGHILL SUITES ALBANY-COLONIE	86-1866005
JCK INSPECTION	JCK INSPECTION	82-0849885
MAL-1 FINANCIAL, LLC	RINCON WEALTH MANAGEMENT	85-1608409
SCHWARZ DYGOS WHEELER INVESTMENT ADVISORS LLC	SDW INVESTMENT ADVISORS	26-2942242
ISL EMPLOYEES, INC.	CANYON TRAILS AT TOPANGA SENIOR LIVING	13-4212788
ENTERPRIZE MARINE, LLC	NAUTI TECH	99-1730737
AIR ACCESSORIES AND AVIONICS, INC.	AIR ACCESSORIES AND AVIONICS, INC.	65-0311444
WILSON-FINLEY COMPANY	WILSON-FINLEY COMPANY	56-1062019
STORAGE EXPRESS II, LLC	STORAGE EXPRESS II, LLC	60-0000694
BAYSIDE PALMS INVESTORS, LLC	BAYSIDE PALMS MOBILEHOME VILLAGE	45-3867262
BOLD LEGAL DEFENSE INSURANCE, INC.	BOLD LEGAL DEFENSE INSURANCE, INC.	45-4251824
EDWARD J BUJOLD MD	GRANITE FALLS FAMILY MEDICAL CENTER	58-2487115
267 MASSMUTUAL DETROIT METRO	267 MASSMUTUAL DETROIT METRO	00-0000000
MASON-DALLAS, INC	MASON-DALLAS, INC	75-1622909
SUPERIOR ENGINEERING INC	SUPERIOR ENGINEERING INC	57-0912149
DIKI HARMONY PLAYHOUSE, LLC	DIKI HARMONY PLAYHOUSE, LLC	84-3167451
CAMBRIDGE FITNESS OF CLEVELAND 1, LLC	CAMBRIDGE FITNESS OF CLEVELAND 1, LLC	45-4340346
TEGO DATA SYSTEMS, LLC	TEGO DATA SYSTEMS, LLC	38-3788126
CRAIG CLEMENTS	WADDELL & REED	87-1464649
BRIDGE SENIOR LIVING LLC	SOMERBY EDGEWATER	20-1457828
KEEPING AUSTIN WAXED, LLC	KEEPING AUSTIN WAXED, LLC	47-1054733
WATERS MEDICAL SYSTEMS, LLC	WATERS MEDICAL SYSTEMS, LLC	26-0727198
VIBRANALYSIS INC.	VIBRANALYSIS INC.	06-1169644

PEO AMERICA, LLC	PEO AMERICA, LLC	26-0842651
DENTAL IMPLANT PROFESSIONALS SUPPORT SERVICES, I	DENTAL IMPLANT PROFESSIONALS SUPPORT SERVICES	92-1219430
CHOICE PET PATTERSON, LLC	18 PATTERSON	87-4440783
IOWA CONCRETE PAVING ASSOCIATION	IOWA CONCRETE PAVING ASSOCIATION	42-0883571
COAST2COAST SURVEY CORPORATION	COAST2COAST SURVEY CORPORATION	88-0471542
AMICORP TRUSTEES (SOUTH DAKOTA) LLC	AMICORP TRUSTEES (SOUTH DAKOTA) LLC	36-4879278
GONZ COLLISION CENTER INC	GONZ COLLISION CENTER INC	59-2204412
FRIER TRANSPORT, INC	FRIER TRANSPORT, INC	59-3077746
US ALLIANCE MANAGEMENT CORP.	US SECURITY	65-0932472
RETIREMENT INCOME ADVISORY GROUP LLC	RETIREMENT INCOME ADVISORY GROUP LLC	81-4901662
VOLUNTEER ST. HORSEMEN'S FDN.	VOLUNTEER ST. HORSEMEN'S FDN.	62-1324410
CAPSTONE VALUATION ADVISORS, LLC	VALTRUST	45-4862634
ALPHA EYE WYOMISSING, LLC	ALPHA EYE WYOMISSING, LLC	82-2204454
IOWA READY MIXED CONCRETE ASSOCIATION	IOWA READY MIXED CONCRETE ASSOCIATION	42-0736004
BREAKTHRU MANAGEMENT LLC	BREAKTHRU MANAGEMENT LLC	87-4581481
COLUMBUS HOSPITALITY, LLC.	CAVASSON EAST SIDE (Internal Use Only)	31-1751326
APPWARD LLC	APPWARD LLC	86-1909813
QUOTE VELOCITY, LLC	QUOTE VELOCITY	82-3710438
NEXUS NOVA LLC	NEXUS NOVA LLC	85-3775976
CLARK ROAD MEAT COMPANY LLC	BUTCHER'S MARK - CLARK ROAD	86-2202347
JMC DESIGN AND DEVELOPMENT, INC.	JMC DESIGN AND DEVELOPMENT, INC.	59-2854830
ORTHO PIM, LLC	PAUL MELI ORTHOPEDICS	84-3706265
SC DELANCEY, LLC	HOLIDAY INN DELANCEY STREET	26-2766832
TOP TECH MANAGEMENT LLC	TOP TECH MANAGEMENT LLC	99-4375030
SIERRA HOMES INC.	INNOVATIVE CABINETS AND DESIGN	26-2777647
TOWN CENTER LLC	TOWN CENTER LLC	26-2442500
RONAN FINANCIAL CORPORATION	RONAN FINANCIAL CORPORATION	45-3732575
APARTMENT ASSOCIATION OF NEW MEXICO	APARTMENT ASSOCIATION OF NEW MEXICO	85-0267988
OPEN WATER SOLUTIONS, LLC	SHEPHERD COMMUNICATION AND SECURITY	26-0288838
ROBERT BOOKBINDER	ROBERT BOOKBINDER	93-2776510
RESOLUTION CAPITAL LP	RESOLUTION CAPITAL LP	20-0380918
PLANT HEALTH CARE INC	PLANT HEALTH CARE INC	88-0328711
DISCOVERY XT EMPLOYER LLC	DOGWOOD ESTATES	81-2312232

EFFECTIVE COMPUTER SOLUTIONS, INC.	EFFECTIVE COMPUTER SOLUTIONS, INC.	59-2084091
STORYBOOK SCHOOL LLC	STORYBOOK SCHOOL LLC	84-3850600
RED LEAF CHICAGO, LLC	DIGITALMINT	47-2075074
ATLAS SENIOR LIVING II, LLC	THE CANOPY AT BEACON WOODS	83-4534978
STARBOARD SOLUTION INC	STARBOARD SOLUTION INC	81-1347389
CROSS COUNTY CARDIOLOGY, P.A.	CROSS COUNTY CARDIOLOGY, P.A.	22-3238778
LARKMEAD VINEYARDS	LARKMEAD VINEYARDS	94-1641954
JPPLASTICS INC	JPPLASTICS, INC.	56-1511370
SIMPLIIGENCE INC.	SIMPLIIGENCE INC.	84-3082252
TALLAHASSEE OSL OPERATING LLC	THE OPAL AT HERMITAGE	93-3317393
AMAZING INVESTMENT LLC	HOME2 SUITES BY HILTON AZUSA	46-5221519
SCR PRECISION TUBE BENDING, INC.	SCR PRECISION TUBE BENDING, INC.	59-3040419
PHOENIX TOOL AND GAGE, INC	PHOENIX TOOL AND GAGE, INC	86-0370139
ISL EMPLOYEES, INC.	LOMA CLARA SENIOR LIVING	13-4212788
RHCSC SAVANNAH AL HOLDINGS LLC	THE GARDENS OF SAVANNAH	82-4613670
THREE RIVERS SOUL OUTSOURCE LLC	THREE RIVERS SOUL OUTSOURCE LLC	47-5134292
CB DOWNTOWNER, LLC	CB DOWNTOWNER, LLC	93-3987399
CARING HEART TAMPA LLC	CARING HEART TAMPA LLC	99-4295657
KATHREIN BROADCAST USA INC	KATHREIN BROADCAST USA INC	83-3157305
PROCOM PAINTING, LLC	PROCOM PAINTING, LLC	16-1719321
CLEAR VIEW CASKETS, INC	CLEAR VIEW CASKETS, INC	83-4594240
RJ WEALTH ADVISORS, INC.	RJ WEALTH ADVISORS, INC.	88-2860509
EVERSHORE FINANCIAL GROUP INC	EVERSHORE FINANCIAL GROUP INC	26-3426398
VELCO TOOL AND DIE, INC	VELCO TOOL AND DIE, INC	33-0038598
DISCOVERY ARIZONA EMPLOYER LLC	SOLSTICE AT SUN CITY WEST	92-3270269
EXPRESS MEDICAL & NUTRITION SUPPLY, INC.	EXPRESS MEDICAL & NUTRITION SUPPLY, INC.	59-3294108
TRUMPKARD CELINA PROSPER GUNTER LLC	KELLER WILLIAMS NORTH COUNTRY	26-0346400
ORGANIC FAMILY FARMS MARKETING, LLC	ORGANIC FAMILY FARMS MARKETING, LLC	83-1698903
DISCOVERY XT EMPLOYER LLC	CARUTH HAVEN COURT	81-2312232
NORTON RU ONE, LLC	NORTON RU ONE, LLC	46-2414940
ALBUM HEALTH	ALBUM HEALTH	82-2300444
IOWA BEHAVIORAL HEALTH ASSOCIATION	IOWA BEHAVIORAL HEALTH ASSOCIATION	42-1388307
AAA MOUNTAIN WATERPROOFING, LLC	AAA MOUNTAIN WATERPROOFING, LLC	82-1841472

COACHELLA VALLEY LIGHTHOUSE	COACHELLA VALLEY LIGHTHOUSE	83-2843199
BOLO FAMILY PROVISIONS, INC.	BOLO FAMILY PROVISIONS, INC.	83-1605668
METCO CREDIT UNION	METCO CREDIT UNION	42-0835734
VUKOTA CAPITAL MANAGEMENT LLC	VUKOTA CAPITAL MANAGEMENT LLC	46-3436969
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY COMMONS AT BRADENTON	81-2198145
COOSAW CREEK OWNERS' ASSOCIATION, INC.	COOSAW CREEK OWNERS' ASSOCIATION, INC.	57-0941213
ISL EMPLOYEES, INC.	VIVANTE NEWPORT CENTER	13-4212788
VELOCITY AUTOMOTIVE HOLDINGS SHEBOYGAN WI LLC	MEINEKE CAR CARE SHEBOYGAN	99-2900999
LONGEVITY SENIOR LIVING GRANITE CITY OPERATOR LLC	LONGEVITY SENIOR LIVING GRANITE CITY OPERATOR L	39-3735720
MACEDONIA MISSIONARY BAPTIST CHURCH OF EATONVIL	MACEDONIA MISSIONARY BAPTIST CHURCH OF EATON\	59-1715085
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA THORNBLADE	82-2370236
8400 AIRPORT JUNEAU ASPEN, LLC	ASPEN JUNEAU	33-2682685
PRIVAMEDIS, LLC	PRIVAMEDIS, LLC	82-2596125
ASIA INTERNATIONAL, INC.	ASIA INTERNATIONAL, INC.	51-0650955
SFL AXIS 1, LLC	THE JOINT GARDENS SQUARE CENTER	83-2565463
HUMAX USA, INC.	HUMAX USA, INC.	77-0549234
MINERVA, INC.	MINERVA, INC. CORP	59-1488034
1ANDFUND LLC	1ANDFUND LLC	92-2365253
POLO CLUB, L.L.C.	POLO CLUB	71-0977402
STRATEGIS TAX MGMT GROUP, INC	STRATEGIS TAX MGMT GROUP, INC.	33-0965024
MILEAN,INC	FIREHOUSE SUBS	45-1176328
COMMERCIAL PARTNERS EXCHANGE COMPANY, LLC	COMMERCIAL PARTNERS EXCHANGE COMPANY, LLC	20-2447273
ADDISON INTERNAL MEDICINE PA	ADDISON INTERNAL MEDICINE PA	46-2447425
EDUARDO R HERRERA JR MD	EDUARDO R HERRERA JR MD	47-2466419
VENUWORKS OF PELHAM LLC	VENUWORKS OF PELHAM, LLC	87-2465750
INTERLINC FINANCIAL ADVISORS, INC.	INTERLINC FINANCIAL ADVISORS, INC.	81-4342916
CIRCUIT ASSEMBLY CORP	CIRCUIT ASSEMBLY CORP	82-2971206
KD DISTRIBUTORS INC.	KD DISTRIBUTORS INC.	20-8027924
WRIGHT BROTHERS GLASSWORKS, INC.	WRIGHT BROTHERS GLASSWORKS, INC.	06-1501242
TG TRUCK WASHING INC	TG TRUCK WASHING INC	33-2582229
MOUNTAIN PEAKS DIAGNOSTICS, LLC	MOUNTAIN PEAKS DIAGNOSTICS, LLC	35-2578676
ANTHROPEDIA, INC.	ANTHROPEDIA, INC.	20-0623293
GENERGY SITE SERVICES, INC.	CPL GROUP, TECHNICAL SYSTEMS INTEGRATION, ELEC	99-3383907

OUTBOARD MARINE LLC	OUTBOARD MARINE LLC	88-3170684
JL HOTEL EDGEWATER, LLC	JL HOTEL EDGEWATER, LLC	88-2897879
OLD PLANTATION INVESTORS, L.P.	OLD PLANTATION MHP	20-4144947
D. LOTT, INC.	D. LOTT, INC.	75-2519063
NORTHBOUND SOLUTIONS LLC	NORTHBOUND SOLUTIONS LLC	92-1122219
WINDSOR HILLS MASTER COMMUNITY ASSOCIATION	WINDSOR HILLS MASTER COMMUNITY ASSOCIATION	32-0116471
WHATEVER IT TAKES MEDICAL, LLC	WHATEVER IT TAKES MEDICAL, LLC	92-2233103
HTL, INC.	LEE'S FAMOUS RECIPE CHICKEN-RICHMOND	54-1759796
JBW FINANCIAL LLC	JBW FINANCIAL LLC	92-1345118
WEN - PARKER LOGISTICS, INC.	WEN - PARKER LOGISTICS, INC.WEN - PARKER LOGISTI	06-1775180
J AND J GAS SERVICE, INC.	J AND J GAS SERVICE, INC.	59-2617703
DISCOVERY MARKETING GROUP, LLC	STAT Marketing	27-3988995
TARA ESTATES MHC LLC	TARA ESTATES MHC LLC	92-1470460
ECHO QUALITATIVE PROJECT SUPPORT	ECHO QUALITATIVE PROJECT SUPPORT	82-0776174
CIRCLE B OF OCALA, INC	CIRCLE B OF OCALA, INC	59-3209536
ENVIRONMENTAL OFFICE SOLUTIONS, INC.	ENVIRONMENTAL OFFICE SOLUTIONS, INC.	06-1459730
THE LAUREL HILL ADVISORY GROUP LLC	THE LAUREL HILL ADVISORY GROUP LLC	26-0600302
COUNTRY LAKE MHC GP, LLC	COUNTRY LAKE MHC GP, LLC	82-2181190
LONG BEACH GROUP INC.	LONG BEACH GROUP INC.	95-2794527
SAN JOSE CARE HOSPICE	SAN JOSE CARE HOSPICE	85-3499380
THE ILIFF SCHOOL OF THEOLOGY	THE ILIFF SCHOOL OF THEOLOGY	84-0404244
BROTHERS ALVARADO PIAZZA AND COZORT PC	BROTHERS ALVARADO PIAZZA AND COZORT PC	26-4092512
TEK SOURCE USA INC	TEK SOURCE USA, INC.	57-1218432
RMTS ZILLAH LLC	RMTS ZILLAH LLC	46-2923318
SOMERFORD PLACE OF ENCINITAS, LLC	SOMERFORD PLACE OF ENCINITAS	87-2363945
TELLIGEN COMMUNITY INITIATIVE	TELLIGEN COMMUNITY INITIATIVE	20-2017785
RADHA BEAUTY PRODUCTS LLC	RADHA BEAUTY PRODUCTS LLC	47-2320907
FORBES HAMILTON MANAGEMENT COMPANY	FORBES HAMILTON MANAGEMENT COMPANY	59-2816193
A2Z HOSPITALITY MANAGEMENT CO., LLC	THE FOUR POINTS BY SHERATON, PUNTA GORDA	46-4940546
ELEVATE USA	ELEVATE USA	46-3637392
CRC-RMI OF GEORGIA LLC	CRC-RMI OF GEORGIA LLC	39-2868715
CANYON ATLANTIC - PLANO LLC	TEXAS SURGICAL HOSPITAL LLC	84-3385649
SINGER WEALTH ADVISORS, LLC	SINGER WEALTH ADVISORS, LLC	46-4915730

GIORDANO CO.	GIORDANO CO.	22-1853733
ISL EMPLOYEES, INC.	THE PALMS AT BONAVENTURE AL	13-4212788
NOPAL CYBER	NOPAL CYBER LLC	92-1105637
COLUMBUS HOSPITALITY LLC	GRANDVIEW YARD CROSSINGS CAFE (Internal Use Only)	31-1751326
SCHOLASTICA INC	SCHOLASTICA INC	82-1100737
COUNTRY CLUB ESTATES COOPERATIVE, INC.	COUNTRY CLUB ESTATES COOPERATIVE, INC.	59-2653265
LIONSHEAD STORE LLC	ALPINE WINE AND SPIRITS	20-3555172
CWP DEVELOPMENT, LLC	CWP DEVELOPMENT, LLC	27-0530617
ASBURY MANAGEMENT GROUP, INC.	ASBURY MANAGEMENT GROUP, INC.	38-4125237
GEORGE S. YATROS DENTAL SLEEP, LLC	DENTAL SLEEP SOLUTIONS	20-5411670
DENTAL SLEEP SOLUTIONS FRANCHISING, LLC	DENTAL SLEEP SOLUTIONS	26-4722158
TRIMM ROOFING LLC	TRIMM ROOFING LLC	88-2510442
A. ALESSIO CONTE DDS, PA	A. ALESSIO CONTE DDS, PA	59-3451365
LEWIS AND LEWIS EYE CARE CLINIC	LEWIS AND LEWIS EYE CARE CLINIC	73-1578485
CYPRESS CREEK MRI, LLC	CYPRESS CREEK MRI, LLC	82-5225479
ROBERT JR CHIROPRACTIC CORPORATION	AXIS CHIROPRACTIC HEALTH	83-4253872
MODEL PHARMACY LLC	MODEL PHARMACY LLC	46-1793666
RSS/ROCKY MOUNT OPERATIONS LLC	NAVION OF ROCKY MOUNT	93-3895225
DISCOVERY ILLINOIS EMPLOYER LLC	SOLSTICE AT JOLIET	93-4107430
EAGLES' NEST COMMUNITY CHARTER SCHOOLS, INC.	LUCIOUS AND EMMA NIXON ACADEMY	65-1046983
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT WACO	26-2991559
ANCO-SUPERIOR, INC.	ANCO-SUPERIOR, INC.	59-3219569
PRECISION AIR LOGISTICS INC	PRECISION AIR LOGISTICS INC	84-1847847
DISCOVERY IOWA EMPLOYER LLC	ADDINGTON PLACE OF BURLINGTON	92-3039264
EWC PFLUGERVILLE LLC	EWC PFLUGERVILLE LLC	88-3889180
AGUINAGA GREEN INC	AGUINAGA GREEN INC	26-0577581
BELLAMARE @ WILLIAMS ISLAND CONDO ASSOCIATION	BELLAMARE @ WILLIAMS ISLAND CONDO ASSOCIATION	20-2805499
CHOICE PET FOOD DISTRIBUTORS, INC.	CORPORATE	06-1031222
COVENANT TECHNOLOGY SERVICES, LLC	COVENANT TECHNOLOGY SERVICES, LLC	76-0467231
OWL CAFE, LLC	OWL CAFE, LLC	87-4012727
E STREET HOSPITALITY LLC	HOTEL FIDI	99-4175225
INTERTEK INDUSTRIAL CORPORATION	INTERTEK INDUSTRIAL CORPORATION	59-3123866
UNIVERSITY LAKE HOTEL, LLC	SPRINGHILL SUITES ANCHORAGE UNIVERSITY LAKE	82-2317724

DYNAMIC HOPE SCHOOLS LLC	DYNAMIC HOPE SCHOOLS LLC	93-1434013
PROVINCIAL SENIOR LIVING LLC	PROVINCIAL SENIOR LIVING	93-4124969
RENNTECH, INC	RENNTECH, INC	65-0153124
P FINANCIAL SERVICES COMPANY LLC	TRILITH WEALTH MANAGEMENT	85-2849313
GINGER FRESH MARKET, LLC	GINGER FRESH MARKET LLC	85-0945628
FX SHOULDER SOLUTIONS, INC.	FX SHOULDER SOLUTIONS	82-3505600
KIRKSVILLE SPECIALTY CLINIC, LLC	KIRKSVILLE SPECIALTY CLINIC, LLC	83-1299696
PREMIER FURNITURE SERVICES, LLC.	PREMIER FURNITURE SERVICES, LLC.	59-3680439
GARMANY OF RED BANK, INC.	GARMANY OF RED BANK, INC.	22-2990248
SPEARS SERVICES INC	SPEARS SERVICES INC	62-1684035
BUCCANEER BROKERAGE	BUCCANEER CONTAINER CORP.	58-1050517
STR8LINE INSURANCE ENTERPRISES, LLC	STR8LINE INSURANCE ENTERPRISES, LLC	81-2495058
DENCO II, LLC	DENCO II, LLC	27-2991900
ORBUSNEICH MEDICAL INC	ORBUSNEICH MEDICAL INC	65-0943118
PEACHTREE HERITAGE 1818 OPCO, LLC	LEGACY RIDGE AT PEACHTREE	83-4534978
ACCELERATED TECHNOLOGY LABORATORIES, LLC	ACCELERATED TECHNOLOGY LABORATORIES, LLC	56-2113028
ARIZE FEDERAL CREDIT UNION	ARIZE FEDERAL CREDIT UNION	25-1348220
SF HOTEL GROUP, LLC	HAMPTON INN SENECA FALLS, NY	82-3459940
FIRST GUARANTY MANAGEMENT CORP	FIRST GUARANTY MANAGEMENT CORP	58-1374623
HOME-BASE USA LLC	SALES ROADS	26-0153695
SOCAL JAMBA, LLC	SOCAL JAMBA, LLC	46-3792266
BRISAM JFK, LLC	BROOKVILLE HOTEL AT JFK	27-0118873
SHORT RUN PRO, LLC	SHORT RUN PRO, LLC	20-4822605
SENIOR HOUSING HEALTH CARE, INC.	VINTAGE HILLS OF INDIANOLA	20-3308829
ORLANDO CC HOTEL, LP	HOLIDAY INN EXPRESS & SUITES LAKE BUENA	81-0703972
HOUSEHOLDER GROUP COACHELLA VALLEY LLC	HOUSEHOLDER GROUP COACHELLA VALLEY LLC	84-4068221
FRANKLIN M. CHU, MD. INC.	SAN BERNARDINO UROLOGICAL ASSOCIATION	33-0518310
T1 TECHNOLOGIES INC.	T1 TECHNOLOGIES INC.	03-0593365
DISCOVERY XT EMPLOYER LLC	HERITAGE PLACE AT FREDERICKSBURG	81-2312232
ONE HEALTH SERVICES, LLC	ONE HEALTH SERVICES, LLC	92-0937505
WEALTH ANALYTICS PARTNERS, LLC	WEALTH ANALYTICS PARTNERS, LLC	20-1795241
AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA	AFFORDABLE HOUSING CENTERS OF PENNSYLVANIA	22-2702301
BROOKSTONE 1818 OPCO, LLC	LEGACY RIDGE AT BROOKSTONE	83-4534978

275 MASSMUTUAL (SPLIT 101,104)	275 MASSMUTUAL (SPLIT 101,104)	00-0000000
SOUTH WOODSTOCK COMMUNITY PARTNERS	SOUTH WOODSTOCK COMMUNITY PARTNERSHIP LLC	82-1948189
BRIDGE SENIOR LIVING LLC	SOMERBY LAKE NONA	20-1457828
UNITED MARINE MANUFACTURERS ASSOCIATION, INC.	UMMA INC	88-2861311
DIVINE RENOVATION USA	DIVINE RENOVATION USA	85-4349230
MAKUSAFE CORP	MAKUSAFE	81-2776536
GCH RENTALS LLC	GCH RENTALS LLC	92-1577684
UNION PACIFIC STREAMLINER FEDERAL CREDIT UNION	UNION PACIFIC STREAMLINER FEDERAL CREDIT UNION	47-0383564
VENUWORKS OF PADUCAH, LLC	VENUWORKS OF PADUCAH, LLC	83-3645806
DISCOVERY DESIGN CONCEPT, LLC	DISCOVERY DESIGN CONCEPTS	83-2011474
DISCOVERY DEVELOPMENT GROUP, LLC	DISCOVERY DEVELOPMENT GROUP	46-1930903
DRIVERREACH, LLC	DRIVERREACH LLC	81-2638348
BRIDGE SENIOR LIVING LLC	HERITAGE PLACE	20-1457828
PSL ASSOCIATES LLC	MAGNOLIA PLACE OF ROSWELL PERSONAL CARE HOM	83-1427127
VANTAGE BENEFITS, LLC	VANTAGE BENEFITS, LLC	84-3962645
PSL ASSOCIATES LLC	HISTORIC ROSWELL PLACE ASSISTED LIVING AND MEM	83-1427127
SENIOR HOUSING CONSULTANTS INC	SENIOR HOUSING CONSULTANTS INC	76-0741352
FAMILY FORTUNE FINANCIAL, LLC	FAMILY FORTUNE FINANCIAL, LLC	83-2950880
WEBSTER FINANCIAL AND TAX ADVISORY GROUP, LLC.	WEBSTER FINANCIAL AND TAX ADVISORY GROUP, LLC.	26-1453150
NEW VISION MECHANICAL LLC	NEW VISION MECHANICAL LLC	68-0657704
DISCOVERY XT EMPLOYER LLC	CALLIGRAPHY WESTWOOD VILLAGE	81-2312232
ACADEMY DOOR & CONTROL CORPORATION	ACADEMY DOOR & CONTROL CORPORATION	54-0966612
THE CENTER FOR MULTICULTURAL WELLNESS AND PREV	THE CENTER FOR MULTICULTURAL WELLNESS AND PR	59-3368679
ALPHA OPTICAL KING OF PRUSSIA, LLC	ALPHA OPTICAL KING OF PRUSSIA, LLC	92-1813292
DECKER WEALTH MANAGEMENT LLC	DECKER WEALTH MANAGEMENT LLC	88-2849701
FUN TIME EARLY CHILDHOOD ACADEMY	FUN TIME EARLY CHILDHOOD ACDMY	59-1039978
PSL ASSOCIATES LLC	DUNWOODY PLACE PERSONAL CARE HOME	83-1427127
ABOVE THE SEA RESTAURANT, INC.	ABOVE THE SEA RESTAURANT, INC.	87-3091940
PSL ASSOCIATES LLC	PEGASUS LANDING OF OVERLAND PARK	83-1427127
CLEAR CREEK MECHANICAL, LLC	CLEAR CREEK MECHANICAL, LLC	82-5156778
J.M. LODGING, LLC	BEST WESTERN PLUS MYRTLE BEACH	56-2343355
BERKSHIRE HATHAWAY HOMESERVICES FLORIDA NETWO	BERKSHIRE HATHAWAY HOMESERVICES FLORIDA NET\	59-3584700
RESEARCH YOUR HEALTH LLC	RESEARCH YOUR HEALTH LLC	83-4398239

EXODUS RECOVERY, INC.	EXODUS RECOVERY, INC.	95-4156974
MOTION TRANSIT LLC	MOTION TRANSIT LLC	81-3138574
GC CONTRACTORS LLC	GC CONTRACTORS LLC	66-1110187
NAUTIMART, INC.	NAUTIMART, INC.	83-1641663
SAPFO, INC.	HOBNOB HALCYON	27-0823270
CHARLES M. KAMIYA AND SONS, INC.	KAMIYA INSURANCE AGENCY	33-0643724
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT CLOVIS	81-2312232
DESERT TOX, LLC	DESERT TOX, LLC	81-5346074
DISCOVERY PENNSYLVANIA EMPLOYER LLC	DISCOVERY COMMONS BETHEL PARK	47-5629412
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT BAXTER VILLAGE	26-2991559
BERNSTEIN LIEBHARD LLP	BERNSTEIN LIEBHARD LLP	13-3730597
ORLANDO HEART AND VASCULAR CENTER, LLC	ORLANDO HEART AND VASCULAR CENTER	20-1847055
SONA SENIOR LIVING OH LLC	CANTON REGENCY	87-3783051
RIVERHEAD DODGE INC.	RIVERHEAD CHRYSLER DODGE JEEP RAM	11-2389465
DISCOVERY IOWA EMPLOYER LLC	ADDINGTON PLACE OF MUSCATINE	92-3039264
DISCOVERY WISCONSIN EMPLOYER LLC	VILLAGE AT THE FALLS	92-3224466
INFINITY SYSTEMS INC	INFINITY SYSTEMS	76-0331523
CONCERT WEST LAKE, LLC	WEST LAKE COUNTRY CLUB	47-3590698
FINCH AND DAISY CONSULTING LLC	FINCH AND DAISY CONSULTING LLC	82-2707708
WINTON CORP.	WINTON CORP.	04-2744410
TVILLE SL INVESTORS36, LLC	LEGACY RIDGE TRUSSVILLE	83-4534978
MONARCH REALTY GROUP HOLDINGS LLC	MONARCH REALTY GROUP	84-2619354
SAWDUST NEXT LEVEL LLC	MCKAYS AUTOMOTIVE	20-2576846
K2 STAFFING LLC	K2 STAFFING LLC	93-3056745
RAMROD DISTRIBUTION INC.	RAMROD DISTRIBUTION INC.	84-4722923
BIG PUBLICATIONS, LLC	BIG PUBLICATIONS, LLC	26-2374961
ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA INC.	ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA IN	65-0260360
APEX BUILDING COMPANY INC.	APEX BUILDING COMPANY INC.	13-3968630
TRIDENT LAND TRANSFER COMPANY, LLC	TRIDENT LAND TRANSFER COMPANY, LLC	46-3298087
RED ROOSTER HARLEM LLC	RED ROOSTER HARLEM LLC	27-2386120
ORTHO FNN LLC	SOUTH MIAMI WALK IN ORTHOPEDICS	81-2408842
COGITO REALTY PARTNERS LLC	COGITO REALTY PARTNERS LLC	88-2402298
WORTHPOINTE LLC	WORTHPOINTE	26-0373212

PALADIN WEALTH PARTNERS LLC	PALADIN ADVISORY GROUP LLC	81-4031278
GREENBRIER DEVELOPMENT, LLC	GREENBRIER DEVELOPMENT, LLC	20-4280923
SURF-TECH MANUFACTURING CORP.	SURF-TECH MANUFACTURING CORP.	11-2959283
AIRMARK ENGINES, INC	AIRMARK ENGINES, INC	59-1640131
AFF18 FAIRVIEW PARK ALF, LLC	FAIRVIEW PARK	83-4534978
BARDACH AWARDS, INC.	BARDACH AWARDS, INC.	35-1377046
AIR CHASER, INC	AIR CHASER, INC	45-5155276
SHOW LOW FP, LLC	SHOW LOW FP	92-0727843
STAR INDUSTRIES LLC	STAR BUILDING SERVICES	65-1173855
TRINITY HUNT MANAGEMENT, L.P.	TRINITY HUNT MANAGEMENT, L.P.	71-0960235
WAYNE FRIER HOME CENTER OF LIVE OAK, LLC	WAYNE FRIER HOME CENTER OF LIVE OAK, LLC	56-2391270
WALCOTT MHP	WALCOTT MHP	88-4001054
CBO LEAD CLIENT, LLC	CBO LEAD CLIENT, LLC	54-2107535
ISL EMPLOYEES, INC.	BELLARA SENIOR LIVING	13-4212788
READ USA, INC	READ USA, INC	47-4729513
GRAHAM, NEWTON, AND MCMAHON, INC.	GRAHAM, NEWTON, AND MCMAHON, INC.	15-0321510
IMOTORSPORTS SPB, LLC	IMOTORSPORTS SPB, LLC	35-2574872
CCI FINANCIAL, INC.	CCI FINANCIAL, INC	20-0994786
DBWPC, INC.	DELORES BARR WEAVER POLICY CENTER	46-0938295
DISCOVERY PENNSYLVANIA EMPLOYER LLC	FRANCISCAN MANOR	47-5629412
HERPETORAMA, INC.	REPTICON	20-2183014
MSCOTT INVESTMENTS LLC	MSCOTT INVESTMENTS LLC	99-2808943
053 MASSMUTUAL SOUTHWEST	053 MASSMUTUAL SOUTHWEST	00-0000000
LJ TOLEDO MANAGEMENT, LLC	AVIVA GLENDALE	88-2974672
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA LINCOLNTON	85-3437133
SOUTHERN AVIATION PARTS & SERVICES, L.L.C.	SOUTHERN AVIATION PARTS & SERVICES LLC	46-1392528
APICII LLC	APICII LLC	90-0936730
IOWA SOUND, L.C.	GO STAGESTRUCK	26-3942139
MIA HOSPITALITY MANAGEMENT LLC	MIAHS: HYATT CENTRIC SOUTH BEACH	33-1244905
EZ COMFORT AIR CONDITIONING AND HEATING LLC	EZ COMFORT AIR CONDITIONING AND HEATING LLC	47-3795705
ALLEN BEACH APARTMENTS, INC.	ALLEN BEACH APARTMENTS, INC.	65-0628083
PINEKNOLL PECAN PROPERTIES	PINEKNOLL PECAN PROPERTIES	26-3178179
ASHLEY CONSTRUCTION INC	ASHLEY CONSTRUCTION INC	27-1078520

LS CAPITAL FINANCE	LS CAPITAL FINANCE	93-2689810
MARLIN ROYALTY COMPANY LLC	MARLIN ROYALTY COMPANY LLC	75-2900373
DAVIS & DAVIS PROFESSIONAL SERVICES FIRM LLC	DAVIS, DAVIS & HARMON LLC - SALES TAX EXPERTS	22-3836946
TIMBERLINE ESTATES MHPS	TIMBERLINE ESTATES MHPS	88-3278103
LOCUTUS, LLC	LOCUTUS, LLC	85-0528261
CHRYSALIS FOUNDATION	CHRYSALIS FOUNDATION	42-1337635
MINIMALLY INVASIVE PROCEDURE SPECIALISTS	MINIMALLY INVASIVE PROCEDURE SPECIALISTS PLLC	81-2783079
DOCAUTO, INC.	DOCAUTO, INC.	58-2295848
POSSUM KINGDOM RV RESORT LLC	POSSUM KINGDOM RV RESORT LLC	88-1953518
JRG SUPPLY, INC.	JRG SUPPLY	42-1212671
ISL EMPLOYEES, INC.	LIBERTY PLACE	13-4212788
ALPINAIRE HEALTHCARE, INC.	ALPINAIRE HEALTHCARE	84-1530404
FT. LAUDERDALE ORTHO AND SPORTS MEDICINE, LLC	SHROCK ORTHOPEDIC CENTER AND WALK-IN CLINIC	27-3510381
PSL ASSOCIATES, LLC	THE LEGACY AT CRYSTAL FALLS	83-1427127
BA HOSPITALITY, LLC	TRU BY HILTON ALBANY AIRPORT	83-1758489
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT PLANO	81-2312232
BROWARD TAG AGENCY INC	BROWARD TAG AGENCY INC	20-5579897
HOBNOB ATLANTIC STATION INC.	HOBNOB ATLANTIC STATION INC.	82-5493643
YAN KALIKA DENTAL CORPORATION	IMAGE ORTHODONTICS	20-2732530
DOLPHIN POOLS, INC	DOLPHIN POOL AND SPA	41-1995674
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT EL CAJON	81-2312232
CSB AUTOCRAFT INC - BLTW	CSB AUTOCRAFT INC - BLTW	99-0831442
RISINGSAM INN INDY LLC	FAIRFIELD INN INDIANAPOLIS	26-1146939
ICE AIR, LLC	ICE AIR, LLC	20-1174227
DISCOVERY VIRGINIA EMPLOYER LLC	ELM PARK ESTATES	81-3445893
FORUM ADVISORY SERVICES LLC	FORUM ADVISORY SERVICES LLC	86-3437232
LAKE PARTS, INC.	LAKE PARTS/NAPA AUTO PARTS	45-3332819
MIA HOSPITALITY MANAGEMENT LLC	MIA HOSPITALITY MANAGEMENT LLC	33-1244905
JSV ANESTHESIA PA	JSV ANESTHESIA PA	82-4280989
CORTEZ STREET ENTERPRISES, LLC	THE CORTEZ	93-3243682
ORAL AND FACIAL SURGERY CENTER OF TALLAHASSEE, F	ORAL AND FACIAL SURGERY CENTER OF TALLAHASSEE	61-1538348
NEW CREDIT AMERICA LLC	NEW CREDIT AMERICA	46-3350074
CASTLE BRANDS (USA) CORP	CASTLE BRANDS (USA) CORP	51-0475156

GOLF MAINTENANCE SOLUTIONS, LLC	GOLF MAINTENANCE SOLUTIONS, LLC	32-0077272
LEGACY COLLEGE PREPARATORY CHARTER SCHOOL	LEGACY COLLEGE PREP	81-2984627
LYNN GELLER CONSULTING LLC	LYNN GELLER CONSULTING LLC	84-3414590
HSD USA, INC.	HSD MECHATRONICS	52-2299080
ECONO AUTO PAINTING OF NORTH CAROLINA, I	ECONO AUTO PAINTING OF NORTH CAROLINA, I	62-1324678
ETTEO TECHNOLOGY, LLC	ETTEO TECHNOLOGY, LLC	83-2549567
RSS HELENA PLACE MANAGER LLC	HELENA SQUARE	93-1368569
VENUWORKS OF CHESAPEAKE, LLC	VENUWORKS OF CHESAPEAKE, LLC	46-3870165
AQUA & OUTDOORS OF NORTH EAST FLORIDA	AQUA & OUTDOORS OF NORTH EAST FLORIDA	88-1844755
LFRC FT WAYNE LLC	LEES FAMOUS RECIPE CHICKEN	92-0317684
SPG GREEN GARDEN AND COUNTRY CLUB INC	SPG GREEN GARDEN COUNTRY CLUB	45-4842247
THE LCO GROUP INC	THE LCO GROUP INC	26-4835316
PREMIER REAL ESTATE - MAIN OFF	PREMIER REAL ESTATE - MAIN OFF	43-1922411
CAPITAS FINANCIAL, INC	CAPITAS FINANCIAL, INC	27-4386961
FISH IP LAW, LLP	FISH IP LAW, LLP	46-4416167
ACTIVERX INC	ACTIVERX INC	26-3618037
SPARK CONNECTED LLC	SPARK CONNECTED LLC	82-4225204
AMERICAN TRUST SENIOR CARE, LLC	DISCOVERY MANAGEMENT GROUP	26-4399821
GRAIN ELEVATOR AND PROCESSING SOCIETY	GEAPS	36-6101799
DOMINION MANAGEMENT, LLC	BALDWIN FARM APARTMENTS	20-8621988
NOVUM TECHNOLOGIES LLC	NOVUM TECHNOLOGIES LLC	99-3219660
JL AIRPORT HOTEL, LLC	COURTYARD ANCHORAGE AIRPORT	82-2353872
OTTER RUN INC	OTTER RUN INC	59-3386400
ADVANCED WATER SYSTEMS	ADVANCED WATER SYSTEMS	62-1415908
SMITH, G PHILLIP AND SMITH, A ELIZABETH	WESTWIND GARDENS	93-1284843
HOLBERT TRAILER SALES AND SERVICE, INC.	HOLBERT TRUCK AND TRAILERS	59-1390415
BENTLEY GLOBAL RESOURCES, LLC	BENTLEY GLOBAL RESOURCES, LLC	20-8140457
SUPERIOR MULCH INC	SUPERIOR MULCH INC	59-2712633
BUSBOOM MANAGEMENT GROUP LLC	BUSBOOM MANAGEMENT GROUP LLC	20-3583529
SOLID FABRICATIONS LLC	SOLID FABRICATIONS, LLC	33-1796721
VENICE 1818 OPCO, LLC	THE GOLDTON AT VENICE	83-4534978
SUGAR CREEK HOMES ASSOCIATION, INC.	SUGAR CREEK HOMES ASSOCIATION, INC.	74-1679217
KEN CARYL VISION CENTER	KEN CARYL VISION CENTER	84-0856910

WAYNE FRIER HOME CENTER OF TALLAHASSEE, LLC	WAYNE FRIER HOME CENTER OF TALLAHASSEE, LLC	13-4203298
DOVETAIL CONSTRUCTION INC	DOVETAIL CONSTRUCTION INC	84-1560603
NICHOLAS CUSTOM HOMES, INC	NICHOLAS CUSTOM HOMES, INC	84-1116427
CLINICAL DIAGNOSTIC SOLUTIONS INC	CLINICAL DIAGNOSTIC SOLUTIONS INC	20-1792965
JAMBO AUTO, INC.	MIDAS	85-3543133
OLD GRINGO, INC.	OLD GRINGO BOOTS	20-3905833
SYMBRIUM, INC.	SYMBRIUM	46-3166714
QUANTUM FORMULA DIAGNOSTICS LLC	QUANTUM FORMULA DIAGNOSTICS LLC	85-4205837
LAM GENERATION, LLC	LAM GENERATION, LLC	20-2780851
NORTHWEST COLORADO VISITING NURSE ASSOCIATION	CASEY'S POND	84-0564998
VICTORY LITTLE KNIGHTS ACADEMY, LLC	VICTORY LITTLE KNIGHTS ACADEMY, LLC	87-3458581
LOWA LLC	DISC GOLF PROFESSIONAL TOUR	84-2595564
021 MASSMUTUAL OHIO	021 MASSMUTUAL OHIO	00-0000000
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA DURHAM	85-3437133
TGR AD LLC	TGR AD LLC	99-1013723
FIRST COAST TIRE & ST.AUGUSTINE AMOCO, INC	FIRST COAST TIRE & ST.AUGUSTINE AMOCO, INC	59-3719586
GCC LENDER, LLC.	GAILLARDIA COUNTRY CLUB	46-4673164
WBF HOLDINGS CORP	WBF HOLDINGS CORP	93-4683043
RHP - GROTON HOSPITALITY LLC	HAMPTON INN GROTON	93-4266580
A+ MANAGEMENT & INVESTMENT OF CALIFORNIA, INC.	A+ MANAGEMENT & INVESTMENT OF CALIFORNIA, INC.	33-0672663
SQM NORTH AMERICA CORP	SQM NORTH AMERICA CORP	13-4995710
MESA TERRACE MHP LLC	MESA TERRACE MHP LLC	87-1319909
ENDOSCOPY SPECIALISTS, INC	ENDOSCOPY SPECIALISTS, INC	20-1773748
ISL EMPLOYEES, INC.	SAGE LAKE SENIOR LIVING	13-4212788
FOX AND ROACH-TRIDENT CHARITIES	FOX AND ROACH-TRIDENT CHARITIES	23-2823013
VELOCITY AUTOMOTIVE HOLDINGS EASLEY, SC, LLC	MEINEKE CAR CARE CENTER EASLEY	99-2254369
4607 CYPRESSWOOD CORP	CYPRESSWOOD APARTMENTS	76-0363789
FNEX LLC	FNEX	46-1452769
FIRSTSTAFF, INC.	FIRSTSTAFF, INC.	65-0265350
AEROBOTICS CROP INSURANCE SERVICES, LLC	AEROBOTICS CROP INSURANCE SERVICES, LLC	87-3339966
THE CAT MUSEUM LLC	THE CAT MUSEUM LLC	87-3647784
SENIOR HOUSING HEALTH CARE, INC.	THE INDIGO AT BARTLETT	20-3308829
EMERY MILNE PSYCHOLOGICAL GROUP, LLC	EMERY MILNE PSYCHOLOGICAL GROUP, LLC	83-1539485

ALPHA OPTICAL BETHLEHEM, LLC	ALPHA OPTICAL BETHLEHEM, LLC	84-4014181
LAKE NORMAN ANESTHESIA ASSOCIATES, P.A.	LAKE NORMAN ANESTHESIA ASSOCIATES, P.A.	56-8945897
JACKSON-SHAW COMPANY	JACKSON-SHAW COMPANY	75-1392561
ENGLHARD CONSULTING LLC	ENGLHARD CONSULTING LLC	82-5477005
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT RIO NORTE	81-2312232
SPRINGS GYMNASTICS CHEER AND DANCE LLC	SPRINGS GYMNASTICS CHEER AND DANCE LLC	51-0664577
ENOS CONSULTING GROUP, INC	ENOS CONSULTING GROUP, INC	99-2598512
LARINA CHU DDS INC	LARINA CHU DDS INC	47-1954898
SITE BLOOMS, LLC	SITE BLOOMS	93-2911973
BWPSS HOLDINGS LLC	THE HOTEL SARATOGA	84-1875333
ORTHO SDK, LLC	SOUTH FL INTERVENTIONAL ORTHOPEDICS AND SPINE	84-3049194
APALACH INN LLC	APALACH INN LLC	87-3992100
BUILDER DEVELOPMENT GROUP, LLC	BUILDER DEVELOPMENT GROUP, LLC	83-4487503
ABILITY COMPOSITES, LLC	ABILITY COMPOSITES, LLC	46-2559278
HERMAN CAPITAL CORPORATION	HERMAN CAPITAL CORPORATION	46-0497163
CAREFREE VILLAGE ESTATES, LLC	CAREFREE VILLAGE ESTATES	82-3019292
COMMERCIAL WOOD DESIGNS, INC.	COMMERCIAL WOOD DESIGNS, INC.	27-0087018
JC MILLWORK INSTALLATIONS LLC	JC MILLWORK INSTALLATIONS LLC	81-2035731
LAMPLIGHTER ESTATES, LLC	LAMPLIGHTER ESTATES, LLC	84-4680088
GLOBEMED RESOURCES, LLC	GLOBEMED RESOURCES, LLC	01-0599303
PRECON INDUSTRIES USA II LLC	PRECON INDUSTRIES USA II LLC	87-4656061
CYBER INVESTIGATION SERVICES, LLC	CYBER INVESTIGATION SERVICES, LLC	30-0658891
PISMO SANDS RV RESORT LLC	PISMO SANDS RV RESORT LLC	87-2741800
LAKESIDE FAMILY HEALTH CARE, PLLC	LAKESIDE FAMILY HEALTH CARE, PLLC	33-4965616
BRISTOL HOTEL, LLC	DOUBLETREE BY HILTON BRISTOL	27-1596161
CRAIG DOUGLAS KAUFMAN	CRAIG DOUGLAS KAUFMAN	45-4619503
VERDAD OIL & GAS CORPORATION	VERDAD OIL & GAS CORPORATION	75-1965015
THORSON MANAGEMENT GROUP LLC	THORSON MANAGEMENT GROUP LLC	87-1881894
COOPER BUILT, LLC	COOPER BUILT, LLC	87-4456674
CARLSON WEALTH MANAGEMENT LLC	CARLSON WEALTH MANAGEMENT LLC	92-0827891
VERDAD RESOURCES EMPLOYER, LLC	VERDAD RESOURCES EMPLOYER, LLC	88-3752322
MARTIN MARTIN RENOVATIONS, INC.	BATHFITTER USA	68-0534762
DISCOVERY PENNSYLVANIA EMPLOYER LLC	ALLEGHENY PLACE	47-5629412

BETHEL CHURCH RETIREMENT COMMUNITY A CA LIMITED	BETHEL CHURCH RETIREMENT COMMUNITY A CA LIMIT	68-0140429
PARKING NETWORK STRATEGIES,INC	PARKING NETWORK STRATEGIES,INC	55-0811776
EVOLUTION RETIREMENT SERVICES, INC.	EVOLUTION RETIREMENT SERVICES, INC.	82-4044085
LEE LEVY	LEE LEVY	88-4145265
STREETBIRD NEWARK,LLC	VIBE BBQ BY MARCUS SAMUELSSON	81-4812768
HONU HEALTHCARE, LLC	HONU HEALTHCARE, LLC	33-1823547
CHAPARRAL HONEY, INC	CHAPARRAL HONEY, INC	33-0218933
MADISON HEIGHTS, LLC	MADISON HEIGHTS EVANS	83-4534978
1847 HQ, INC.	1847 HQ, INC.	86-3897320
IRONWOOD HOMES OF LAKE CITY, LLC	IRONWOOD HOMES OF LAKE CITY, LLC	13-4207786
SEAPORT HEIGHTS, LLC	FAIRFIELD INN AND SUITES NY MANHATTAN/F D	71-1026571
J4 ASSET MANAGEMENT INC.	J4 ASSET MANAGEMENT INC.	27-0593247
AERO ASSEMBLIES, INC.	AERO ASSEMBLIES, INC.	41-0990256
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT EDGEWATER	26-2991559
BRISTOL HOTEL 2, LLC	BRISTOL EVENT CENTER	27-1596161
AMER - SALOMON, J.	AMER - SALOMON, J.	09-5384052
FORGOTTEN COAST RESTAURANT GROUP, LLC	FORGOTTEN COAST RESTAURANT GROUP, LLC	87-4033071
ELITE ADVISORS INSURANCE SERVICES LLC	ELITE ADVISORS INSURANCE SERVICES LLC	99-0716229
PIONEER REALTY LLC	PIONEER REALTY LLC	46-4085395
DISCOVERY LOUISIANA EMPLOYER LLC	SUMMERHOUSE ASHTON MANOR	81-1992644
GRAND OAKS MHC LLC	GRAND OAKS MHC LLC	85-4370606
RAFAEL US DEFENSE AND SUSTAINMENT, LLC	RUSDS	92-2461240
DISCOVERY XT EMPLOYER LLC	CHATEAU DE BOISE	81-2312232
PINNACLE RETIREMENT ADVISORS, LLC	PINNACLE RETIREMENT ADVISORS, LLC	83-3741388
VITALWAVE MONITORING LLC	MIND SYNC MONITORING	33-1975694
ISL EMPLOYEES, INC.	SAGE VALLEY SENIOR LIVING	13-4212788
MAGIC SCIENCE SUPPLY LLC	MAGIC SCIENCE SUPPLY LLC	99-3009922
CACTUS INFUSION PHARMACY LLC	VITAL CARE OF NORTH TUCSON	99-0772098
HRK GROUP, INC.	HRK GROUP, INC.	41-1839028
DJH ENTERPRISES, INC.	DJH - DUNKIN DONUTS	45-0517298
PARO SOUTH, LLC	PARO SOUTH, LLC	26-0647619
PCK GROUP, LLC	PCK GROUP, LLC	81-2827567
JK HUARD HOLDINGS LLC	PAINTERS COLLISION CENTERS	85-4022073

SILBERSTEIN, AWAD AND MIKLOS, P.C.	SILBERSTEIN, AWAD AND MIKLOS, P.C.	11-2547583
ISL EMPLOYEES, INC.	SAND SAGE OF THE HIGHLANDS	13-4212788
TAC MASSAGE INC	MASSAGE HEIGHTS MIDTOWN HOUSTON	32-0397394
CLIPPER TREE, INC.	CLIPPER TREE SERVICE	46-5599211
PURPLE FETE LLC	BAR 56 AND TASTE 56	83-4641551
GLOBAL GUARDIAN LLC	GLOBAL GUARDIAN	45-4919203
C&S ASSOCIATION MANAGEMENT, INC.	C&S ASSOCIATION MANAGEMENT, INC.	27-1059611
BORDERTOWN RETAIL SYSTEMS, INC.	BORDERTOWN RETAIL SYSTEMS, INC.	45-0448262
TEXAS SCENIC COMPANY, INC.	TEXAS SCENIC COMPANY, INC.	74-1466429
THE GROWHAUS	THE GROWHAUS	20-3533527
CRC SOUTHERN RECYCLING LLC	CRC SOUTHERN RECYCLING LLC	93-3593624
ECASHFLOW SERVICES, LLC	ECASHFLOW SERVICES, LLC	27-2770885
VIVIENE VALDEZ DENTAL CORPORATION	VIVIENE VALDEZ DENTAL CORPORATION	99-3339615
TIGERBRAIN ENGINEERING, INC.	TIGERBRAIN ENGINEERING, INC.	59-3690809
ABSOLUTE FINANCIAL SERVICES INC	ABSOLUTE FINANCIAL SERVICES INC	59-3229665
COOSAW CREEK COUNTRY CLUB, INC.	COOSAW CREEK COUNTRY CLUB, INC.	20-5148953
ECHELON STUDIOS	ECHELON STUDIOS	65-1231043
INTERNAL MEDICINE OF ARIZONA, INC.	INTERNAL MEDICINE OF ARIZONA, INC.	86-1003718
SC & A, INC.	SC & A, INC.	54-1183001
NATIONAL PRECISION TOOL CO. INC.	NATIONAL PRECISION TOOL CO. INC.	22-2559348
PERFORMANCE TITLE SERVICES INC	PERFORMANCE TITLE SERVICES INC	20-0897994
ASI MILLWORK INC	ASI MILLWORK INC	75-2392279
CLARIM HOLDINGS, LLC	CLARIM HOLDINGS, LLC	82-2872679
VELOCITY AUTOMOTIVE HOLDINGS SOUTH ATTLEBORO M	MEINEKE CAR CARE SOUTH ATTLEBORO #592	39-3306550
NORTH FINANCIAL ADVISORS LLC	NORTH FINANCIAL ADVISORS LLC	47-4895741
LOREAL TRAVEL RETAIL AMERICAS, INC	LOREAL TRAVEL RETAIL AMERICAS, INC	13-1247390
CALMEK LLC	CALMEK LLC	20-8918535
ARIA SERVICE GROUP	JAN PRO SACRAMENTO	86-2628312
FOUNDATION CHRISTIAN ACADEMY, INC.	FOUNDATION CHRISTIAN ACADEMY, INC.	59-3128048
MID-MINNESOTA MANAGEMENT SERVICES INC.	MID-MINNESOTA MANAGEMENT SERVICES INC.	41-1716641
CUS MF POWERHOUSE LLC	COYOTE UGLY POWERHOUSE	85-2799582
KEVIN BROYLES	KEVIN BROYLES	26-3883702
BRENANCE LLC	BRENANCE LLC	85-3034578

AMER - O'HARA, KEVIN	AMER - O'HARA, KEVIN	38-0828623
YNOT MANAGEMENT, LLC	YNOT MANAGEMENT, LLC	82-1389641
LJ CANTON MANAGEMENT, LLC	AVIVA HILLS	88-2946236
BROG EAST LLC	BROG EAST LLC	33-1422476
EYE ASSOCIATES OF SOUTHWEST FLORIDA, M.D., P.A.	EYE ASSOCIATES OF SOUTHWEST FLORIDA	65-0886142
WAYNE FRIER HOME CENTER OF ALBANY, INC	WAYNE FRIER HOME CENTER OF ALBANY, INC	58-2368956
LACKLAND MHC, LLC	LACKLAND MHC, LLC	85-1289454
KNIGHTHORST SHREDDING, LLC	KNIGHTHORST SHREDDING, LLC	20-1992706
TRANSITIONAL CARE SOLUTIONS, INC.	INTERIM HEALTHCARE	81-1374019
CARDIOVASCULAR IMAGING SERVICES OF TEXAS LLC	CARDIOVASCULAR IMAGING SERVICES OF TEXAS	99-4134044
D & M KITCHEN & BATH SUPPLY, INC.	D & M KITCHEN & BATH SUPPLY, INC.	81-3956897
INAUTO, LLC	INAUTO, LLC	99-0505494
CRUISIN' 66 LLC	CRUISIN' 66	84-4073211
SENIOR HOUSING HEALTH CARE, INC.	THE INDIGO AT ELMHURST	20-3308829
CONVEY SERVICES, LLC	CONVEY SERVICES, LLC	46-2691602
ISL EMPLOYEES, INC.	ASHBROOK VILLAGE	13-4212788
DISCOVERY INDIANA EMPLOYER LLC	WHITLOCK PLACE	47-5618736
DISCOVERY XT EMPLOYER LLC	CHATEAU MCKINNEY	81-2312232
DAYTONA BEACH DONUTS,LLC	DAYTONA BEACH DONUTS,LLC	32-0223091
INTERNATIONAL GOLF CLUB, INC.	INTERNATIONAL GOLF CLUB, INC.	46-2653975
LAZY PALM PRODUCTIONS INC.	AUTOSOURCE OF FLORIDA	26-3762917
MATTISON AVENUE HOLDINGS LLC	MATTISON AVENUE HOLDINGS LLC	81-4497666
EVENT TECHNOLOGY SERVICES, LLC	EVENT TECHNOLOGY SERVICES, L.L.C.	20-5544009
ZINK REAL ESTATE SERVICES, INC.	ZINK REAL ESTATE SERVICES, INC.	46-0952955
DISCOVERY TENNESSEE EMPLOYER II LLC	CLOVERLAND PARK SENIOR LIVING	92-2793271
GARDEN FRESH PRODUCE LLC	GARDEN FRESH PRODUCE LLC	39-2546264
INFINIGODS, INC.	INFINIGODS, INC.	84-2975291
CHURCHILL GROUP, L.L.C.	THE OAKS	68-0377872
BOX TECHNOLOGY LLC	BOX TECHNOLOGY LLC	83-3621454
ROBINSON SPORTS GEORGIA LLC	FIT 2 RUN GA	99-2315658
DISCOVERY FLORIDA EMPLOYER LLC	ATRIUM AT GAINESVILLE	81-2198145
JUDGE FITE INSURANCE AGENCY LLC	JUDGE FITE INSURANCE AGENCY LLC	20-0898716
DISCOVERY PENNSYLVANIA EMPLOYER LLC	WHISPERING OAKS	47-5629412

JL HOSPITALITY MANAGEMENT, LLC	ANTHC PATIENT LODGING AT OLD SEWARD	82-1514347
LONE STAR FINANCIAL PARTNERS, INC.	LONE STAR FINANCIAL PARTNERS, INC.	46-1655980
UFF DAA, INC.	LA QUINTA INN COCOA BEACH	59-2959040
ARROW BOLT AND ELECTRIC INC	ARROW BOLT AND ELECTRIC INC	75-2454228
SIMS FOUNDATION, INC.	SIMS FOUNDATION, INC.	74-2766013
DISCOVERY KENTUCKY EMPLOYER LLC	PRESTON GREENS SENIOR LIVING	93-4961092
ZARONOLOGY INC.	ZARONOLOGY INC.	47-3376139
PREMIER EARLY LEARNING ACADEMY, LLC	ST PETE PREP LEARNING CENTER	93-3854083
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT DEERWOOD IL	81-2198145
DOMINION MANAGEMENT LLC	DOTHAN FARMS	20-8621988
SONA SENIOR LIVING IL LLC	VERNON HILLS SENIOR LIVING	92-3904007
VINEYARD RANCH AT TEMECULA, LLC	VINEYARD RANCH AT TEMECULA, LLC	30-0958066
THE GIVENS FIRM LLC	THE GIVENS FIRM LLC	82-0641063
PACIFIC COAST CONSTRUCTION AND WATERPROOFING I	PACIFIC COAST CONSTRUCTION AND WATERPROOFIN(	46-0637089
SGM SOUTH 34TH, INC.	SGM SOUTH 34TH, INC.	83-3049764
STADIUM VILLAGE ROYAL LLC	RESIDENCE INN PHOENIX NW/SURPRISE	20-5466558
ISL EMPLOYEES, INC.	MARBELLA VISALIA	13-4212788
AMBRUS ASSET MANAGEMENT, LLC	AMBRUS ASSET MANAGEMENT, LLC	83-0793287
SELECT ROOFING CONTRACTORS, LLC	SELECT ROOFING CONTRACTORS, LLC	46-3862851
LTC FAMILY MANAGEMENT	VERITY SENIOR LIVING PARTNERS	47-2686613
HARTY BUILT, LLC	HARTY BUILT, LLC	81-3441484
PRIDE TRIBE INC.	THE CONNIE HOUSE ALF	84-3428846
CBQ, LLC	CRANFORD BROTHER'S BARBECUE	88-3331321
ARMOUR EXCAVATING LLC	ARMOUR EXCAVATING	87-3313855
PARKER YACHT MANAGEMENT, LLC	PARKER YACHT MANAGEMENT, LLC	13-4247986
LUTHERAN BRAILLE WORKERS, INC.	LUTHERAN BRAILLE WORKERS, INC.	95-6048152
MANAGEMENT HQ, LLC	MANAGEMENT HQ, LLC	46-3183137
MIA HOSPITALITY MANAGEMENT LLC	MIAGV: COURTYARD MIAMI COCONUT GROVE	33-1244905
AMERICAN BUSINESS GROUP	AMERICAN BUSINESS GROUP	27-2355987
BROADCAST MEDIA & ENTERTAINMENT TALENT, LLC	BME TALENT	92-3352739
INNOVATION SENIOR LIVING, LLC	INNOVATION SENIOR LIVING, LLC	81-1942964
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA KNIGHTDALE	85-3437133
MONTGOMERY HARDWARE CO.	MONTGOMERY HARDWARE CO.	95-1626208

BILNIS, INC.	SUPER KIDS ACADEMY	59-3202968
BOOKTRIBLIFE.COM LLC	BOOKTRIBLIFE.COM LLC	30-0794607
SOUTHERN PRIDE PLUMBING INC	SOUTHERN PRIDE PLUMBING INC	58-2599098
LIBERTY JET MANAGEMENT CORP.	LIBERTY JET MANAGEMENT CORP.	20-4607991
VENUWORKS OF OSHKOSH, LLC	VENUWORKS OF OSHKOSH, LLC	99-4001110
ROCK SOLID INTERIORS LLC	ROCK SOLID INTERIORS LLC	20-3345767
RSS SEVEN HILLS PLACE MANAGER LLC	SEVEN HILLS SQUARE	93-1617713
DISCOVERY NEW JERSEY EMPLOYER LLC	GRANVILLE PLACE	87-3221316
GLOBAL MS, INC.	GLOBAL MS, INC.	80-0028406
BIG SKY DOWNTOWNER, LLC	BIG SKY DOWNTOWNER, LLC	92-1136626
METASYS TECHNOLOGIES, LLC	METASYS TECHNOLOGIES, LLC	58-2513460
CHOICE PET GUILFORD LLC	21 GUILFORD	93-1898299
DISCOVERY VIRGINIA EMPLOYER LLC	THE PARK AT OAK GROVE	81-3445893
NUTRA CONNECTION, LLC	NUTRA CONNECTION, LLC	38-3969548
FLEMING TECHNICAL RESOURCES, LLC	FLEMING TECHNICAL RESOURCES	84-3548890
DIAMOND METAL PRODUCTS, INC.	DIAMOND METAL PRODUCTS, INC.	41-1461318
BEACON AUTO REPAIR LLC SERIES 13	MEINEKE CAR CARE BELMONT	99-4214442
DISCOVERY XT EMPLOYER LLC	MORADA PANTEGO	81-2312232
DHANANI, LLC	SUPER KIDS ACADEMY	65-1308584
OLSON SHARED SERVICES LLC	OLSON SHARED SERVICES	84-4038580
FOOT AND ANKLE SPECIALISTS OF AMES, LLC	FOOT AND ANKLE SPECIALISTS OF AMES	85-2717268
CARE CENTRAL, LLC	CARE CENTRAL, LLC	83-3841632
THE HORIZON GROUP, INC	HORIZON GROUP	42-1249538
ORTHO GLC LLC	CALDWELL SPORTS MEDICINE	88-3736299
DISCOVERY NEW MEXICO EMPLOYER LLC	MORADA ALBUQUERQUE	85-4217069
BD WATER LLC	BD WATER LLC	85-3937931
ALTA SYSTEMS, INC.	ALTA SYSTEMS, INC.	59-2894094
STANDARD OYSTER BAR INC.	STANDARD OYSTER COMPANY	81-0824548
N-M HOLDINGS, LLC	N-M HOLDINGS, LLC	47-3956632
AA18 MARIETTA ALF, LLC	LEGACY RIDGE AT MARIETTA	83-4534978
BAKER HILL INDUSTRIES INC	BAKER HILL INDUSTRIES INC	59-1168934
ISL EMPLOYEES, INC.	POMERELLE PLACE	13-4212788
SUPERIOR CLEANING SUPPLY ENTERPRISES, INC.	SUPERIOR CLEANING SUPPLY ENTERPRISES, INC.	59-3590581

PREMIER SPECIALTY NETWORK, LLC	PREMIER SPECIALTY NETWORK, LLC	20-5692297
POWER PRODUCTION MANAGEMENT INC.	PPM SOLAR	26-4265839
RONCOR CONSTRUCTION INC.	RONCOR CONSTRUCTION INC.	41-1406984
ROYALTY ITEMS INC.	ROYALTY ITEMS INC.	20-2271727
STR8LINE GROUP, LLC	STR8LINE GROUP, LLC	81-0729806
DISCOVERY OHIO EMPLOYER LLC	CAMPBELL PLACE	87-3246702
HARVEST HOME SENIOR LIVING, LLC	HARVEST HOME	30-1146197
SOUTH LAKE DOWNTOWNER, LLC	SOUTH LAKE DOWNTOWNER, LLC	88-2164978
ADVANCED PAINTING & CONTRACTING	ADVANCED PAINTING & CONTRACTING	20-0432538
HIFU PROSTATE SERVICES, LLC	HIFU PROSTATE SERVICES, LLC	47-5016880
THE TRUCK SHOP, INC.	THE TRUCK SHOP	20-1113236
MERITAGE FINANCIAL STRATEGIES, LLC	MERITAGE FINANCIAL STRATEGIES, LLC	20-5014960
SAPFO, INC.	CATTLE SHED	27-0823270
METAL SERVICES OF BLOOMING PRAIRIE, INC.	METAL SERVICES OF BLOOMING PRAIRIE, INC.	41-1683470
FREEDOM FINANCIAL CONSULTING	FREEDOM FINANCIAL CONSULTING	20-1572676
YOUR BEST CREDIT UNION	YOUR BEST CREDIT UNION	62-0787251
ANGEL OAK PROVISIONS, LLC	ANGEL OAK PROVISIONS, LLC	82-2815923
ICX MANAGED SERVICES, LLC	LEVEL 10 SOLUTIONS	27-2216575
GULF SOUTH FOREST PRODUCTS, INC.	GULF SOUTH FOREST PRODUCTS, INC.	65-0002925
LOHI BEER GARDEN LLC	RECESS BEER GARDEN	47-1370949
PRATTCO, INC.	PRATTCO, INC.	20-2741303
DISCOVERY XT EMPLOYER LLC	WHITEROCK COURT	81-2312232
NEW SPIN 360 LLC	NEW SPIN 360 LLC	27-4492665
BELWIN CONSERVANCY	BELWIN CONSERVANCY	41-0967891
SOMERFORD PLACE OF ROSEVILLE EMPLOYEES LLC	SOMERFORD PLACE OF ROSEVILLE EMPLOYEES LLC	87-2497440
OLD ORCHARD MOBILE HOME PARK SPE, LLC	OLD ORCHARD MOBILE HOME PARK SPE, LLC	99-2986097
ASM ACQUISITION CORPORATION	SERVICE MASTER BY MONROE	20-5430594
LEADVILLE DOWNTOWNER, LLC	LEADVILLE DOWNTOWNER, LLC	99-3980605
DISCOVERY XT EMPLOYER LLC	SABINE PLACE	81-2312232
MONOCOT WEALTH MANAGEMENT, LLC	MONOCOT WEALTH MANAGEMENT, LLC	81-2247577
DOUGLAS DAVID HORNE	ASPEN WEALTH MANAGEMENT	74-2866616
BLAKE MANAGEMENT GROUP, LLC	BLAKE MANAGEMENT GROUP CENTRAL OFFICE	26-2991559
MCKEE-NIX AND ASSOCIATES	MCKEE-NIX AND ASSOCIATES	58-0909172

LOVELAND CHAMBER OF COMMERCE	LOVELAND CHAMBER OF COMMERCE	84-0254565
NVISH SOLUTIONS, INC	NVISH SOLUTIONS, INC.	20-4257676
THE LUKSAN GROUP, LLC	THE LUKSAN GROUP	47-3868006
INFINITEE COMMUNICATIONS INC	INFINITEE COMMUNICATIONS INC	58-1869296
GBSL STAFFING AL LLC	RENAISSANCE NORTH TAMPA	82-3642396
POLICE CENTRAL (CHANGED TO BI2 TECH)	BI2 TECHNOLOGIES, LLC	20-5199939
NOBSCOT INVESTMENT MANAGEMENT LLC	NOBSCOT INVESTMENT MANAGEMENT LLC	81-1697554
IDEAL IMAGE WATERFORD LAKE LLC	IDEAL IMAGE WATERFORD LAKE LLC	20-3714452
GBSL STAFFING AL LLC	PARK CREEK	82-3642396
TRIPLE C ELECTRIC	TRIPLE C ELECTRIC	46-1456546
CS SQUARED LLC	CS SQUARED LLC	47-3654746
RETIRE WISE, LLC	RETIRE WISE, LLC	87-0994283
DDER HOLDINGS, LLC	BIRDSONG HOUSING PARTNERS	81-5113789
ORDINO, INC.	ORDINO, INC.	85-4020090
ENTERPRISE TITLE OF TAMPA BAY, INC.	ENTERPRISE TITLE OF TAMPA BAY, INC.	59-3388645
POTTERS CARE SERVICES LLC	GRISWOLD HOME CARE OF TULSA	45-5295823
PROTERRA INVESTMENT PARTNERS LP	PROTERRA INVESTMENT PARTNERS LP	35-2676311
CHAPTER & VERSE LLC	CHAPTER AND VERSE NYC LLC	81-4302016
HARBINGER PARTNERS, INC.	HARBINGER PARTNERS, INC.	41-1927362
PALM COVE ENTERPRISES, LLC	PALM COVE MARINA	20-4623561
A&R PROPERTIES GROUP LLC	A&R PROPERTIES GROUP LLC	47-3726032
CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	CHARLOTTE COMMUNITY HEALTH CLINIC, INC.	56-2274174
DISCOVERY ALABAMA EMPLOYER, LLC	MONARCH ESTATES	47-5556733
AVANSIGHT, INC	AVNST	85-3883526
HOLE IN ONE GOLF CARTS LLC	HOLE IN ONE GOLF CARTS LLC	33-1429343
THE PRODUCE SPOT LLC	THE PRODUCE SPOT LLC	99-1691645
CUBICLE SOLUTIONS, INC.	CUBICLE SOLUTIONS, INC.	02-0535554
JAFFE TILCHIN WEALTH MGMT, LLC	JAFFE TILCHIN INVESTMENT PARTNERS	59-3284394
JACKSON COUNTY ARC	JACKSON COUNTY ARC	59-1533175
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT FAIRPORT	81-2312232
A KIDS PLACE CHILDRENS PROGRAMS, LLC	A KIDS PLACE CHILDRENS PROGRAMS, LLC	38-3976836
TRIAGEN WEALTH MANAGEMENT LLC	TRIAGEN WEALTH MANAGEMENT LLC	85-0798114
5315 TRAILS LIMITED	TRAILS OF TIMBER CREEK APARTMENTS	76-0368829

EDGE AG SOLUTIONS LLC	EDGE AG SOLUTIONS	82-1042666
ECONO AUTO PAINTING OF TAMPA BAY, INC	ECONO AUTO PAINTING OF TAMPA BAY, INC	59-3255084
THE WEEKLY NEWSPAPERS, INC.	THE WEEKLY NEWSPAPERS, INC.	20-5384557
ENCOMPASS SOUTH	ENCOMPASS SOUTH	41-5153727
KB DONUTS, INC.	353521 - KB DONUTS, INC	47-1716514
INTEGRITY HEALTHCARE SOLUTIONS, INC.	INTEGRITY HEALTHCARE SOLUTIONS, INC.	26-2089163
PIONEER MEMORIAL PHYSICAL THERAPY LLC	PIONEER MEMORIAL PHYSICAL THERAPY LLC	93-1312729
DISCOVERY NEW JERSEY EMPLOYER LLC	BAKER PLACE	87-3221316
CCRA INTERNATIONAL, INC.	CCRA INTERNATIONAL, INC.	20-5165099
PARADISE VALLEY COSMETIC SURGERY, PLLC	PARADISE VALLEY COSMETIC SURGERY, PLLC	86-0986452
BLACK HILLS IP, LLC	BLACK HILLS IP, LLC	80-0822789
CONCERT SPURWING LLC	THE CLUB AT SPURWING	99-5035098
NORTHERN RIGHT CAPITAL MANAGEMENT, L.P.	NORTHERN RIGHT CAPITAL MANAGEMENT, L.P.	20-1718136
DISCOVERY TENNESSEE EMPLOYER II LLC	TERRABELLA MORRISTOWN	92-2793271
ATITHI HOSPITALITY, LLC	HOLIDAY INN EXPRESS	14-1805477
PINNACLE INDEPENDENT RX, INC.	PINNACLE INDEPENDENT RX, INC.	47-4153006
ATLAS SENIOR LIVING II, LLC	MONARK GROVE MADISON	83-4534978
GLNX CORPORATION	GLNX CORPORATION	74-1841502
FLUTOBO, INC	KELLER WILLIAMS REALTY NORTHEAST	76-0435939
THE WORKERS LAB	THE WORKERS LAB	82-4788124
CRYSTAL LAKE TAX AND FINANCIAL, INC.	CRYSTAL LAKE TAX AND FINANCIAL, INC.	82-4031042
MOYER HOTELS, LLC	QUALITY INN AND SUITES MANSFIELD	75-3003303
ISL EMPLOYEES, INC.	THE PASEA SENIOR LIVING	13-4212788
MIDTOWN MANOR MHP, LLC	MIDTOWN MANOR MHP, LLC	88-3365077
SPECIALIZED COMMUNICATION SERVICES, LLC.	SPECIALIZED COMMUNICATION SERVICES, LLC.	20-5950712
DISCOVERY INDIANA EMPLOYER LLC	WORTHINGTON PLACE	47-5618736
CAROLYN RABB BOOKKEEPING AND TAX SERVICE	CAROLYN RABB BOOKKEEPING AND TAX SERVICE	62-1575178
258 CREATIVE FINANCIAL GROUP	258 CREATIVE FINANCIAL GROUP	04-2708937
AFF18 SPRING PARK ALF, LLC	SPRING PARK	83-4534978
ALPHA OPTICAL DOYLESTOWN, LLC	ALPHA OPTICAL DOYLESTOWN, LLC	82-4475102
PTFT GROUP L.L.C	PTFT GROUP L.L.C	46-5278510
FRAMEPOINT PARTNERS, LP.	FRAMEPOINT PARTNERS, LP.	93-4860855
PRECISION DIAGNOSTIC, INC	PRECISION DIAGNOSTIC, INC	26-1768737

CKT ASSET MANAGEMENT COMPANY	CKT ASSET MANAGEMENT COMPANY	59-3576980
INTERIM HEALTHCARE SAN JOSE, LLC	INTERIM HEALTHCARE OF THE TREASURE COAST	86-2160300
815 C AND C LLC	3 CORNERS PIZZA	36-4993794
RDB MANAGEMENT, INC.	CAPTAIN JACK'S SEAFOOD BUFFET	59-3627496
DISCOVERY INDIANA EMPLOYER LLC	DIGBY PLACE	47-5618736
SPECTRA CLINICAL LABS, INC.	SPECTRA CLINICAL LABS, INC.	95-4390118
TROGON MACHINING LLC	TROGON MACHINING LLC	88-2462680
PERFORMANCE MEDICAL MANAGEMENT	PERFORMANCE MEDICAL MANAGEMENT	47-4472543
41 NORTH LLC	41 NORTH LLC	80-0657502
TRUSTPOINT COURT REPORTING, LLC	TRUSTPOINT COURT REPORTING, LLC	35-2640986
ASB ENERGY SERVICES, LLC	ASB ENERGY SERVICES, LLC	82-3123390
CAL-COMP USA (SAN DIEGO), INC.	CAL-COMP USA (SAN DIEGO), INC.	33-0684506
VISTA AT SIMI VALLEY LLC	VISTA AT SIMI VALLEY LLC	81-4191795
YOUTH DEVELOPMENT THROUGH SPORT, INC	THE FIRST TEE SARASOTA/MANATEE	65-0183712
ISL-LAKE PLACID LLC	ISL-LAKE PLACID (SOUTHERN LIFE)	93-4285616
UWT, LLC	UWT, LLC	20-3694261
EL NIDO MHP, LLC	EL NIDO MHP, LLC	93-4774451
ARETE ORGANIZATIONAL SOLUTIONS INC	CLOSETS BY DESIGN	20-1093617
BLACKHAWK MANUFACTURING GROUP INC.	BLACKHAWK MANUFACTURING	46-2686948
ISL EMPLOYEES, INC.	MARBELLA MARYSVILLE	13-4212788
RDLP CORPORATION	RDLP CORPORATION	41-1963649
BISCAYNE ATLANTIC GROUP, LLC	BISCAYNE ATLANTIC GROUP, LLC	27-0934565
PRECISION TURF, INC	PRECISION TURF, INC.	59-3099372
ONE LUX STUDIO LLC	ONE LUX STUDIO LLC	20-8525256
SONA SENIOR LIVING MA LLC	THE CORNERSTONE OF WEYMOUTH	84-4743513
AA18 BUCKHEAD ALF, LLC	LEGACY RIDGE AT BUCKHEAD	83-4534978
C E GROUP, INC.	C E GROUP, INC.	56-2096858
REM-KIKS HEALTH CARE SERVICES, INC.	REM-KIKS HEALTH CARE SERVICES, INC.	13-4301770
REM-KIKS ADULT DAY CARE SERVICES, INC	REM-KIKS ADULT DAY CARE SERVICES, INC	13-4301774
SEATON SENIOR LIVING LLC	SEATON SENIOR LIVING	92-3080448
BROOKE & DYLAN LLC	B & D GROUP	27-0406838
ADVANCED CUTTING SYSTEMS, INC.	ADVANCED CUTTING SYSTEMS, INC.	35-1878494
S-ACCRUE, LLC	S-ACCRUE, LLC	99-0441419

DS POWERS, INC.	BIG O TIRES OF VALLEY STATION	61-1062071
MARKS CUSTOM SIGNS, INC.	MARKS CUSTOM SIGNS	48-1144054
OLD SPANISH FP, LLC	OLD SPANISH	33-4589692
GRAND ISLAND SUBS, INC	GRAND ISLAND SUBS, INC	47-0780830
KUESTER REAL ESTATE SERVICES, INC.	KUESTER REAL ESTATE SERVICES	20-4533138
APRICUSRX LLC	VITAL CARE SARASOTA	87-3961866
MODERNA PRODUCTS AMERICA LLC	MODERNA PRODUCTS AMERICA	47-1258443
RICHLAND DEVELOPERS - FLORIDA, INC.	RICHLAND DEVELOPERS - FLORIDA, INC.	86-3704580
A AND R ULTIMATE MANAGEMENT LLC	A AND R ULTIMATE MANAGEMENT LLC	75-3241396
DISCOVERY MICHIGAN EMPLOYER LLC	WINTER VILLAGE	93-1531454
ADVANCED VISION ACHIEVEMENT CENTER	ADVANCED VISION ACHIEVEMENT CENTER	86-0494046
ST. LOUIS GEAR COMPANY, INC.	ST. LOUIS GEAR COMPANY, INC.	43-0627232
PATRICK A. KENT, LLC	LONGVIEW WEALTH STRATEGIES	45-3954048
DISCOVERY OKLAHOMA EMPLOYER LLC	COUNTRY CLUB AT WOODLAND HILLS	82-2714028
KEITH SINGER PA	KEITH SINGER PA	71-0952069
FCC PRODUCTS, INC	FCC PRODUCTS, INC	22-2562483
PRINTING EXPRESSIONS LLC	PRINTING EXPRESSIONS	46-5144300
SARASOTA KENNEL CLUB, INC.	SARASOTA KENNEL CLUB, INC.	59-0436070
MARK A. ISAEFF, M.D., P.A.	MARK A. ISAEFF, M.D., P.A.	27-3652809
PROGRESSIVE COMMUNITY MANAGMENT, INC.	PROGRESSIVE COMMUNITY MANAGMENT, INC.	72-1530596
H.Z.S. INC	H.Z.S. INC	11-3023883
DISCOVERY XT EMPLOYER LLC	REDBUD PLACE	81-2312232
RETAIL CONSTRUCTION AND SIGNAGE, LLC	RETAIL CONSTRUCTION AND SIGNAGE, LLC	22-3763773
PRINCESS PRESERVE	RITTER'S PRINTING & PACKAGING	65-0065159
FAST TRAC TRANSPORTATION LLC	FAST TRAC TRANSPORTATION LLC	82-4425461
BPI CAPITAL MANAGEMENT, INC	BPI CAPITAL MANAGEMENT, INC.	86-0718139
MARK GILLAM ENTERPRISES	MARK GILLAM ENTERPRISES	94-3098600
HEALTHCONNECT TEXAS	HEALTHCONNECT TEXAS	27-3360465
SENTINEL LUBRICANTS, INC.	SENTINEL LUBRICANTS, INC.	59-1847506
CENTRIC PHYSICIANS INTERMOUNTAIN REGION PLLC	CENTRIC PHYSICIANS INTERMOUNTAIN REGION PLLC	83-3372947
KALAMA EXPORT COMPANY LLC	KALAMA EXPORT COMPANY LLC	47-0811182
MONTEBELLO CONDOMINIUM OWNERS	MONTEBELLO CONDOMINIUM OWNERS	76-0679343
WAKEMED SURGERY CENTER-CARY, LLC	WAKEMED SURGERY CENTER-CARY	87-4584595

METASOLUTIONS INC.	METASOLUTIONS INC.	02-0715180
DISCOVERY XT EMPLOYER LLC	MISSION COMMONS	81-2312232
THE J. GREGORY MYERS LAW FIRM, P.C.	THE J. GREGORY MYERS LAW FIRM, P.C.	26-3731523
GN3, INC.	GN3, INC.	82-2356480
GSI INDUSTRIAL SOLUTIONS INC.	GSI INDUSTRIAL SOLUTIONS INC.	27-2387288
200 VENICE OPERATING LLC	VENICE CENTER FOR INDEPENDENT AND ASSIST	82-2703700
TOP TIER SOLAR SOLUTIONS, LLC	TOP TIER SOLAR SOLUTIONS, LLC	83-2583907
TKM RESOURCES LLC	TKM RESOURCES LLC	90-0004796
HELAND PLANNERS, INC	HELAND PLANNERS, INC	20-8534747
ST CLOUD FINANCIAL PLANNING SERVICES, LLC	ST CLOUD FINANCIAL PLANNING SERVICES, LLC	41-2005016
BGB GROUP LIMITED	BGB GROUP LIMITED	85-0810705
ORANGE COUNTY BAR ASSOCIATION, INC.	ORANGE COUNTY BAR ASSOCIATION	59-0816175
TEI	TEI	74-2335899
CHILTON CAPITAL MANAGEMENT LLC	MOTTER KNAPP	76-0488937
R & J INVESTMENTS MILFORD, LLC	R & J INVESTMENTS MILFORD, LLC	06-1477077
ACTRONICS INCORPORATED	ACTRONICS INCORPORATED	04-2372998
VAN CAMP, MEACHAM & NEWMAN, PLLC	VAN CAMP, MEACHAM & NEWMAN, PLLC	56-2228538
COLUMBUS HOSPITALITY, LLC	HOA PROPERTY MANAGEMENT (Internal Use Only)	31-1751326
INSTYMEDS CORPORATION	INSTYMEDS CORPORATION	41-1954398
BUDDY THE ELF ON TOUR LLC	BUDDY THE ELF ON TOUR LLC	33-3044254
CACTUS CANTINA OF PENSACOLA	CACTUS CANTINA OF PENSACOLA	46-5355321
TAKE TWO TRAVEL SOLUTIONS LLC	TAKE TWO TRAVEL SOLUTIONS	87-3936554
269 FINANCIAL SOLUTIONS GROUP WEALTH AND RISK MA	269 FINANCIAL SOLUTIONS GROUP WEALTH AND RISK I	00-0000000
COLUMBUS HOSPITALITY, LLC.	THE GRAND EVENT CENTER (Internal Use Only)	31-1751326
RSS MANAGEMENT COMPANY LLC	RSS MANAGEMENT COMPANY, LLC	81-4331069
SANDY PLAINS 1818 OPCO, LLC	LEGACY RIDGE AT SANDY PLAINS	83-4534978
SERVICORE, G.S., CORP.	SERVICORE G.S CORP	65-1116153
DENVER JEWISH DAY SCHOOL	DENVER JEWISH DAY SCHOOL	84-1476467
FIRST EVANGELICAL FREE CHURCH OF PRESCOTT	CORNERSTONE CHURCH	86-0793216
PSL ASSOCIATES, LLC	THE LEGACY AT CIMARRON	83-1427127
G-TEAM DELIVERY SERVICES CORP.	G-TEAM DELIVERY SERVICES	26-1782922
ORTHO AMG	ANKLE AND FOOT CENTER OF FLORIDA	83-3230972
BAYRAMOGLU LAW OFFICES LLC	BAYRAMOGLU LAW OFFICES LLC	46-3063131

1218 INC	1218 GLOBAL	26-3907497
NATIONAL FORENSIC LEAGUE, INC.	NATIONAL SPEECH AND DEBATE ASSOCIATION	39-0840589
DISCOVERY INDIANA EMPLOYER LLC	CHANDLER PLACE	47-5618736
SPIELBERGER LAW GROUP, LLC	SPIELBERGER LAW GROUP, LLC	45-5194405
WILLIAM R. ENGLAND	WILLIAM R. ENGLAND	33-0281867
A CHILDREN'S KASTLE ELC @ WINTHROP	A CHILDREN'S KASTLE ELC @ WINTHROP	20-2171206
BEST FOOT FORWARD FOUNDATION, INC.	BEST FOOT FORWARD FOUNDATION, INC.	30-0598378
MOVIRI INC.	MOVIRI INC.	42-1770029
US TAMEX CORP	US TAMEX CORP	95-4654449
FKP FORT WALTON BEACH SENIOR LIVING TENANT LLC	BELVEDERE COMMONS OF FORT WALTON BEACH	26-1262217
VICTORIOUS LIFE CENTER, INC	VICTORIOUS LIFE DBA VICTORY CHRISTIAN ACADEMY	59-3544995
SPECIALIZED TREATMENT SERVICES, INC.	STS, INC.	20-0655192
STRIKER ENTERTAINMENT, LLC	STRIKER ENTERTAINMENT	26-0561213
THE BURZYNSKI GROUP, INC.	THE BURZYNSKI GROUP, INC.	20-4274113
HEALTHEDGE INVESTMENT PARTNERS	HEALTHEDGE INVESTMENT PARTNERS	20-2951019
RESTORATION SPECIALISTS, LLC	RESTORATION SPECIALISTS, LLC	20-1229286
VENUWORKS OF SKOKIE LLC	VENUWORKS OF SKOKIE LLC	88-1875471
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT CHENAL VALLEY	26-2991559
JMB COMMUNICATIONS, INC.	JMB COMMUNICATIONS, INC.	43-2032610
PEACE OF MIND PROPERTY MANAGEMENT, LLC	PEACE OF MIND PROPERTY MANAGEMENT, LLC	46-3839686
BEACON HILL PREPARATORY INSTITUTE	BEACON HILL PREPARATORY INSTITUTE	42-1624235
WATERMERE AT SOUTHLAKE CONDOMINIUM ASSOCIATIO	WATERMERE AT SOUTHLAKE CONDOMINIUM ASSOCIAT	88-3941299
NORTH STAR MACHINE, LLC	NORTH STAR MACHINE, LLC	41-1807559
HARMSCO, INC	HARMSCO, INC	59-1087463
MTM OF COLORADO, INC.	MARINO TILE AND MARBLE	27-1778094
BRIDGE SENIOR LIVING LLC	THE CARLISLE OF PALM BEACH	20-1457828
ARTO BRICK - CALIFORNIA PAVERS	ARTO BRICK	20-1298968
CANDELARIA DESIGN ASSOCIATES LLC	CANDELARIA DESIGN ASSOCIATES	86-0964047
AMER - ANDERSON, PATRICK A.	AMER - ANDERSON, PATRICK A.	36-3804570
GBSL STAFFING AL, LLC	HIGHPOINT AT CAPE CORAL	82-3642396
EXPERT AUTO CARE, LLC	EXPERT AUTO CARE, LLC	46-2346986
TTVRB, INC.	TRUE VALUE RENTAL	84-4055832
SEATTLE SERVICE BUREAU INC.	NATIONAL SERVICE BUREAU	91-1393397

STALLINGS CROP INSURANCE CORP	STALLINGS CROP INSURANCE CORP	59-2884494
PREMIER GRAPHICS AND COMMUNICATION, INC.	PREMIER GRAPHICS AND COMMUNICATION INC.	58-2205528
VAN HORN DEVELOPMENT LLC	VAN HORN DEVELOPMENT LLC	88-0616140
ASPECTU LLC	CLARK EYE CENTER	87-1093837
SPOHN RANCH, INC.	SPOHN RANCH, INC.	95-4670208
WILDCAT LENDING LLC	WILDCAT LENDING LLC	47-2295287
ASSETIO WEALTH MANAGEMENT, INC.	ASSETIO WEALTH MANAGEMENT, INC.	83-3336523
LLOYD AND COMPANY ADVERTISING, INC.	LLOYD AND COMPANY ADVERTISING, INC.	13-3889359
HAINES ALF MANAGEMENT, LLC	HAINES MANOR ALF	81-2799487
BMOC BIZ HENDERSON LLC	MIDAS HENDERSON	87-2385329
WEALTH PROGRESSION GROUP LLC	WEALTH PROGRESSION GROUP LLC	92-1126564
DISCOVERY INDIANA EMPLOYER LLC	ADDISON PLACE	47-5618736
BARON INTERNATIONAL LLC	BARON SIGN MANUFACTURING	37-1904753
BUNION SURGERY SPECIALISTS, LLC	FOOT & ANKLE CENTER OF IOWA	87-2742782
PERFECTION SERVICES GROUP LLC	PERFECTION STONE & FOAM	27-1145687
ACES AUTOMATION, INC.	ACES AUTOMATION, INC.	84-1486732
COLLECTIVE RCM, LLC	COLLECTIVE RCM, LLC	83-4159598
SCERA CORPORATION	SCERA CORPORATION	87-0200096
COLEARN ACADEMY ARIZONA	COLEARN ACADEMY ARIZONA	92-1743788
JADE & ROMAN LLC	JR GLOBAL	99-2589391
VCC FLOCK, LLC	VCC FLOCK, LLC	27-3298904
LAKE HOWARD 1818 OPCO, LLC	LAKE HOWARD HEIGHTS	83-4534978
BUCHHOLZ MORTUARIES INC	BUCHHOLZ MORTUARIES INC	43-0689364
CHOICE PET WEST HARTFORD LLC	20 WEST HARTFORD	88-2168721
HOTEL MANAGEMENT GROUP CALIFORNIA, INC.	DELTA SANTA CLARA	77-0364449
B2K12 BRANDING SOLUTIONS, LLC	B2K12 BRANDING SOLUTIONS, LLC	84-4006581
DISCOVERY XT EMPLOYER LLC	SIERRA HILLS - PORTERVILLE	81-2312232
WFE MANAGEMENT CO.	WFE MANAGEMENT CO.	20-8296581
CLEARWATER CENTRAL HOSPITALITY, LLC	MARRIOTT TOWNPLACE SUITES TAMPA-CLEARWATER	83-2409136
26 SUSHI K GROUP, LLC	26 SUSHI & TAPAS RESTAURANT	46-4781988
ASTUS-FABER ASSOCIATES, INC.	ASTUS-FABER ASSOCIATES, INC.	26-4105235
RICHARD DAVID KANN MELANOMA TASK FORCE, INC.	RICHARD DAVID KANN MELANOMA TASK FORCE, INC.	65-0653295
THINKDIRECT MARKETING GROUP, INC.	THINKDIRECT MARKETING GROUP, INC.	26-3170017

DIVISION SERVICES, LLC	DIVISION SERVICES, LLC	81-1184509
CONTROLWORKS, INC	CONTROLWORKS, INC	48-1273512
EXCEL APPAREL CORP.	EXCEL APPAREL CORP.	11-3296115
IMPERIAL WHOLESALE, INC.	IMPERIAL WHOLESALE, INC.	88-0516891
ZIP BONDS, LLC	ZIP BONDS, LLC	86-1286835
GASTRO 145, LLC	BAGIZZA	93-3373797
IOWA-ILLINOIS SAFETY COUNCIL	IOWA-ILLINOIS SAFETY COUNCIL	42-1087375
WESTCOAST STRUCTURAL, LLC	WESTCOAST STRUCTURAL	47-3363518
SENIOR HOUSING HEALTH CARE INC	KEELSON HARBOUR	20-3308829
PINES IMAGING CENTER, LLC	PINES IMAGING CENTER, LLC	81-1106330
ENTERPRISE IOWA, INC.	ENTERPRISE IOWA, INC.	42-1483700
EMPIRE RIVERFRONT VENTURES, LLC	JAMES NEWBURY HOTEL	82-4299179
FC MONTIERRA, LLC	FC MONTIERRA, LLC	81-5461853
GLACCUM ADVISORS LLC	GLACCUM ADVISORS LLC	87-2427019
FORGOTTEN COAST BREWING COMPANY LLC	FORGOTTEN COAST BREWING COMPANY	92-3912012
LAMCOR GROUP, INC.	LAMCOR GROUP, INC.	26-3621022
WE WRITE CODE INC	WE WRITE CODE INC	81-4984585
OUR BOAT HOUSE, INC	OUR BOAT HOUSE, INC	27-3063839
OUR BOAT HOUSE III, INC	OUR BOAT HOUSE III, INC	46-3662146
DISCOVERY XT EMPLOYER LLC	PARKVIEW IN FRISCO AL	81-2312232
VELOCITY AUTOMOTIVE HOLDINGS WISCONSIN, LLC	MEINEKE CAR CARE WISCONSIN	93-3933006
EGENMARKETING LLC	EGENMARKETING LLC	82-3715634
IANET, INC.	SCOUTWORKS	86-1015059
RELLI TECHNOLOGY INC.	RELLI TECHNOLOGY INC.	13-2883639
DELTA HEALTHCARE II, LLC	SEASONS LARGO	46-0606177
TRAFFIC LAW CENTER OF SULLIVAN AND ASSOCIATES, LL	TRAFFIC LAW CENTER OF SULLIVAN AND ASSOCIATES,	90-0808400
FOUR SEASONS ESTATES, LLC	FOUR SEASONS ESTATES, LLC	83-2620612
OUTLYR, LLC	OUTLYR, LLC	32-0349491
WAYNE FRIER HOME CENTER OF MACCLENNY, LLC	WAYNE FRIER HOME CENTER OF MACCLENNY, LLC	20-5668542
PILGRIM CLEANERS	DCV INVESTMENTS LLC	76-0487930
ATHENIAN METALWORKS LLC	ATHENIAN METALWORKS LLC	92-1639179
RSS/CALHOUN OPERATIONS, LLC	THE FOUNTAINS OF CALHOUN	87-4432552
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT WOODCREEK FARMS	26-2991559

RESAN PARTNERS, LLC	RESAN PARTNERS, LLC	81-0828725
RIVER CONCEPTS, INC.	RIVER CONCEPTS, INC.	86-3746401
HIGH REACH EQUIPMENT SERVICES	HIGH REACH EQUIPMENT SERVICES	46-1781545
TJB ELECTRIC LLC	TJB ELECTRIC LLC	86-1781695
SK TRUCK RENTALS, INC	SK TRUCK RENTALS, INC	77-0452081
GARY SCHEER, LLC	GARY SCHEER, LLC	27-0372688
JC FLORIST, LLC	BIRCH EVENT DESIGN	46-2616697
JG HOME HEALTH CARE SERVICES LLC	JG HOME HEALTH CARE SERVICES LLC	47-2358404
BMOC BIZ EVANSVILLE EAST LLC	MIDAS EVANSVILLE EAST	84-3300232
NUTRITION GREENLIFE INC.	NUTRITION GREENLIFE INC.	27-0400357
ON DECK SOLUTIONS LLC	ON DECK SOLUTIONS LLC	83-4586189
WISE PROPERTY MANAGEMENT, INC.	WISE PROPERTY MANAGEMENT, INC.	59-2117215
MARK DEBIASE, INCORPORATED	MARK DEBIASE, INCORPORATED	59-3168667
CEVICHE TAPAS BEACH DRIVE, LP	CEVICHE TAPAS BEACH DRIVE, LP	84-3673241
NAVION BKE CHANCELLOR'S VILLAGE LLC	CHANCELLOR'S VILLAGE	84-2086150
RSS HENDERSONVILLE WEST OPERATIONS LLC	CAROLINA RESERVE OF LAUREL PARK	81-4913470
RSS HENDERSONVILLE OPERATIONS LLC	CAROLINA RESERVE OF HENDERSONVILLE	81-4902365
UNITED OTOLARYNGOLOGY ASSOCIATES, PLLC	UNITED OTOLARYNGOLOGY ASSOCIATES, PLLC	74-2998611
PSL ASSOCIATES LLC	TOWN VILLAGE OF LEAWOOD INDEPENDENT LIVING	83-1427127
ICELANDIRECT LLC	ICELANDIRECT LLC	27-2355521
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT WESTCHASE	81-2198145
HAMILTON INTERESTS, LLC	HAMILTON INTERESTS, LLC	26-3178111
PSL ASSOCIATES LLC	THE VILLAGE AT RANCHO SOLANO ASSISTED LIVING AN	83-1427127
PSL ASSOCIATES LLC	GREENHAVEN PLACE INDEPENDENT LIVING AND ASSIS	83-1427127
PSL ASSOCIATES LLC	THE OAKS AT INGLEWOOD ASSISTED LIVING	83-1427127
ACTIONLINK SERVICES, LLC	ACTIONLINK SERVICES, LLC	82-2002500
MCNEW INVESTMENTS LLC	BIG O TIRES	83-1225208
PORTOFINO CHIROPRACTIC, DR. JOHNS CHIROPRACTIC C	PORTOFINO CHIROPRACTIC, DR. JOHNS CHIROPRACTI(	85-1815786
PSL ASSOCIATES LLC	CRESTON VILLAGE ASSISTED LIVING AND MEMORY CAI	83-1427127
LEGO ABA THERAPY CENTER CUBIK MINDS	CUBIK MIND	92-2536144
PSL ASSOCIATES LLC	THE HAVENS AT ANTELOPE VALLEY ASSISTED LIVING	83-1427127
CHAROLAIS STEAKHOUSE, INC.	CHAROLAIS STEAKHOUSE, INC.	84-2021166
PSL ASSOCIATES LLC	WHISPERING WINDS OF APPLE VALLEY ASSISTED LIVIN	83-1427127

PSL ASSOCIATES LLC	CORDATA COURT ASSISTED LIVING AND MEMORY CARI	83-1427127
K.L.H. PACKAGING CORPORATION	K.L.H. PACKAGING CORPORATION	95-4621669
PSL ASSOCIATES LLC	THE GARDENS AT MARYSVILLE INDEPENDENT LIVING A	83-1427127
LAW OFFICE OF JOSUE RUIZ, PLLC	IMMIGRATION LEGAL ADVISORS	84-4989552
CENTRAL FLORIDA MOBILE WASH INC.	CENTRAL FLORIDA MOBILE WASH INC.	47-2665061
DISCOVERY WISCONSIN EMPLOYER LLC	LAKEHOUSE NEW HOLSTEIN	92-3224466
IDEAL MANAGEMENT SERVICES CELEB, INC.	IDEAL IMAGE	20-1873802
Z MASSAGE INC	MASSAGE ENVY SODO DOWNTOWN	51-0659871
ANN STOWE	STOWE COMMUNICATIONS	46-2357569
EMPIRE F&B VENTURES, LLC	EMPIRE F&B VENTURES, LLC	92-1213552
LDSS, INC.	LDSS CORP	74-3193537
UNITED CAR CARE INC	UNITED CAR CARE	84-1311879
EXECUTIVE AND PROFESSIONAL MANAGEMENT SERVICES	EXECUTIVE AND PROFESSIONAL MANAGEMENT SERVIC	20-2038504
NATIONAL REVIEW INSTITUTE	NATIONAL REVIEW INSTITUTE	13-3649537
AERIAL DATA SERVICE OF TEXAS, LLC	AERIAL DATA SERVICE OF TEXAS, LLC	82-4120345
MACK E. TARWATER, P.C.	MACK E. TARWATER, P.C.	86-0668549
DEWOLFE CONTRACTING INC.	DEWOLFE CONTRACTING INC.	04-2985718
PROMISE PHARMACY, LLC	PROMISE PHARMACY, LLC	20-4568262
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY COMMONS SAN PABLO	81-2198145
ELITE NURSE STAFFING, LLC	ELITE CARE	82-2247035
TUGBOAT CREATIVE WORKS, LLC	TUGBOAT CREATIVE WORKS, LLC	88-3726568
SUNSHINE ACADEMY OF OAKLAND PARK INC.	SUNFIRE HIGH SCHOOL	81-4868827
RAMDO SOLUTIONS, LLC	RAMDO SOLUTIONS, LLC	46-3259455
FOREFRONT WEALTH MANAGEMENT, INC.	FOREFRONT WEALTH MANAGEMENT, INC.	83-1831666
TUHAVI CORPORATION	TUHAVI CORPORATION	86-0357245
DISCOVERY VIRGINIA EMPLOYER LLC	DISCOVERY VILLAGE AT THE WEST END-IL	81-3445893
GIZMO CONSULTING GROUP LLC	PROTECH PLUMBING AND HEATING, LLC	45-4027565
JL DENALI HOTELS, LLC	DENALI BLUFFS HOTEL/GRANDE DENALI LODGE	87-2168572
JURO'S MEDICAL, INC.	JURO'S MEDICAL, INC.	81-0536454
ORTHO MEW LLC	WELLS ORTHOPEDIC SURGERY & SPORTS MEDICINE	99-1573484
PICTURE WOODS, LTD	PICTURE WOODS, LTD	84-0845653
NRGIZED MEDIA LLC	NRGIZED MEDIA LLC	82-0949713
OMNIVEST FINANCIAL SERVICES NETWORK INC	OMNIVEST FSN	84-1125717

SWARUP LLC	SWARUP LLC	20-1498227
MAPLE AVE F AND B MANAGEMENT LLC	THE ORANGERY	39-2432229
YNOT GREENBRIER, LLC	YNOT GREENBRIER, LLC	27-3664415
DGW KRAMER LLP	DGW KRAMER LLP	85-0849133
SUMMER BREEZE OPERATING, LLC	SUMMER BREEZE SENIOR LIVING	47-5299839
FREIGHTJOY LOGISTICS, INC.	FREIGHTJOY LOGISTICS, INC.	81-2597481
DISCOVERY GEORGIA EMPLOYER LLC	TERRABELLA EPPS BRIDGE	47-1855319
DISCOVERY GEORGIA EMPLOYER LLC	TERRABELLA RIVERPLACE	47-1855319
SCHRAMM LANDSCAPING AND SPRINKLER LLC	SCHRAMM LANDSCAPING AND SPRINKLER LLC	84-1419602
DISCOVERY OKLAHOMA EMPLOYER LLC	MORADA BROKEN ARROW	82-2714028
SECURE SETTLEMENTS INC	SECURE INSIGHT	27-0617437
DISCOVERY PENNSYLVANIA EMPLOYER LLC	SEATON SPRINGWOOD	47-5629412
GLASS AERO INC.	GLASS AERO INC.	85-0562421
YOUR CONFERENCE CONNECTION, INC.	YOUR CONFERENCE CONNECTION, INC.	56-1947454
ALEGIANT SERVICES, LLC	ALEGIANT SERVICES, LLC	20-0086009
JAV AUTO TAG AGENCY, INC.	JAV AUTO TAG AGENCY, INC.	59-2528317
MPN SOFTWARE, INC.	ECLIPSE EHR	33-4900149
ADVANCED METAL FABRICATION, INC.	ADVANCED METAL FABRICATION, INC.	58-2136390
STANTON CHASE OF TENNESSEE, INC.	STANTON CHASE OF TENNESSEE, INC.	92-3509112
WAKEMED SURGERY CENTER - NORTH RALEIGH, LLC	WAKEMED SURGERY CENTER - NORTH RALEIGH	92-1525905
PLANNERS STAFFING COMPANY LLC	PLANNERS STAFFING COMPANY LLC	82-3703003
JACQUELINE PONTICIELLO PSYCHIATRIC NP, PLLC	ASPECT PSYCHIATRIC SERVICES	81-3760039
JL HOSPITALITY MANAGEMENT, LLC	ANTHC PATIENT LODGING AT MIDTOWN	82-1514347
FRIER FINANCE, INC	FRIER FINANCE, INC	58-2392859
TERRABELLA SENIOR LIVING LLC	TERRABELLA SENIOR LIVING	86-1289387
INSIGHT FINANCIAL, INC.	INSIGHT FINANCIAL, INC.	42-1712085
SYRACUSE FAMILY HOSPITALITY PARTNERS LLC	COMFORT INN & SUITES	99-0440003
AMER - MCCOY, MIKE B.	AMER - MCCOY, MIKE B.	56-2943741
BAY BREEZE FARMS, LLC	BAY BREEZE FARMS, LLC	82-0939900
MATAMOROS MEAT MARKET #17, INC.	MATAMOROS MEAT MARKET #17, INC.	76-0353289
DIRECTPATH FINANCIAL, LLC	DIRECTPATH FINANCIAL, LLC	93-3836005
DISCOVERY GEORGIA EMPLOYER LLC	TERRABELLA ROSWELL	47-1855319
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT APPLE VALLEY	81-2312232

VISIT US, INC.	VISIT US, INC.	65-0281620
KINETIC TECHNOLOGIES, L.L.C.	KINETIC TECHNOLOGIES, L.L.C.	87-3618709
DISCOVERY NEW MEXICO EMPLOYER LLC	MORADA QUINTESSENCE	85-4217069
MIXED-SIGNAL DEVICES INC.	MIXED-SIGNAL DEVICES	82-3880147
DISCOVERY MARYLAND EMPLOYER LLC	SEATON HAGERSTOWN	81-2272375
THE KID'S DOCTOR, INC.	THE KID'S DOCTOR	59-3618517
DISCOVERY XT EMPLOYER LLC	SHAVANO PARK SENIOR LIVING	81-2312232
D&R STAFFING AND RESOURCES, INC.	D&R STAFFING AND RESOURCES, INC.	45-5514590
ROEBUCK INVESTMENT CORPORATION, INC	ROEBUCK INVESTMENT CORPORATION, INC	45-1583638
WPL FULFILLMENT, LLC	WPL FULFILLMENT, LLC	86-3966446
MPRS GLOBAL INC.	MPRS GLOBAL INC.	86-1740091
CONCERT AMELIA OPCO, LLC.	THE GOLF CLUB OF AMELIA ISLAND	35-2728344
STORAGE STAR MANAGEMENT, LLC	STORAGE STAR MANAGEMENT, LLC	99-2425737
EXCEL FINANCE HOLDING COMPANY	EXCEL FINANCE HOLDING COMPANY	26-2195538
CONCERT WOODMORE LLC	WOODMORE COUNTRY CLUB	46-1547235
WINCON, L.L.C.	SPORTS BUZZ HAIRCUTS	20-1317918
USA COMFORT CORPS., INC.	NORTHERN COMFORT SYSTEMS	27-1100223
RABUN COUNTY COMPANY, LLC	THE WATERFALL CLUB	46-1472471
INNER FIRE LLC	INNER FIRE LLC	36-4913757
KEY POLYMER ACQUISITION CORP	KEY POLYMER ACQUISITION CORP	93-4187473
LINXENS US	LINXENS US	38-4100359
ALBERT LUCAS, DMD, PA	LUCAS ORTHODONTICS	65-0628374
BAILEY & COMPANY PARENT, LLC	BAILEY & COMPANY PARENT, LLC	45-5437191
RISE CAFE LLC	RISE CAFE LLC	93-1495175
SPHINX DEVELOPMENT CORPORATION	SPHINX DEVELOPMENT	75-2750735
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY COMMONS CYPRESS POINT	81-2198145
KHAN EYELID & FACIAL PLASTIC SURGERY	KHAN EYELID & FACIAL PLASTIC SURGERY	03-0385099
CHEM-INDEX, INC.	CHEM-INDEX, INC.	59-2397122
LJ MERRILLVILLE MANAGEMENT LLC	AVIVA MERRILLVILLE	92-1232358
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY COMMONS SOUTH BISCAYNE	81-2198145
BLAIR'S, INC.	BLAIR'S, INC.	62-1324689
AEL SERVICES, LLC	UNITED PRINTING COMPANY	87-1856657
LONGPOINT PROPERTY GROUP LLC	LONGPOINT PROPERTY GROUP LLC	82-4993529

PGA TOURNAMENT CORP, INC.	PGA TOURNAMENT CORP, INC.	65-0394725
RANDY M KENNEDY DBA RANDY M KENNEDY ATTORNEY A	RANDY M KENNEDY ATTORNEY AT LAW	92-1654221
CAPITOL ELECTRONICS, LLC	CAPITOL ELECTRONICS, LLC	33-2050196
PERSIS CONSULTING CO.	PERSIS CONSULTING CO.	38-3463910
GBSL STAFFING AL, LLC	THE CROSSINGS AT RIVERCHASE	82-3642396
ALQUIST 3D LLC	ALQUIST	85-3421492
ISL EMPLOYEES, INC.	CARTER PLACE	13-4212788
SUNBOW-MONTEVIDA, LLC	MONTEVIDA APARTMENTS	20-3770277
VIENTOS SERVICES, LLC	VIENTOS SERVICES, LLC	32-0526845
LUIS A. ESCOBAR, MD, LLC	LUIS A. ESCOBAR, MD, LLC	36-4716466
AMERICAN CARGO LOGISTICS	AMERICAN CARGO LOGISTICS	59-3455071
RUDY'S PERFORMANCE PARTS, INC.	RUDY'S DIESEL	27-0842144
G. J. SULLIVAN CO., INC.	G. J. SULLIVAN CO., INC.	95-3708403
QUISLEX NEW YORK LLC.	QUISLEX NEW YORK LLC.	81-2612503
RAM PLUMBING INC.	RAM PLUMBING INC.	86-0808475
BPG LOOMIS LLC	BPG LOOMIS LLC	92-0939847
HANGAR OF WESTFIELD INCORPORATED ENTERPRISE	HANGAR OF WESTFIELD	46-2027081
BASALT DOWNTOWNER, LLC	BASALT DOWNTOWNER, LLC	92-1263107
DALE P HOLT HOLDINGS LLC	DALE P HOLT HOLDINGS LLC	46-0876133
BRISBOIS & KUE VETERINARY SERVICES, LLC	CLAWS AND PAWS ANIMAL HOSPITAL	20-4732645
ISL EMPLOYEES, INC.	SAGEBROOK SENIOR LIVING AT SAN FRANCISCO	13-4212788
REL PRODUCTIONS	REL PRODUCTIONS	81-4587673
TechGenies LLC	TechGenies LLC	47-4039064
SAL ASSET MANAGEMENT, LLC	BEACH TERRACE MEMORY CARE	82-2468846
SUNSHINE ELEMENTARY CHARTER SCHOOL	SUNSHINE ELEMENTARY CHARTER SCHOOL	20-3521137
SUN LINEN SERVICES, LLC	SUN LINEN SERVICES	46-1381833
ISL EMPLOYEES, INC.	THE LODGE AT GRAND JUNCTION	13-4212788
THE WORTHINGTON GROUP, INC.	THE WORTHINGTON GROUP, INC	59-2999863
GREEN MILE LOGISTICS	GREEN MILE LOGISTICS	87-1218666
HILL CENTER FOR DERMATOLOGY, P.C.	HILL CENTER FOR DERMATOLOGY, P.C.	30-0271161
JULIE BROADY	JULIE BROADY	99-0675040
TRUSTPOINT IT STAFFING, LLC	TRUSTPOINT IT STAFFING, LLC	87-3991723
ALPHA OPTICAL GLEN MILLS, LLC	ALPHA OPTICAL GLEN MILLS, LLC	93-2865323

THE HOLBEN GROUP LLC	THE HOLBEN GROUP LLC	20-4283396
DIKI SHINING STAR CHILDCARE CENTER INC	DIKI SHINING STAR CHILDCARE CENTER INC	81-2946675
BRAG HOUSE INC.	BRAG HOUSE INC.	82-4089515
QUALITY PROPERTY SOLUTIONS, LLC	QUALITY PROPERTY SOLUTIONS, LLC	30-0991972
VILLAGE AT BAKER CREEK LLC	VILLAGE AT BAKER CREEK LLC	91-2180728
EVIATION AIRCRAFT, INC.	EVIATION AIRCRAFT	35-2635358
ST. AUGUSTINE LIGHTHOUSE AND MARITIME MUSEUM, INC	ST. AUGUSTINE LIGHTHOUSE AND MARITIME MUSEUM,	59-3471303
REICH & MANCINI PA	REICH & MANCINI PA	20-1847409
CHARBONNEAU INDUSTRIES, INC.	CHARBONNEAU INDUSTRIES, INC.	58-1859153
PRECISION AIR CARGO	PRECISION AIR CARGO	84-1110757
MID TN OCCUPATIONAL MEDICINE	MID TN OCCUPATIONAL MEDICINE	62-1539638
DISCOVERY NORTH CAROLINA EMPLOYER LLC	MORNINGSIDE OF RALEIGH	85-3437133
LUCERNE COUNTRY CLUB MHC, LLC	LUCERNE COUNTRY CLUB MHC, LLC	61-1742295
HIRJI AKHONZADA LLC	MASSAGE HEIGHTS COLLEGE METCALF PLAZA	88-1005763
ARMENIA DONUTS, INC.	351519 - ARMENIA DONUTS, INC	46-2249920
254 BAYSTATE FINANCIAL	254 BAYSTATE FINANCIAL	00-0000000
HANGAR OF GREENFIELD INC ENTERPRISE	HANGAR OF GREENFIELD INC ENTERPRISE	47-2754909
INTEGRATED PERFORMANCE SYSTEMS OF FLORIDA, LLC	INTEGRATED PERFORMANCE SYSTEMS OF FLORIDA, LL	65-0531557
DILLIE AND KUHN, INC.	DILLIE AND KUHN, INC.	84-0929438
THE PEAK SCHOOL	THE PEAK SCHOOL	90-0762947
SONA SENIOR LIVING MA LLC	THE SEASONS OF DANVERS	84-4743513
BEACON AUTO REPAIR LLC-S SERIES	MEINEKE CAR CARE CENTER CHICAGO RIDGE	86-3214215
RIVERSIDE ABSTRACT, LLC	RIVERSIDE ABSTRACT, LLC	20-8324333
COR WEST KIRKPATRICK STREET COMPANY, LLC	ALOFT SYRACUSE	46-1032574
SPECTRA COMPOSITES OF CAROLINAS LLC	SPECTRA COMPOSITES OF CAROLINAS LLC	88-2901972
CLEAN THE WORLD GLOBAL LLC	CLEAN THE WORLD GLOBAL LLC	45-1826800
ANALYZED COSTS LLC	ANALYZED COSTS LLC	82-0924706
ISL-LAKE WALES	ISL-LAKE WALES	88-1678748
HAUSKINS HEATING & COOLING	HAUSKINS HEATING & COOLING	62-1286455
UNIFIX TECHNOLOGY, LLC	UNIFIX TECHNOLOGY, LLC	39-4164284
39TH ST F AND B MANAGEMENT LLC	THE GRAYSON HOTEL FANDB	87-1139103
BREAKAWAY ADVISOR SOLUTIONS	BREAKAWAY ADVISOR SOLUTIONS	87-4781128
ELI'S HEATING & AIR, INC	PERFECTION AIR	58-2399049

EAGLE IKON LLC	UPLYFT CAPITAL	81-4799586
CAPITAL ALLIANCE CORPORATION	CAPITAL ALLIANCE CORPORATION	75-1597911
FLEENOR BROS ENTERPRISES, INC.	FLEENOR BROS ENTERPRISES, INC.	43-1613243
LAURA F. DILL	LANCASTER FINANCIAL GROUP	87-2409677
LEGGETT HEATING & A/C, INC.	LEGGETT HEATING & A/C, INC.	59-1400596
DIGITALJ2, LLC	DIGITALJ2, LLC	46-4542273
DB WEALTH MANAGEMENT,LLC	DB WEALTH MANAGEMENT,LLC	45-3072899
RICE PARK CAPITAL MANAGEMENT, LP	RICE PARK CAPITAL MANAGEMENT, LP	83-4153871
MAPLE LEAF TRUCK SERVICE LLC	MAPLE LEAF TRUCK SERVICE LLC	46-2450054
EWC TRIANGLE LLC	EWC TRIANGLE LLC	84-2464756
FORTUNE CAPITAL MANAGEMENT, INC.	FORTUNE CAPITAL MANAGEMENT, INC.	20-2938877
BANESCO AMERICA CORPORATION	BANESCO AMERICA CORPORATION	83-2454980
LAM GEN 25, LLC	RENAISSANCE NEW YORK CHELSEA	46-3264188
VONESSEN, INC	VONESSEN, INC	14-1466289
CHIRO DFW1, LLC	THE JOINT ARLINGTON HIGHLANDS	46-0575653
MECCA RESIDENTIAL, LLC	MECCA RESIDENTIAL, LLC	87-4143775
GREAT-WEST MANAGEMENT CORPORATION	GREAT-WEST MANAGEMENT CORPORATION	73-1269201
MAINSPRING ACADEMY, INC.	MAINSPRING ACADEMY, INC.	47-3046264
DISCOVERY MISSOURI EMPLOYER LLC	SPRINGHOUSE VILLAGE	93-4088733
IOWA MHPS LLC	IOWA MHPS LLC	88-2225916
WEXFORD COMMERCIAL CONSTRUCTION, LLC	WEXFORD COMMERCIAL CONSTRUCTION, LLC	82-1670381
BLACK ROCK PET SUPPLY, INC.	4 FAIRFIELD	06-1419818
PERFECT CHOICE MANUFACTURERS INC.	WEST COAST METAL STAMPING INCORPORATED	86-3916095
AHQ LLC	AHQ LLC	45-4243238
SUPPLY CHAIN RESOURCES GROUP, INC.	SUPPLY CHAIN RESOURCES GROUP, INC.	37-1695915
ZSO MEDICAL SERVICES, INC	ZSO MEDICAL SERVICES, INC	84-4088638
T LYMAN GOLF, LLC	TWISTED OAKS GOLF CLUB	47-1561432
GUTIERREZ CANALES ENGINEERING, P.C.	GUTIERREZ CANALES ENGINEERING, P.C.	33-0997886
BRISAM ANDERSON LLC	HAMPTON INN ANDERSON	26-1146991
GSI ENGINE MANAGEMENT GROUP INC.	GSI ENGINE MANAGEMENT GROUP INC.	43-1867796
MONOLITH FINANCIAL GROUP INC	MONOLITH FINANCIAL GROUP INC	20-5123435
THE UNITED WAY OF FORSYTH COUNTY, INC.	THE UNITED WAY OF FORSYTH COUNTY, INC.	23-7357234
MAA PALM DESERT HOSPITALITY INC	SPRINGHILL SUITES BY MARRIOTT PALM DESERT	26-4409946

DISCOVERY IOWA EMPLOYER LLC	ADDINGTON PLACE OF FAIRFIELD	92-3039264
TRINITY PLACE ASSISTED LIVING LLC	TRINITY PLACE ASSISTED LIVING LLC	82-3660591
MUSTANG SEAL SOLUTIONS, LLC	MUSTANG SEAL SOLUTIONS, LLC	45-5585734
OKTEP: OKLAHOMA TRIBAL ENGAGEMENT PARTNERS, INC	OKTEP: OKLAHOMA TRIBAL ENGAGEMENT PARTNERS, I	84-1978659
EDMUND GROUP INC	MASSAGE ENVY SAVOY PLAZA	46-1077368
AMEY'S GARAGE INC	AMEYS GARAGE INC	23-1734065
PALM VISTA EMPLOYEES LLC	PALM VISTA SENIOR LIVING	87-1099270
TORO REAL ESTATE SERVICES, INC.	TORO REAL ESTATE SERVICES, INC.	81-0936677
TYE RV PARK LLC	TYE RV PARK LLC	87-2964045
BLACK DUCK EXPLORER FUND, LLC	BLACK DUCK EXPLORER FUND, LLC	39-4057022
BRIGHTWELL HEALTH, LLC	BRIGHTWELL HEALTHCARE	86-2841755
ISL EMPLOYEES INC	ALDERBROOK VILLAGE	13-4212788
EVANGUARD SOLUTIONS, INC	EVANGUARD SOLUTIONS, INC	20-1393160
REGENT RECONSTRUCTION INC	REGENT RESTORATION INC	26-4754807
ALTUS PROPERTIES, LLC	ALTUS PROPERTIES, LLC	37-1519414
FLAGLER MANAGEMENT MEDICAL SERVICES, LLC	FLAGLER MANAGEMENT MEDICAL SERVICES, LLC	46-3564180
PIVOT ROCK SOLUTIONS, LLC	PIVOT ROCK SOLUTIONS, LLC	46-0770287
YWCA OF PALM BEACH COUNTY, INC.	YWCA OF PALM BEACH COUNTY, INC.	59-0251935
COVERAGE DIRECT CUSO, LLC	COVERAGE DIRECT CUSO, LLC	88-1445349
DISCOVERY IOWA EMPLOYER LLC	ADDINGTON PLACE OF DES MOINES	92-3039264
HHG GALVESTON LLC	HHG GALVESTON LLC	84-4374172
HUMANE SOCIETY OF BROWARD COUNTY	HUMANE SOCIETY OF BROWARD COUNTY	59-6002321
ERDMANN BROTHERS ELECTRIC	ERDMANN BROTHERS ELECTRIC	87-0545722
HEALTHCARE MANAGEMENT PARTNERS, LLC	HEALTHCARE MANAGEMENT PARTNERS, LLC	20-4363144
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	MORNINGSIDE OF ANDERSON	82-2370236
SARWOOD INC.	MELLOW MUSHROOM	81-4820024
ATLAS SENIOR LIVING II, LLC	TRIBUTE AT ONE LOUDOUN	83-4534978
X-NAV TECHNOLOGIES, LLC	X-NAV TECHNOLOGIES, LLC	46-0908858
TRUSTPOINT TRANSLATIONS, LLC	TRUSTPOINT TRANSLATIONS, LLC	32-0509969
HERIBERTO D. RAMOS, O.D., P.A.	COMPLETE FAMILY EYECARE	20-4020067
HEATMASTER, LLC	HEATMASTER, LLC	20-4373568
NY 29 WEST, LLC	FAIRFIELD INN NEW YORK MANHATTAN/5TH AVE	01-0860520
VEER HOSPITALITY DENVER LLC	VEER HOSPITALITY DENVER LLC	85-3951673

MID-TECH GAGE, INC.	MID-TECH GAGE, INC.	62-1763500
DAVID HENDERSON LAW OFFICES PC	DAVID HENDERSON LAW OFFICES PC	04-3620966
LOOP SURROGACY SERVICES LLC	LOOP SURROGACY SERVICES	99-2435211
HHG WACO LLC	HHG WACO LLC	85-0969669
OAKSTEAD MANAGEMENT GROUP, LLC	OAKSTEAD MANAGEMENT GROUP, LLC	33-1396668
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT NORMANDY PARK	81-2312232
BOJE ENTERPRISES INC.	BOJE ENTERPRISES INC.	59-3405694
RECESS ARCADE BAR LLC	RECESS ARCADE BAR LLC	45-4026507
ZRV MANAGEMENT LLC	ZRV MANAGEMENT LLC	83-2376135
SP ENTERPRISES 2001	BIG O TIRES CONCORD	86-2030130
AVERETT SEPTIC TANK CO, INC	AVERETT SEPTIC TANK CO, INC	59-1108235
A-L FINANCIAL CORP	A-L FINANCIAL CORP	95-3191434
ORTHO OAM, LLC	ORTHOPEDIC ASSOCIATES OF MIAMI LAKES	85-0862885
C & T PUBLISHING, INC.	C & T PUBLISHING	68-0375392
TPPJ S. PASADENA, LLC	TOMATO PIE PIZZA JOINT	46-3265118
LJ NASHVILLE MANAGEMENT, LLC	AVIVA MAYBELLE CARTER	88-0614979
NINETY NINE HUMAN RESOURCES, LLC	NINETY NINE HUMAN RESOURCES, LLC	47-1292086
TWIN LINE ENTERPRISES, LLC	TWIN LINE ENTERPRISES, LLC	47-3118262
JEWISH FAMILY SERVICES OF GREATER ORLANDO, INC.	JEWISH FAMILY SERVICES OF GREATER ORLANDO, INC	59-1873758
1818 ENTERPRISE SL INVESTORS, LLC	KELLEY PLACE-MADISON HEIGHTS	83-4534978
DOMINION MANAGEMENT, LLC	VILLAS AT BON SECOUR	20-8621988
CHILDREN'S BEHAVIOR THERAPY INC.	CHILDREN'S BEHAVIOR THERAPY INC.	27-1242261
VITAL I/O, INC.	VITAL I/O, INC.	01-0454445
KONCEPT CARMA INC	KCI	47-1222102
DAIICHI JITSUGYO (AMERICA), INC.	DJA	13-2705494
1ST COAST CARGO INC.	1ST COAST CARGO INC.	45-5286454
MTAD SOLUTIONS, LLC	MTAD SOLUTIONS, LLC	47-4758780
SPORTSMAN MANUFACTURING COMPANY	INDUSTRIAL MANUFACTURING AND MACHINING	84-0673761
HONFO PAYCO LLC	HONFO PAYCO LLC	87-3937420
FIRST GENERAL SERVICES OF DENVER LLC	FIRST GENERAL SERVICES OF DENVER LLC	27-2140226
ATHLETE'S TREASURE, LLC	BIOFEEDBACK HAWAII	83-0742410
SOESTERN PACKAGING INC.	STOCKBAGDEPOT	83-3628999
I-17/T-BIRD SELF STORAGE	I-17/T-BIRD SELF STORAGE	86-0973066

BETTER BUSINESS BUREAU OF PALM BEACH COUNTY , IN	BETTER BUSINESS BUREAU SERVING SOUTHEAST FLO	59-1261763
ARVUM SENIOR LIVING LLC	ARVUM SENIOR LIVING LLC	92-3715101
METRO DEVELOPMENT GROUP, L.L.C.	METRO DEVELOPMENT GROUP, L.L.C.	81-0596741
SOFTWARE FOLKS, INC.	SAVIANCE TECHNOLOGIES	22-3657860
LA PALESTRA INC	LA PALESTRA INC	13-3731004
DISCOVERY KANSAS EMPLOYER LLC	ADDINGTON PLACE OF PRAIRIE VILLAGE	82-4486501
BURR OAK GROUP	BURR OAK GROUP	41-1834878
POWERS ENVIRONMENTAL, LLC	POWERS ENVIRONMENTAL, LLC	32-0341702
PETERS MANAGEMENT GROUP LLC	PETERS WEALTH GROUP	93-3854017
WORLDWIDE BRANDS, INC	WORLDWIDE BRANDS, INC	59-3688228
APEX SHED COMPANY, INC.	APEX SHED COMPANY, INC.	04-3845421
DOGWOOD INVESTMENT PARTNERS, LLC	SCHRUM PRIVATE WEALTH MANAGEMENT	27-5468862
ISL EMPLOYEES, INC.	LA MIRADA HEIGHTS	13-4212788
RSS/GOLDSBORO OPERATIONS LLC	NAVION OF GOLDSBORO	93-3830055
LARSON PLUMBING INC.	LARSON PLUMBING INC.	41-1457513
INTERLINK AUTO LOGISTICS LLC	INTERLINK AUTO LOGISTICS LLC	87-2443484
PATRICK EXPRESSIONS, LLC DBA E	PATRICK EXPRESSIONS, LLC DBA E	26-4424481
HOTEL HERRINGBONE LLC	HOTEL HERRINGBONE	93-2651537
5539 NPR OPERATING LLC	NEW PORT RICHEY CENTER FOR ASSISTED LIVING	82-2682264
HADICO PSL INVESTMENTS, LLC	HILTON GARDEN INN @ PGA VILLAGE	83-4292768
JACOBS AND VAN CLEEFF INTERNAL MEDICINE, PC	JACOBS AND VAN CLEEFF INTERNAL MEDICINE, PC	27-1250572
OAKSTEAD INFUSION PHARMACY, LLC	OAKSTEAD INFUSION VITAL CARE	47-5399800
AMPLIO ECONOMIC DEVELOPMENT CORPORATION	AMPLIO ECONOMIC DEVELOPMENT CORPORATION	41-1577185
TEENA HUGHES, INC.	TEENA HUGHES MD,PA	59-3694409
INTROWORKS, INC.	INTROWORKS, INC.	41-1714266
ARROWHEAD MAINTENANCE, INC.	ARROWHEAD MAINTENANCE, INC.	59-3159301
TDA CONSULTING INC	TDA CONSULTING INC	26-4508272
VIVID SPECIAL EVENTS, LLC	VIVID SPECIAL EVENTS, LLC	88-1376043
THE INSURANCE CONSULTING GROUP, INC.	IOWA INSURANCE CONSULTANTS	42-1413846
CANOPY SOFTWARE, INC.	CANOPY SOFTWARE, INC.	84-4265180
SERENITY AMBRUS INVESTMENTS LLC	SERENITY AMBRUS INVESTMENTS LLC	39-2647107
GOLF MAINTENANCE SOLUTIONS 4W, LLC	THE VILLAGES GOLF AND COUNTRY CLUB	45-3233788
QUIGLEY HEATING AND AIR CONDITIONING COMPANY OF	QUIGLEY HEATING AND AIR	75-1050015

MAGIC SCIENCE CORPORATION	MAGIC MOLECULE	99-2422832
EXECTRAS, INC.	EXECTRAS	27-1846223
FLORIDA RESTAURANT OPERATIONS GROUP	FLORIDA RESTAURANT OPERATIONS GROUP	59-3580256
ALAFAYA INVESTMENTS LLC	ALAFAYA INVESTMENTS LLC	20-3261225
PHARMACEUTICAL DELIVERY, INC.	PHARMACEUTICAL DELIVERY, INC.	90-0503750
MOSAIC SOLUTIONS GROUP, LLC	MOSAIC SOLUTIONS GROUP, LLC	27-1948133
RICHLAND REALTY INC	RICHLAND REALTY INC	59-2967878
KUPER SMITH DAVIS & KALIKA DENTAL PARTNERSHIP	SEQUOIA ORTHODONTICS	85-1479228
RODEO REALTY, INC.	RODEO REALTY, INC.	95-4095551
RSS GATES HOUSE MANAGER, LLC	GATES HOUSE ASSISTED LIVING	99-4598141
IRONWOOD HOMES OF PERRY, LLC	IRONWOOD HOMES OF PERRY, LLC	04-3702735
SCEPTRE & KEY, LLC	SCEPTRE & KEY, LLC	27-3098205
PRANA WELLNESS, LLC	MASSAGE HEIGHTS-INGERSOL	99-3808302
STRICKLER FINANCIAL GROUP, LLC	STRICKLER FINANCIAL GROUP LLC	87-0992034
HERONETTA MANAGEMENT, LP	HERONETTA MANAGEMENT, LP	26-1663463
ABBEY-GEORGETOWN ALF, LLC	THE OSCAR AT GEORGETOWN	83-4534978
AFFILIATED SERVICE PROVIDERS	AFFILIATED SERVICE PROVIDERS	35-1968268
OCEAN COAST ELECTRICAL LLC	OCEAN COAST ELECTRICAL LLC	84-5175676
VELOCITY AUTOMOTIVE HOLDINGS LMR LLC	MEINEKE CAR CARE LMR	99-2901257
HELION INVESTMENTS, LLC	HELION INVESTMENTS, LLC	27-1337403
TONY KELSO PLUMBING	TONY KELSO PLUMBING	84-0680085
SOUTHWEST SELF STORAGE CORP	SOUTHWEST SELF STORAGE CORP	01-0766426
FY LOGISTICS LLC	FY LOGISTICS LLC	83-1573054
SUN BULB COMPANY, INC.	SUN BULB COMPANY, INC.	59-1677460
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT PALM BEACH GARDENS	81-2198145
GENERATIVITY	THE LAKESIDE VILLAGE	84-1690757
NEOBIOSIS LLC	NEOBIOSIS LLC	85-1592127
THE LEONARDI MEDICAL INSTITUTE PC	THE LEONARDI MEDICAL INSTITUTE PC	73-1672583
ACTIONVEST MANAGEMENT CORP.	ACTIONVEST MANAGEMENT CORP.	04-3134720
GREENBRIER SENIOR LIVING	GREENBRIER SENIOR LIVING	61-1744704
VENUWORKS OF AMES, LLC	VENUWORKS OF AMES, LLC	47-4306839
TRINITY HEALTH OOS, LLC	TRINITY HEALTH OOS, LLC	92-0493659
IN SITU ARCHAEOLOGICAL CONSULTING, LLC	IN SITU ARCHAEOLOGICAL CONSULTING, LLC	47-5370253

ANTINORI AGENCY INC	GREATFLORIDA INSURANCE	85-3805073
HILDRED MANAGEMENT, LLC	HILDRED MANAGEMENT, LLC	26-0646330
TEW MANAGEMENT, INC.	TEW MANAGEMENT, INC.	46-0951831
COTTONWOOD DRYWALL INC.	COTTONWOOD DRYWALL INC.	84-1387444
CONCERT GOLF PARTNERS HOLDCO LLC	CONCERT GOLF PARTNERS HOLDCO LLC	84-2403925
MAXWELL INDUSTRIES LLC	MAXWELL INDUSTRIES LLC	20-4340810
GREATER FORT LAUDERDALE CHAMBER OF COMMERCE,	GREATER FORT LAUDERDALE CHAMBER OF COMMERC	59-0250255
WMTW INC	BOOMERJACKS GRILL AND BAR	75-2851988
PREMIER SUPPORT SERVICES, INC.	INTERIM HEALTHCARE OF EAST TN	62-1772662
KINGSWOOD US, LLC	KINGSWOOD US, LLC	47-3317961
GOOD DAY HOLDINGS LLC	FOXTAIL COFFEE CO.	38-4280146
MARK CUNNINGHAM DESIGN INC.	MARKED	82-4194210
DOLLINS PECAN CO., INC.	DURHAM PECAN	75-2673617
ISL EMPLOYEES, INC.	LAS VILLAS DEL NORTE	13-4212788
QUALITY FOOD RESTAURANT PAYROLL, LLC.	WENDY'S INDIANA	82-1311963
DIMENSION HEALTH INC.	DIMENSION HEALTH INC.	59-2604884
VMS PLATFORM LLC	VMS PLATFORM LLC	39-3818368
HOWLAND CONSTRUCTION SERVICES, LLC	HOWLAND CONSTRUCTION SERVICES, LLC	93-4335004
FJOEL FINANCIAL INC	FJOEL FINANCIAL INC	46-3657012
AKITA COPY SYSTEMS OF SARASOTA, INC.	AKITA COPY SYSTEMS OF SARASOTA, INC.	65-0864347
DENALI ADVISORS, LLC	DENALI ADVISORS, LLC	33-0957285
DISCOVERY WISCONSIN EMPLOYER LLC	LAKEHOUSE FOND DU LAC	92-3224466
CREATIVE PINELLAS INC	CREATIVE PINELLAS INC	45-2414664
ZELMS ERLICH L.L.P.	ZELMS ERLICH L.L.P.	85-3938328
HUDSON GATEWAY ASSOCIATION OF REALTORS, INC.	HUDSON GATEWAY ASSOCIATION OF REALTORS, INC.	13-1737022
NATIONAL AGRICULTURE IN THE CLASSROOM ORGANIZAT	NATIONAL AGRICULTURE IN THE CLASSROOM ORGANIZ	31-1649895
RYAN INNOVATION GROUP, LLC	RYAN INNOVATION GROUP	85-1092529
STORAGE MASTER'S CHESTERFIELD II, LLC	STORAGE MASTER'S CHESTERFIELD II, LLC	46-1398773
ENVISION NETWORKS, INC.	ENVISION IT PARTNERS	43-1990979
ALFRED D WYATT JR DMD PC	ALFRED D WYATT JR DMD PC	58-2166338
STORAGE MASTER'S ST. CHARLES, LLC	STORAGE MASTER'S ST. CHARLES, LLC	43-1692005
L AND N LABEL COMPANY, INC.	L AND N LABEL COMPANY, INC.	59-2970820
STORAGE MASTER'S O'FALLON, LLC	STORAGE MASTER'S O'FALLON, LLC	43-1788567

GUNBARREL WEST REAL ESTATE COMPANY	HAVEN COMMUNITY MANAGEMENT	35-2601893
PRONTO NUTRITION LLC	PRONTO NUTRITION LLC	26-2907922
DISCOVERY WISCONSIN EMPLOYER LLC	OAK GARDENS PLACE	92-3224466
PIERCE SALES CO. INC.	RESTAURANT EQUIPMENT WORLD	34-1200546
SPAR USA LLC	SPAR USA LLC DBA SIGNATURE PHARMACY	46-3299731
PARKVIEW POINTE DONUTS, INC.	341157 - PARKVIEW POINTE DONUTS	20-5102688
BOAVIDA RV PARKS AND RESORTS LLC	BOAVIDA RV PARKS AND RESORTS LLC	83-1906750
SUDDHA PHARMACY, LLC	SUDDHA PHARMACY, LLC DBA FEDCO PHARMACY	20-2524259
STEPHENS INSURANCE CONSULTANTS LLC	STEPHENS INSURANCE CONSULTANTS LLC	47-4020623
SUPERIOR SCHOOLS CORPORATION	SUPERIOR SCHOOLS CORPORATION	68-0615177
MOE'S SOUTHWEST GRILL LARGO, LLC	MOE'S SOUTHWEST GRILL LARGO, LLC	57-1182012
CYPRESS COURT ASSISTED LIVING	CYPRESS COURT ASSISTED LIVING	86-3520833
NILI CAPITAL MANAGEMENT LP	NILI CAPITAL MANAGEMENT LP	86-1449249
EUROPEAN SINK OUTLET	EUROPEAN SINK OUTLET	41-2044556
SUPREME AUTO COLLISION INC	SUPREME AUTO COLLISION INC	65-0315067
FKP SENECA SENIOR LIVING TENANT LLC	BELVEDERE COMMONS OF SENECA	26-1262472
MESSEX INDUSTRIES CORPORATION	3 LINE PRODUCTIONS	95-4885858
SAFEGUARD INVESTMENT ADVISORY GROUP LLC	SAFEGUARD INVESTMENT ADVISORY GROUP LLC	45-0585640
OASIS TOWNHOMES, LLC	OASIS TOWNHOMES	33-0686278
EXCHANGE CLUB/DICK WEBBER CTR FOR THE PREVENTI(	THE CHILDREN'S HEALING INSTITUTE	65-0071524
AFF18 SIMPSONVILLE ILC, LLC	FAIRVIEW PARK IL (LEGACY RESERVE)	83-4534978
PRAIRIE TRAILS FAMILY DENTAL, LLC	PRAIRIE TRAILS FAMILY DENTAL, LLC	46-1582093
DEZAYAS FRIEL, LLC	DEZAYAS FRIEL, LLC	46-3760394
WILLOWBROOK MANAGEMENT, INC.	WILLOWBROOK MANAGEMENT (E AND W)	35-2482988
PATTI MARINE ENTERPRISES INC	PATTI MARINE ENTERPRISES INC	26-3237394
BEACON AUTO REPAIR LLC-S4	MEINEKE CAR CARE	86-3133133
GOLDCREST PROPERTIES, LLC	GOLDCREST PROPERTIES, LLC	83-1510983
LINVILL ADVISORY SERVICES, LLC	LINVILL ADVISORY SERVICES, LLC	41-1851233
QUOTERUSH.COM, LLC	QUOTERUSH.COM, LLC	80-0732588
FRANK LOWE RUBBER AND GASKET CO., INC.	FRANK LOWE RUBBER AND GASKET CO., INC.	11-2940171
BRITE IDEAS ELECTRIC, LLC	BRITE IDEA	82-5090837
HEALTH DELEGATES, LLC	HEALTH DELEGATES, LLC	46-1268760
PSL ASSOCIATES LLC	THE LANDING AT QUEENSBURY ASSISTED LIVING AND I	83-1427127

SESSIONS COLLEGE FOR PROFESSIONAL DESIGN, INC.	SESSIONS COLLEGE FOR PROFESSIONAL DESIGN, INC.	13-3947889
RASNA HOSPITALITY LLC	MOTEL 6 IRVINE	85-2234640
CLEANING SERVICES GROUP, INC.	CLEANING SERVICES GROUP, INC.	04-3168372
C.J. LOMBARDO CO	C.J. LOMBARDO CO.	22-1855473
PROMAZO, INC.	PROMAZO, INC.	27-4553035
ORTHO PNN LLC	MIAMI ORTHOPEDIC CENTER	82-1819608
PSL ASSOCIATES LLC	LAKETOWN VILLAGE RESIDENTIAL CARE AND MEMORY	83-1427127
PSL ASSOCIATES LLC	CASTLEWOODS PLACE ASSISTED LIVING AND MEMORY	83-1427127
PSL ASSOCIATES LLC	RIDGELAND PLACE ASSISTED LIVING AND MEMORY CAI	83-1427127
PSL ASSOCIATES LLC	THE RENAISSANCE ASSISTED LIVING	83-1427127
PSL ASSOCIATES LLC	BRIDGEWOOD GARDENS ASSISTED LIVING AND MEMOI	83-1427127
PSL ASSOCIATES LLC	EVERGREEN PLACE ENHANCED ASSISTED LIVING AND	83-1427127
HUEMILLER AND ASSOCIATES, INCORPORATED	SUPERIOR WOOD CARE	75-2768912
ACCRUE WEALTH DESIGNS	ACCRUE WEALTH DESIGNS	82-2374243
THE HERRIN LAW FIRM P.C.	THE HERRIN LAW FIRM P.C.	13-4356004
RSS NORTHLAKE HOUSE MANAGER, LLC	NORTHLAKE HOUSE	99-4617112
QUANTWORKS, INC.	QUANTWORKS, INC.	47-5017595
ILIAS FEDERAL SOLUTIONS, INC.	ILIAS FEDERAL SOLUTIONS, INC.	86-1327302
WESTERN MARKETING SERVICES NORTH, LLC	WESTERN MARKETING SERVICES NORTH, LLC	47-1686853
FORECASTLE ADVISORS	FORECASTLE ADVISORS	82-2589269
INTELLIGENTICS INC	INTELLIGENTICS INC	42-1399726
ONE TON WELDING, INC.	ONE TON WELDING, INC.	42-1506430
MYERS CAPITAL ADVISORS, LLC	MYERS CAPITAL ADVISORS, LLC	84-1739324
METRO ANESTHESIA AND PAIN MANAGEMENT, LLP	METRO ANESTHESIA AND PAIN MANAGEMENT, LLP	42-1431066
MICRO KEY SOFTWARE INC	MICRO KEY SOFTWARE	59-3040341
DISCOVERY LOUISIANA EMPLOYER LLC	SUMMERHOUSE ALEXANDRIA	81-1992644
HEALTHBPM, INC.	HEALTHBPM, INC.	27-1620013
CREDIT BENCHMARK, INC.	CREDIT BENCHMARK, INC.	36-4796872
COMETEER SALES LLC	COMETEER SALES	33-2306209
ENVISION ABUNDANCE LLC	ENVISION ABUNDANCE LLC	83-2850866
FOUNDRY LA LLC	FOUNDRY LA LLC	87-2373060
SOMERFORD PLACE OF REDLANDS EMPLOYEES LLC	SOMERFORD PLACE OF REDLANDS EMPLOYEES LLC	87-2436921
PORTSIDE BROOKINGS RV PARK, LLC	PORTSIDE BROOKINGS RV PARK, LLC	82-3289249

RSS CYPRESS PLACE MANAGER LLC	CYPRESS SQUARE	92-3964602
4580 OLD AIRPORT FBX, LLC	ASPEN SUITES HOTEL FAIRBANKS	33-2589971
AGRISMART INFORMATION SYSTEMS, LLC	AGRISMART INFORMATION SYSTEMS, LLC	26-1861507
SWIFT RESOLUTIONS INC	SWIFT RESOLUTIONS INC	46-3629368
MCGEHEARTY HOLDINGS LLC	MCGEHEARTY HOLDINGS LLC	47-1061452
SWIFT PROPERTIES LLC	SWIFT PROPERTIES LLC	47-3617933
IOWA PUBLIC RADIO	IOWA PUBLIC RADIO	20-4227123
CSB AUTOCRAFT INC - BLTE	CSB AUTOCRAFT INC - BLTE	93-3242504
CHRISTOPHER'S FINE JEWELRY AND RARE COINS LTD	CHRISTOPHER'S FINE JEWELRY AND RARE COINS LTD	42-1481142
BMOC BIZ EVANSVILLE WEST LLC	MIDAS EVANSVILLE WEST	84-3319617
CF OF HOLT, LLC	CF OF HOLT, LLC	47-5105854
ORTHO WJB LLC	WILLIAM J. BONNER MD	92-3330323
WISE WOLF LLC	LEE'S FAMOUS RECIPE CHICKEN	85-1532356
RSS/WEST JEFFERSON OPERATIONS LLC	FOREST RIDGE ASSISTED LIVING	87-3072572
RSS/KERNERSVILLE I OPERATIONS LLC	ARBOR RIDGE AT KERNERSVILLE	87-3113770
RSS/KING OPERATIONS LLC	PRIDDY MANOR ASSISTED LIVING	87-3030209
KATHRINA AGATEP D. D .S.,PROFESSIONAL CORP.	DENTAL DESIGN SD	90-0644615
NORTHSTAR SENIOR LIVING, INC.	NORTHSTAR SENIOR LIVING, INC.	20-5694427
RSS/WINSTON SALEM OPERATIONS LLC	ARBOR RIDGE AT STANLEYVILLE	87-3094777
HOMETOWN PHYSICAL THERAPY, L.L.C.	HOMETOWN PHYSICAL THERAPY, L.L.C.	26-0559826
SLEEP MATTERS LLC	SLEEP MATTERS LLC	87-2445167
RSS/PRINCETON OPERATIONS LLC	THE HAVENS AT PRINCETON ASSISTED LIVING	87-2797061
DISTRIVALTO U.S.A., INC.	DISTRIVALTO U.S.A., INC.	65-0881198
RSS/KERNERSVILLE II OPERATIONS LLC	KERNER RIDGE ASSISTED LIVING	87-2971538
RRS/CLEMMONS OPERATIONS LLC	MALLARD RIDGE ASSISTED LIVING	87-3011973
RSS/BOONE OPERATIONS LLC	DEERFIELD RIDGE ASSISTED LIVING	87-2933384
CONTEMPORARY PLASTIC SURGERY, PL	CONTEMPORARY PLASTIC SURGERY, PL	43-2011710
RSS/CHAPEL HILL OPERATIONS LLC	CHATHAM RIDGE ASSISTED LIVING	87-2955738
RSS/MEBANE OPERATIONS LLC	MEBANE RIDGE ASSISTED LIVING	87-3050908
DAMSCHEN GROUP, LLC	DAMSCHEN GROUP, LLC	83-4609657
NAUTIC PARTNERS, LLC	NAUTIC PARTNERS, LLC	05-0511338
MONTESSORI CENTER SCHOOL AT SANTA BARBARA	MONTESSORI CENTER SCHOOL AT SANTA BARBARA	95-2774847
ADINATH HOSPITALITY LLC	MOTEL 6	82-4635358

WBF SHARED SERVICES LLC	WBF SHARED SERVICES LLC	93-4683608
A PARADISE RENTAL MANAGEMENT INC.	A PARADISE RENTAL MANAGEMENT INC.	65-0462783
ROYAL TITLE SERVICES	ROYAL TITLE SERVICES	35-1918831
RELIANCE MECHANICAL INC.	RELIANCE MECHANICAL INC.	58-2030629
GBSL STAFFING AL, LLC	VERNON WOODS	82-3642396
DISCOVERY PENNSYLVANIA EMPLOYER LLC	TIFFANY COURT AT KINGSTON	47-5629412
THE TOWERS CONDOMINIUM	THE TOWERS CONDOMINIUM	59-2105947
BLUESKY WEALTH PARTNERS INC	BLUESKY WEALTH PARTNERS INC	87-4200277
E*STAR ELECTRIC, INC.	E*STAR ELECTRIC, INC.	20-2187638
ENERGY INCOME PARTNERS, LLC	ENERGY INCOME PARTNERS	20-0479900
HULLABALOO.TV, LLC	HULLABALOO.TV, LLC	26-2177424
WOLFGANG CAPITAL LLC	WOLFGANG CAPITAL	81-2227899
ALASO U.S.A., CORP.	ALASO U.S.A., CORP.	65-0645786
VIEWPOINT NORTH CONWAY LLC	HOTEL INDIGO - NORTH CONWAY	85-3579906
FOOTHILLS PHYSICAL THERAPY, LLC	FOOTHILLS PHYSICAL THERAPY, LLC	26-0038014
COASTAL FLORIDA MANAGEMENT, LLC	COASTAL FLORIDA MANAGEMENT, LLC	32-0414452
FULCRUM WEALTH ADVISORS, LLC	FULCRUM WEALTH ADVISORS, LLC	46-3954468
YOUNG MAX LLC	YOUNG MAX LLC	99-3069621
TAMPA AL OPCO LLC	THE PAVILION OF EAST TAMPA	99-4337697
WAYNE FRIER HOME CENTER OF BYRON, LLC	WAYNE FRIER HOME CENTER OF BYRON, LLC	61-1421018
ISL EMPLOYEES, INC.	VICTORIA PLACE	13-4212788
LAFON WAX CENTERS, LLC	LAFON WAX CENTERS, LLC	46-0583304
CIAL D & B SERVICES, INC.	CIAL D & B SERVICES, INC.	82-3791925
UNBRIDLED CONNECT LLC	ELEVATION CONNECT, LLC	47-4654841
TAMPA BAY COMMUNITY NETWORK	TAMPA BAY COMMUNITY NETWORK	31-1612170
DISCOVERY ILLINOIS EMPLOYER LLC	ADDINGTON PLACE OF SPARTA	93-4107430
HEALTH QUALITY CONSULTING GROUP LLC	HEALTH QUALITY CONSULTING GROUP LLC	02-0689183
920 NW 2ND AVENUE MIAMI LLC	RED ROOSTER OVERTOWN	99-2596841
THE ADOPTION PROJECT INC	THE ADOPTION PROJECT INC	87-2772351
APEX SURGICAL CARE, PA	APEX SURGICAL CARE, PA	27-1653660
PLUMBING MASTERS LLC	PLUMBING MASTERS LLC	37-1775197
TRANSPORTATION OF AMERICA, INC.	TRANSPORTATION OF AMERICA, INC.	46-5184359
MW ANESTHESIA PA	MW ANESTHESIA PA	81-2793055

RAVI KUMAR WAHI MD PA	RAVI KUMAR WAHI MD PA	20-4773085
ORTHO IHBS LLC	ORTHO IHBS LLC	83-3799487
PACIFIC LENDING, LLC	PACIFIC LENDING, LLC	45-3726636
PLANTE HUGUENIN LEBOVIC KAHN, LLP	PLANTE HUGUENIN LEBOVIC KAHN, LLP	81-3965534
CA ESCROW OF SAN BERNARDINO	CA ESCROW OF SAN BERNARDINO	33-0559692
AP PTC, LLC	AP PTC, LLC	36-4824672
LEWISTON MHPS LLC	LEWISTON MHPS LLC	99-1969393
JB LAW LLC	JB LAW PLLC	86-1978067
TRINAM DRAFTING AND DESIGN, INC.	TRINAM DESIGN	81-1700021
GTK, INC.	GTK, INC.	61-1394553
ORTHO JAG, LLC	INSTITUTE OF REGENERATIVE ORTHOPEDICS AND SPO	87-2181244
COMPRO COMPUTER SERVICES, INC	COMPRO COMPUTER SERVICES, INC	59-3216414
DESERT MHP, LLC	DESERT MHP, LLC	36-4958574
CIG SOLAR MFG LLC	US MODULES	99-2690533
WHITAKER WEALTH MANAGEMENT SERVICES, LLC	WHITAKER WEALTH MANAGEMENT SERVICES, LLC	92-1788054
DISCOVERY FLORIDA EMPLOYER LLC	LAKE RIDGE VILLAGE	81-2198145
ADAM ARAGON	WOLF PEST CONTROL	99-1546584
ARCIS INVESTMENTS, INC.	ARCIS INVESTMENTS, INC.	35-2206137
CFC PRINT SOLUTIONS, LLC	CFC PRINT SOLUTIONS, LLC	80-0170026
WOODMONT COUNTRY CLUB, INC.	WOODMONT COUNTRY CLUB	76-0757580
DCM TRAVEL, LLC	DCM TRAVEL, LLC	81-2897362
DTLA F & B MANAGEMENT LLC	DTLA F & B MANAGEMENT LLC	99-1777538
NEVADA MHP LLC	NEVADA MHP LLC	84-3169059
J. & J. INTERNATIONAL PRINTERS, INC	ACTION LABEL, LLC	22-3914246
H&H ENTERPRISES LLC	MEINEKE CAR CARE CENTER #3000	99-4736456
OCEANSIDE SENIOR LIVING LLC	OCEAN HILLS ASSISTED LIVING AND MEMORY CARE	36-4907280
SOUTHERN OAKS FINANCIAL GROUP LLC	SOUTHERN OAKS FINANCIAL GROUP LLC	33-2190256
CONCERT FOUNTAINS OPCO, LLC.	FOUNTAINS COUNTRY CLUB	87-2863788
RSS MANNING PLACE MANAGER LLC	MANNING SQUARE	93-1518718
DISCOVERY XT EMPLOYER LLC	DISCOVERY COMMONS SAN RAMON	81-2312232
NAUTI-TECH SYSTEMS INC.	NAUTI-TECH SYSTEMS INC.	27-1441590
KJMDMBA, LLC	KJMDMBA, LLC	99-3545855
HECKMAN FINANCIAL AND INSURANCE SERVICES, INC.	HECKMAN FINANCIAL AND INSURANCE SERVICES, INC.	20-3153658

POINT SUR CONSULTING LLC	POINT SUR CONSULTING LLC	84-3752291
WALDEN GOLF LLC	HIGHLANDS GOLF	33-1753441
544 FISHKILL HOSPITALITY LLC	HAMPTON INN FISHKILL	81-2509376
LIGHTING SOLUTIONS INC	LIGHTING SOLUTIONS INC	23-2905414
RELIABLE REPAIR SERVICES LLC	RELIABLE REPAIR SERVICES LLC	85-4379756
THE PERECMAN FIRM PLLC	THE PERECMAN FIRM PLLC	20-0249603
RON HANAK	CENTURY UPHOLSTERY	55-0857397
JULES BOREL AND COMPANY	JULES BOREL AND COMPANY	44-0666256
ALAMEDA MORTGAGE CORPORATION	ALAMEDA MORTGAGE CORPORATION	94-2229242
CUSTOM DESIGNED SECURITY, INC.	CUSTOM DESIGNED SECURITY, INC	22-2862397
MAHASKA VETERINARY CLINIC, PLC	MAHASKA VETERINARY CLINIC, PLC	42-0807399
KEYSTONE GROUP INTERNATIONAL LLC	KEYSTONE GROUP INTERNATIONAL LLC	83-1301810
TWIN FALLS DOWNTOWNER, LLC	TWIN FALLS DOWNTOWNER, LLC	92-3893825
LFRC SANFORD LLC	LEE'S FAMOUS RECIPE CHICKEN	93-3088955
ATLAS SENIOR LIVING II, LLC	THE OSCAR AT VERAMENDI	83-4534978
FLEUR DENTISTRY, LLP	FLEUR DENTISTRY, LLP	01-0722305
MVENTIX, INC.	MVENTIX, INC.	20-1153171
COYOTE HVAC LLC	COYOTE HVAC	82-2237578
MCKINLEY ADVERTISING COMPANY	MCKINLEY ADVERTISING COMPANY	42-1374911
WILCO ELECTRICAL, LLC	WILCO ELECTRICAL, LLC	26-1606257
STARBRITE INVESTMENTS LLC	STARBRITE INVESTMENTS LLC	80-0004632
LEASURE AUTOMOTIVE, LLC	LEASURE AUTOMOTIVE, LLC	88-2266999
JONATHAN T. RICKETTS, INC.	JONATHAN T. RICKETTS, INC.	65-0306950
IMMIGRANT JUSTICE CORPS INC	IMMIGRANT JUSTICE CORPS INC	46-4879076
WARRIOR OPERATING INC	WARRIOR TRADING	84-3079090
DISCOVERY NORTH CAROLINA EMPLOYER LLC	MORNINGSIDE OF GASTONIA	85-3437133
BUZZ 567 OF WELLESLEY LLC	BUZZ 567 OF WELLESLEY LLC	30-0713134
STONEBRIDGE PEDIATRICS, PA	STONEBRIDGE PEDIATRICS, PA	20-7137400
BEACON AUTO REPAIR LLC - S8	MEINEKE CAR CARE OAK LAWN	88-3268270
DISCOVERY INDIANA EMPLOYER LLC	TIPTON PLACE	47-5618736
DISCOVERY COLORADO EMPLOYER LLC	SOLSTICE AT GRAND VALLEY	92-2819317
CHASTAIN FINANCIAL LLC	CHASTAIN FINANCIAL	20-4231139
BUTCH'S BOY TRUCKING LLC	BUTCH'S BOY TRUCKING LLC	20-4863681

INTER HEALTHCARE SOLUTIONS, LLC	INTERIM HEALTHCARE OF MIAMI	47-4557342
GSI DIVERSIFIED, INC.	GSI DIVERSIFIED, INC.	45-2516019
SUM6 HOLDINGS LLC	SUM6 HOLDINGS LLC	84-2205568
GOING DOWN TO JACKSON L.L.C.	COYOTE UGLY JACKSON	62-1855297
ARIOSO LOFTS, LLC	ARIOSO LOFTS, LLC	86-1719405
WESTGATE HOME SALES, INC	WESTGATE HOME SALES, INC	59-3568154
2C1J MANAGEMENT LLC	THE RESIDENCE	33-4930706
MOMENTUM HEALTH CARE, INC.	MOMENTUM HEALTH CARE, INC.	59-3665808
ASSET PRESERVATION GROUP, LLC.	ASSET PRESERVATION GROUP, LLC.	46-1763832
VEER HOSPITALITY TACOMA LLC	MOTEL 6 TACOMA	87-4374737
FOOD BENEFIT COMPANY	FOOD BENEFIT COMPANY	88-2361912
TROY ENTERPRISES, INC	TROY ENTERPRISES, INC	74-2618206
GBSL STAFFING AL, LLC	THE LEGACY AT OAK HILL	82-3642396
SKYLINE HOSPITALITY GROUP LLC	BEST WESTERN - LAKE GEORGE, NY	86-2452638
GOURMET SALADS & PICKLES, INC	VARIETY FOODS	13-4356208
BEACON AUTO REPAIR LLC - S	MEINEKE CAR CARE	87-3877177
PALM COAST PEST CONTROL, INC.	PALM COAST PEST CONTROL, INC.	65-0194846
CTS DISTRIBUTING, LLC	CTS DISTRIBUTING, LLC	84-1261889
DISCOVERY NORTH CAROLINA EMPLOYER LLC	PARKWOOD VILLAGE AND THE LANDING	85-3437133
NEW WEST PAVING INC	NEW WEST PAVING, INC.	84-1572026
YNOT PROVIDENCE, INC.	YNOT PROVIDENCE, INC.	54-1930303
TRI-COUNTY MOBILE WASH, INC	SUPERIOR WASH	35-2345258
AWI ACQUISITION COMPANY	ALLIED INTERNATIONAL	95-4389695
ZT, INC.	ZT, INC.	45-4771732
AXIOM SALES KINETICS, LLC	AXIOM SALES KINETICS, LLC	88-1707230
DISCOVERY XT EMPLOYER LLC	BROOKLYN HEIGHTS	81-2312232
LEGAL ADVOCATE SERVICES, INC	LEGAL ADVOCATE SERVICES, INC	65-0826161
CONCERT HIWAN, LLC	HIWAN GOLF CLUB	88-0951230
CHS INVESTMENT GROUP, INC.	INSPECTIONXPRESS	88-4367997
BRIDGES FOR PEACE, INC.	BRIDGES FOR PEACE USA	41-1334042
FINANCIAL INSTITUTION INFORMATION SECURITY COMPLI	SECURITY COMPLIANCE ASSOCIATES	80-0406827
BRUCE TRAVEL, INC.	GOING PLACES TRAVEL	59-1646697
SPECTRA COMPOSITES OF CENTRAL TX LLC	SPECTRA COMPOSITES OF CENTRAL TX LLC	88-2901971

PARK BALBOA, LP	THE GARDENS AT PARK BALBOA	94-3329625
FLORIDA BEHAVIOR SUPPORT, LLC	FLORIDA BEHAVIOR SUPPORT, LLC	88-1971080
AMIGO TRUCK, LLC	AMIGO TRUCK, LLC	76-0277108
VELOCITY AUTOMOTIVE HOLDINGS AMHERST NH, LLC	MEINEKE CAR CARE AMHERST	33-2292863
BERGEN POINT WEALTH MANAGEMENT	BERGEN POINT WEALTH MANAGEMENT	85-4067561
LA MINA DE ORO INC	LA MINA DE ORO INC	20-0257485
ROYAL INDUSTRIES, INC.	ROYAL INDUSTRIES, INC.	25-1916174
DIXON SOCIAL INTERACTIVE SERVICES, INC.	DIXON SOCIAL INTERACTIVE SERVICES, INC.-MGMT	20-0606446
COMMERCIAL MAILING ACCESSORIES, INC.	DISPENSA-MATIC LABEL DISPENSERS	43-1064452
CHAMPION MOTORSPORTS GROUP LLC	CHAMPION MOTORSPORTS	92-1832126
WILLOWBROOK MANAGEMENT, INC.	WILLOWBROOK OF VANDALIA	35-2482988
ARCONDIS CORPORATION	ARCONDIS CORPORATION	84-3569652
MAKING DREAMS HAPPEN CORPORATION	AKRON LUMBER COMPANY	82-4608646
DISCOVERY IOWA EMPLOYER LLC	ADDINGTON PLACE OF CARROLL	92-3039264
RSS ASHLEY PLACE MANAGER LLC	ASHLEY SQUARE	92-3940048
JFK BD HOLDING, LLC	BEST WESTERN JFK	04-3836025
TKO ANESTHESIA LLC	TKO ANESTHESIA	99-4083524
DISCOVERY TENNESSEE EMPLOYER II LLC	TERRABELLA ATHENS	92-2793271
A1 AGENCY, LLC	A1 AGENCY, LLC	47-2150811
KRUEGER FINANCIAL GROUP, LLC	KRUEGER FINANCIAL GROUP, LLC	92-1291480
SSRM POLK PAYROLL, LLC	POLK - DUNKIN DONUTS	82-2514027
WE CARE JACKSONVILLE, INC.	WECAREJAX	59-3431724
ANB MEDIA, INC.	ANB MEDIA, INC.	47-2884564
DIKIS DAY CARE CENTER, INC.	DIKIS DAY CARE CENTER, INC.	42-1683591
NM 3374 LLC	THE UPS STORE	85-3949362
DO NOT USE (COBRA SHELL)	DO NOT USE (COBRA SHELL)	00-0000000
ANNIE ON TOUR, LLC	ANNIE ON TOUR, LLC	87-4801090
VELOCITY AUTOMOTIVE HOLDINGS COMPANY, LLC	MEINEKE CAR CARE	93-3097122
SOUTH SHORE EYE CENTER PLLC	SOUTH SHORE EYE CENTER PLLC	76-0618388
LFRC SPRINGFIELD LLC	LEE'S FAMOUS RECIPE CHICKEN	87-4395382
BZ ENTERPRISES, INC.	BZ ENTERPRISES, INC.	06-1007270
DISCOVERY OHIO EMPLOYER LLC	DEWOLFE PLACE	87-3246702
SHAKESPEARE, INC.	EMBREE MARINE	59-2020544

VEER HOSPITALITY RANCHO MIRAGE LLC	MOTEL 6 RANCHO MIRAGE	88-1249276
ALPHA OPTICAL WYOMISSING, LLC	ALPHA OPTICAL WYOMISSING, LLC	82-2605564
LUTZ ACAI, LLC	RAINING BERRIES	88-2543512
264 PENNWOOD FINANCIAL GROUP	264 PENNWOOD FINANCIAL GROUP	00-0000000
SIMILASAN CORPORATION	SIMILASAN CORPORATION	33-0222888
DIKI SUNSHINE CHILDCARE CENTER INC	DIKI SUNSHINE CHILDCARE CENTER INC	87-3661165
E&E HOLDINGS MOHAVE, LLC	BIG O TIRE	39-3398838
SINGLE PARENT PROVISION	SINGLE PARENT PROVISION	46-5299868
SPECTRUM INSTALLATION, INC.	SPECTRUM FACILITY SERVICES	59-3563150
MID-COUNTY COLLISION, INC.	MID-COUNTY COLLISION	59-3231643
KWIK KAR OF TENNESSEE LLC	KWIK KAR OF TENNESSEE LLC	27-0129348
C. J. SELIGA AND CO.	SELIGA HEATING AND COOLING	43-0745953
HBL LONGBILLS, LLC	HBL LONGBILLS, LLC	83-4321626
DISCOVERY ARIZONA EMPLOYER LLC	PEBBLE RANCH	92-3270269
DIABETIC PRACTICE SOLUTIONS, LLC	DIABETIC PRACTICE SOLUTIONS	33-1257637
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CI	SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE	59-3691867
THE ALLEY AT SOUTHSHORE, LLC.	THE ALLEY	20-4776624
WHITE SANDS INVESTMENT PARTNERS LLC	WHITE SANDS INVESTMENT PARTNERS LLC	81-2330688
DIRECTIONS EQUITY, LLC	DIRECTIONS EQUITY, LLC	26-0848316
NM 5551 LLC	THE UPS STORE	47-3943304
GOLDMAN, WALKER & DIMARCO	GOLDMAN, WALKER & DIMARCO	11-3690982
PROFESSIONAL MUSIC TOURS, INC.	GATEWAY MUSIC FESTIVALS AND TOURS, INC.	41-1648655
BEDROCK FINANCIAL SERVICES, LLC	BEDROCK FINANCIAL SERVICES, LLC	35-2390393
HARVEST DEVELOPMENT MANAGEMENT COMPANY, LLC	HD OMAHA	46-2054347
KELLOGG MIDWEST FEDERAL CREDIT UNION	KELLOGG MIDWEST FEDERAL CREDIT UNION	47-0386189
CASEY REALTY CORPORATION	CASEY REALTY CORPORATION	65-0471493
SOCIAL MEDIA TORCH LLC	SOCIAL MEDIA TORCH LLC	85-0558015
MITCHELL RETIREMENT GROUP LLC	COMPASS RETIREMENT SOLUTIONS	46-4748510
LYNN FINANCIAL, LLC	LYNN FINANCIAL, LLC	46-0694765
MC OFFSHORE PETROLEUM	MC OFFSHORE PETROLEUM	56-2647548
DISCOVERY XT EMPLOYER LLC	THE FORUM AT PARK LANE	81-2312232
REGIS FINANCIAL PARTNERS LLC	REGIS FINANCIAL PARTNERS LLC	20-8083708
FERRIES U.S.A., INC	FERRIES U.S.A., INC	75-3195393

SUNSET SURGERY GROUP LLC	SUNSET SURGERY GROUP LLC	92-3367847
NEW YORK CITY CHESS INC	NEW YORK CITY CHESS INC	26-3699651
DISCOVERY GEORGIA EMPLOYER LLC	GARDENS OF GAINESVILLE	47-1855319
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE NORTH DALLAS	81-2312232
VALLEY HIGH SCHOOL AND LEARNING CENTER, INC.	VALLEY HIGH SCHOOL AND LEARNING CENTER, INC.	95-4146836
BERENS AND MILLER, P.A.	BERENS AND MILLER, P.A.	26-0771304
DISCOVERY INDIANA EMPLOYER LLC	WALKER PLACE	47-5618736
DISCOVERY VIRGINIA EMPLOYER LLC	TERRABELLA PHEASANT RIDGE	81-3445893
STERLING RIDGE OPERATOR LLC	STERLING RIDGE	99-2705710
ADLER TRUST COMPANY	ADLER TRUST COMPANY	46-0450076
HERITAGE WOODS EMPLOYEES LLC	HERITAGE WOODS EMPLOYEES LLC	87-4196355
JOE PATTI SEAFOOD COMPANY	JOE PATTI SEAFOOD COMPANY	59-1144136
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA GREENSBORO	85-3437133
AMERICOM IMAGING SYSTEMS, INC.	AMERICOM IMAGING SYSTEMS, INC.	43-1580499
OXLER PRIVATE WEALTH LLC	OXLER PRIVATE WEALTH LLC	85-2076135
MCO RESTORATION NORTH CHICAGO CITY LLC	MCO RESTORATION NORTH CHICAGO CITY LLC	33-3438712
SUN DEVIL HEATING & COOLING, INC.	SUN DEVIL HEATING & COOLING, INC.	26-0824214
LJ ROCHESTER MANAGEMENT, LLC	AVIVA RIVER BEND	93-2070794
MENUMAVIN.COM LLC	MENUMAVIN.COM LLC	45-5308704
BUILDMAT PLUS INVESTMENTS INC	METROLL	27-5054267
YOUNG AND ASSOCIATES INC.	YOUNG AND ASSOCIATES INC.	62-1613887
AEROMIX SYSTEMS, INC	FLUENCE USA	41-1492717
COLOR ALONG PEDIATRIC THERAPY PLLC	COLOR ALONG PEDIATRIC THERAPY	85-3582528
METRO TI LLC	MOTTO MORTGAGE ADVISORS	45-3952743
MILCO ENTERPRISES, INC.	MILCO ENTERPRISES, INC.	56-2147953
PREFERRED ORTHOPEDICS OF THE PALM BEACHES, P.A.	PREFERRED ORTHOPEDICS OF THE PALM BEACHES, P.	20-5194878
263 HOTEL GROUP, LLC	COURTYARD WAYNE FAIRFIELD	47-4282347
SECURE ONE FINANCIAL INC.	SECURE ONE FINANCIAL	84-4678539
TITLE CLERK CONSULTING COMPANY, LLC	TITLE CLERK CONSULTING COMPANY, LLC	20-1414602
G AND V 2 LP	VILLA ALAMAR	81-2521547
MIA HOSPITALITY MANAGEMENT LLC	FLLFT: COURTYARD FORT LAUDERDALE AIRPORT AND	33-1244905
DELTA FINANCIAL LLC	DELTA FINANCIAL LLC	87-2104648
PAW ACQUISITION I CORP.	PAW PROSPER	30-1293500

HEALTHCARE CONNECTIONS, INC.	HEALTHCARE CONNECTIONS, INC.	65-0763727
HATCH AUTO CENTER INC.	SEVENTY SEVEN SUBARU	87-3429222
FORT MYERS OSL OPERATING LLC	THE OPAL AT LAKES PARK	93-3286143
BLACK LAKE INVESTMENTS, LLC	BLACK LAKE INVESTMENTS, LLC	33-2058943
REDWOOD HOSPITAL MANAGEMENT	DIVERSIFIED HEALTH SERVICES	94-2233514
BROADWAY-SAYBROOK, L.L.C.	QUALITY INN OLD SAYBROOK CT	06-1376349
T ALEA MD, LLC	T ALEA MD	47-1522551
RSS LANGSTON PLACE MANAGER LLC	LANGSTON SQUARE	93-1498265
SOHO 54, LLC	HAMPTON INN	20-2780745
HRS CONSULTING INC	HRS CONSULTING INC	27-1592097
WOOFABLES, L.L.C.	WOOFABLES, THE GOURMET DOG BAKERY	27-3606928
ENTERPRISE TITLE PARTNERS OF NEW TAMPA	ENTERPRISE TITLE PARTNERS OF NEW TAMPA	59-3561856
JMB SERVICES CORP.	JMB SERVICES CORP.	80-0103906
CENTRAL FLORIDA LEADERSHIP ACADEMY, INC.	CENTRAL FLORIDA LEADERSHIP ACADEMY, INC.	26-4181718
LANDING FINANCIAL GROUP, INC.	LANDING FINANCIAL GROUP, INC.	72-1564123
CJHORAK ENTERPRISES INC	PRIORITY SIGNS AND GRAPHICS	83-1945150
DISCOVERY FLORIDA EMPLOYER LLC	VERANDA CLUB	81-2198145
PROPM, INC	PROPM, INC	47-2284802
DRESS FOR SUCCESS DES MOINES	DRESS FOR SUCCESS DES MOINES	27-4613702
LAVENDER MOUNTAIN SENIOR LIVING	THE SPIRES AT BERRY COLLEGE	81-0698227
ENSIGN WEALTH MANAGEMENT, INC.	ENSIGN WEALTH MANAGEMENT, INC.	47-3723561
PSL ASSOCIATES, LLC	THE LEGACY AT LONG MEADOW	83-1427127
BROKERTECH VENTURES, LLC	BROKERTECH VENTURES	84-3783146
GBSL STAFFING AL, LLC	THE CROSSINGS AT NORTH RIVER	82-3642396
CLARITY CONSTRUCTION	CLARITY CONSTRUCTION	26-3537451
EAGLE PHILLIPS, LLC	UPLYFT CAPITAL	46-0885934
HUK CHICKEN LLC	LEE'S FAMOUS RECIPE CHICKEN OF ST MARYS	92-3119571
DISCOVERY SL MANAGEMENT, LLC	DISCOVERY SENIOR LIVING	88-3861883
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT SANTA ROSA	81-2312232
WESTMINSTER FEDERAL CREDIT UNION	WESTMINSTER FEDERAL CREDIT UNION	84-0527432
BRITTO CHARETTE INC.	BRITTO CHARETTE INC.	45-5453585
DWELLINZ, INC.	DWELLINZ, INC.	85-2261546
SOUTH FLORIDA ENGINEERING AND CONSULTING LLC	SOUTH FLORIDA ENGINEERING AND CONSULTING LLC	45-3615800

MAGEN FINANCIAL LLC	MAGEN FINANCIAL LLC	84-2502205
VELOCITY AUTOMOTIVE HOLDINGS WILKESBORO NC, LLC	MEINEKE CAR CARE WILKESBORO #2731	39-3716766
LYNCH CREEK SERVICES, LLC	LYNCH CREEK SERVICES, LLC	92-1984580
WAYNE FRIER HOME CENTER OF MOULTRIE, INC.	WAYNE FRIER HOME CENTER OF MOULTRIE, INC.	58-2215191
STONES RIVER GROUP, LLC	STONES RIVER GROUP, LLC	47-4679782
A JOY WALLACE CATERING PRODUCTION, INC.	A JOY WALLACE CATERING PRODUCTION, INC.	65-0085041
FAMILY HOME CENTER OF CRESTVIEW, LLC	FAMILY HOME CENTER OF CRESTVIEW, LLC	27-3338684
CLEARPOINT FEDERAL BANK AND TRUST	CLEARPOINT FEDERAL BANK AND TRUST	35-2047688
LAKE HOUSE ASSISTED LIVING LLC	LAKE HOUSE ASSISTED LIVING FACILITY	47-2686798
LEGACY COMMUNITIES IV LLC	LEGACY COMMUNITIES IV LLC	99-2269325
RS BOSTON TITLE AND ABSTRACT, LLC	RS BOSTON TITLE AND ABSTRACT, LLC	82-4964130
LEJEUNE BOLT COMPANY	LEJEUNE BOLT COMPANY	41-1292084
IMOTORSPORTS INC.	IMOTORSPORTS INC.	80-0522615
TECOLOTE INVESTORS, LLC	LINDA VISTA VILLAGE	33-0764004
SALONI HOSPITALITY LLC	HOLIDAY INN EXPRESS SYRACUSE AIRPORT	88-2029733
XBK MANAGEMENT LLC	XTREME ACTION PARK	46-5311979
RONMOE, LLC	NIVIAN3PL	85-1554470
LIGHT ART & DESIGN, INC.	LIGHT ART AND DESIGN	27-3460480
RIVER VALLEY WEALTH MANAGEMENT, L.L.C.	RIVER VALLEY WEALTH MANAGEMENT, L.L.C.	47-3832087
OAKS BROG, LLC	OAKS BROG	32-0225402
AIRPORT VIEW DENTAL, INC	AIRPORT VIEW DENTAL, INC	82-4213966
VERNE Q. POWELL FLUTES, INC.	VERNE Q. POWELL FLUTES, INC.	04-2822087
FOUNDATIONS SENIOR SERVICES, INC.	FOUNDATIONS SENIOR SERVICES	93-2046719
FARMERS RISK INC.	FARMERS RISK INC.	85-0739507
BISCAYNE COVE CONDOMINIUM ASSOCIATION, INC.	BISCAYNE COVE CONDOMINIUM ASSOCIATION, INC.	59-2116942
KINGSMEN PROJECTS US, INC.	KINGSMEN PROJECTS US, INC.	46-5623933
DISCOVERY MARYLAND EMPLOYER LLC	SEATON SHARPSBURG PIKE	81-2272375
DARLENE ANTINORI AGENCY, CO.	DARLENE ANTINORI AGENCY, CO.	46-2318976
THE VANGUARD SCHOOL OF LAKE WALES, INC.	THE VANGUARD SCHOOL	59-2298398
WAHOO INC	WAHOO INC	75-2573699
COMMUNITY HEALTH ALLIANCE LLC	AMADA SENIOR CARE THE VILLAGES	84-3742330
COMMUNITIES IN SCHOOLS OF HIDALGO CO., INC.	COMMUNITIES IN SCHOOLS OF HIDALGO COUNTY	74-2540616
WIZDOMONE MANAGEMENT INC.	WIZDOMONE MANAGEMENT INC.	81-3005439

PARAMOUNT PROPERTIES GROUP LLC	PARAMOUNT PROPERTIES GROUP LLC	22-3417061
THIEL TOOL & ENGINEERING COMPANY, INC.	THIEL TOOL AND ENGINEERING COMPANY INC	43-0633522
INFINITY 18 ENTERPRISES, LLC	INFINITY 18 ENTERPRISES, LLC	46-4139519
LIFES JOURNEY OF AVON, LLC	LIFES JOURNEY HOSPICE	81-3979581
TINY BITES INC.	TINY BITES INC.	82-2318573
MILLER HOMES, LLC	MILLER HOMES, LLC	27-0969542
ALIGN BUSINESS ADVISORY SERVICES LLC	ALIGN BUSINESS ADVISORY SERVICES LLC	82-3500138
CHASSE CONSULTING SALES STRATEGIES INC	CHASSE CONSULTING SALES STRATEGIES, INC.	43-1999026
WORKSPACE EVOLUTION 2, LLC	WORKSPACE EVOLUTION 2, LLC	82-2258291
ELM ENTERPRISES INC	ELM ENTERPRISES INC	62-1619576
THOMAS HUNG, M.D., PLLC	THOMAS HUNG, M.D., PLLC	47-3468685
LOWREY WEALTH MANAGEMENT LLC	LOWREY WEALTH MANAGEMENT	86-3904187
EMERY PLACE, LLC	EMERY PLACE	46-4496573
PPRC, LLC	ARLINGTON PLACE OF OELWEIN	26-2397457
1775 ANDOVER ST. RI, LLC	RESIDENCE INN TEWKSBURY	83-2572818
DELTONA DONUTS, LLC	DUNKIN DONUTS	80-0868571
VALUED WEALTH MANAGEMENT, INC.	VALUED WEALTH MANAGEMENT, INC.	20-1720641
ARLINGTON PLACE OF GRUNDY CENT	ARLINGTON PLACE OF GRUNDY CENTER	41-1979586
DENTAL CARE ORTHO LLC	DENTAL CARE ORTHO LLC	83-2869226
A.S.T. CONSTRUCTION, INC.	A.S.T. CONSTRUCTION, INC.	51-0435193
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT CORPUS CHRISTI	81-2312232
PPRC, LLC	PARKER PLACE	26-2397457
ARLINGTON PLACE OF POCAHONTAS	ARLINGTON PLACE OF POCAHONTAS	41-1946166
MV AGUSTA MOTORCYCLES NORTH AMERICA, INC.	MV AGUSTA NORTH AMERICA	92-0619526
ARLINGTON PLACE OF RED OAK	ARLINGTON PLACE OF RED OAK	41-2003747
INTERNATIONAL WAREHOUSE GROUP INC.	INTERNATIONAL WAREHOUSE GROUP INC.	20-8511433
BROEDELL PLUMBING SUPPLY INC.	BROEDELL PLUMBING SUPPLY INC.	59-2743259
DISCOVERY OKLAHOMA EMPLOYER LLC	MORADA LAKE HEFNER	82-2714028
624 RODEO ASPEN, LLC	ASPEN SUITES HOTEL ANCHORAGE NORTH	33-2682745
CONCERT MUTTONTOWN, LLC	THE MUTTONTOWN CLUB	82-2761227
DISCOVERY WISCONSIN EMPLOYER LLC	RAMSEY WOODS SENIOR LIVING	92-3224466
MTHEORY LLC	MTHEORY LLC	27-1680520
SBS FINANCIAL LLC	SBS FINANCIAL LLC	92-1345130

RIO VISTA RV PARK, LLC	RIO VISTA RV PARK, LLC	81-1168832
SPARKS MOBILE HOME AND RV PARK, LLC	SPARKS MOBILE HOME AND RV PARK, LLC	47-3133727
CLEAN THE WORLD FOUNDATION, INC	CLEAN THE WORLD FOUNDATION, INC	26-4212487
DACASSO LIMITED, INC	DACASSO LIMITED, INC	47-0912588
H AND H BUILDERS LLC	H & H BUILDERS LLC	84-1442000
SPECIALTY CONCRETE	SPECIALTY CONCRETE PRODUCTS INC	58-0946309
ORBIS WEALTH LLC	ORBIS WEALTH LLC	86-2280648
THE ALABAMA CENTER FOR ORAL SURGERY AND DENTAL	THE ALABAMA CENTER FOR ORAL SURGERY AND DENT	93-1348316
GLEN IVY VILLAGE INC	GLEN IVY VILLAGE INC	82-1023164
DOCHAS SERVICES LLC	DOCHAS SERVICES LLC	88-4043446
GLOBALISE INTEGRATIONS LLC	GLOBALISE INTEGRATIONS LLC	61-2117592
GKI, INC. DBA CRANFORD HOSPITALITY	GKI, INC. DBA CRANFORD HOSPITALITY	20-1984104
UNITY INVESTMENT MANAGEMENT LLC	UNITY MEDICAL PROPERTIES	99-3732911
AA18 ALPHARETTA ALF, LLC	LEGACY RIDGE AT ALPHARETTA	83-4534978
DISCOVERY XT EMPLOYER LLC	FREMONT HILLS	81-2312232
JDK, LLC	JDK, LLC	56-2551412
FRIER MANUFACTURED HOME MODEL CENTER OF CHIEFL	WAYNE FRIER SUPER CENTER	59-3362177
283 MASSMUTUAL PERIMETER	283 MASSMUTUAL PERIMETER	00-0000000
RAMSEY AND MURRAY, A PROFESSIONAL CORPORATION	RAMSEY AND MURRAY, A PROFESSIONAL CORPORATIC	74-2123806
GATLINBURG PARKWAY LLC	GATLINBURG PARKWAY LLC	46-2860884
STADIUM VILLAGE HOLIDAY LLC	HOLIDAY INN EXPRESS AND SUITES - SURPRISE	20-5347488
MAXIDER CORPORATION	ON THE GO THERAPY	65-0808205
BEST INDUSTRIAL SERVICES INC	BEST INDUSTRIAL SERVICES INC	45-2804789
NEW BLACK DUCK PARTNERS, LLC	NEW BLACK DUCK PARTNERS, LLC	27-2093925
Soco Scripts, Inc.	MEDICAP PHARMACY - STORE 287	76-0680562
MARGRAMON PC MEDICAP PHARMACY	MEDICAP PHARMACY	42-1502421
MIA HOSPITALITY MANAGEMENT LLC	MIAAB: AC AND ELEMENT BRICKELL MIAMI	33-1244905
AGRONOMIC LEADERS LLC	AGRONOMIC LEADERS LLC	84-3201653
PIG PIG, LLC	PIG PIG, LLC	47-3118905
GRO DEVELOPMENT, LLC	GRO	46-5039210
WILCO ITS LLC	WILCO ITS LLC	81-2518165
SERDI CORPORATION	SERDI CORPORATION	58-1680363
ARROWHEAD HOUSING INC., A CALIFORNIA CORPORATIO	ARROWHEAD HOUSING	94-3305882

HD SERVICE DIVISION, INC	HD SERVICE DIVISION, INC	46-1782359
PSL ASSOCIATES, LLC	THE LEGACY AT FOREST RIDGE	83-1427127
ALLURE LIFESTYLES COMMUNITIES, LLC	ALLURE LIFESTYLES COMMUNITIES, LLC	86-3392569
ADVANCED ENTERTAINMENT GROUP, INC.	ADVANCED ENTERTAINMENT GROUP, INC.	65-0801944
DISCOVERY FLORIDA EMPLOYER LLC	LEHIGH ACRES ASSISTED LIVING	81-2198145
262 MASSMUTUAL (MERGED 004,049,133,161,165)	262 MASSMUTUAL (MERGED 004,049,133,161,165)	00-0000000
ISL-NEWPORT RICHEY, LLC	ISL-OAKVIEW TERRACE	39-4563142
LORI ROBERTS	THE PRINT SHOP/LORI ROBERTS	26-6854318
PINEWOOD FOREST LTD	CYPRESSWOOD CROSSING APARTMENTS	76-0385580
DISCOVERY LOUISIANA EMPLOYER LLC	SUMMERHOUSE BAILEY PLACE	81-1992644
CARDINAL METAL FINISHING, LLC	CARDINAL METAL FINISHING, LLC	82-4449870
THE VANDERBILT CONDOMINIUM ASSOCIATION, INC.	THE VANDERBILT CONDO ASSOCIATION	05-0556647
ATLAS SENIOR LIVING II, LLC	THE GOLDTON AT ADELAIDE	83-4534978
SOLUTION BUILDERS, INC.	SOLUTION BUILDERS, INC.	41-1826018
SANDERS LAW FIRM, PLLC	SANDERS LAW GROUP	11-3556461
I5LED, LLC	I5LED	87-1793145
RICHMOND REPRODUCTIVE FREEDOM PROJECT, INC.	RRFP	38-3835776
DEE AND HATTIE SPECIALTY CLEANERS INC	DEE AND HATTIE SPECIALTY CLEANERS INC	75-2090800
LPFG OF PALM BEACH, INC.	CARY STAMP AND COMPANY	26-0770497
INTREPID COATINGS, INC.	INTREPID COATINGS, INC.	61-1563898
DISCOVERY FLORIDA EMPLOYER LLC	CHOREOGRAPH GAINESVILLE	81-2198145
FROGS, LLC	ORECK OF THE CAROLINAS	56-1925304
COLLINS CAPITAL PARTNERS LLC	COLLINS CAPITAL PARTNERS LLC	88-0712218
CULP PRIVATE MEDICINE, LLC	CULP PRIVATE MEDICINE, LLC	46-4173195
EQUILIBAR, LLC	EQUILIBAR, LLC	26-0166863
ALL STATE PEST CONTROL	ALL STATE PEST CONTROL	73-1630578
THE TACKER CO.	RICK'S HARDWARE & DECORATIVE PLUMBING	75-1672390
MEDISOURCE RCM, LLC	MEDISOURCE RCM, LLC	81-4568921
AGAPE SPRINGS, MHC, LLC	AGAPE SPRINGS, MHC, LLC	30-0713829
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT AUBURN	81-2312232
REBENACK, ARONOW & MASCOLO, LLP	REBENACK, ARONOW & MASCOLO, LLP	20-8140601
ARCHIPELAGO, INC.	ARCHIPELAGO, INC.	95-4670440
PAUL ESSARY INSURANCE AGENCY	PAUL ESSARY INSURANCE AGENCY	81-4437815

BALLYFIN INVESTMENTS LLC	FIONN MACCOOLS IRISH PUB	84-1993013
FAMILYTIME CRISIS AND COUNSELING CENTER	FAMILYTIME CRISIS AND COUNSELING CENTER	74-1956306
MY VALUE CAR RENTALS, LLC	MY VALUE CAR RENTALS	81-3292312
DISCOVERY WISCONSIN EMPLOYER LLC	LAKEHOUSE MANITOWOC	92-3224466
HOBNOB VININGS, INC.	HOBNOB VININGS, INC.	92-2481908
DISCOVERY WISCONSIN EMPLOYER LLC	ARBOR VIEW SENIOR LIVING	92-3224466
MEDCARERX, INC.	MEDCARERX, INC.	47-4155423
PATRICK SQUARE, LLC	PATRICK SQUARE, LLC	20-8078830
MCCLELLAN MOBILE HOMEPARK LP	MCCLELLAN MOBILE HOMEPARK LP	82-4554893
BDC MEDICAL PLLC	BDC MEDICAL PLLC	47-5047047
BALMVILLE WEALTH GROUP LLC	BALMVILLE WEALTH GROUP	85-3375111
MICHAEL SHAAR, INC.	SIG PROPERTY MANAGEMENT	95-4779815
HOMKOR OF MISSOURI, INC.	HOMKOR OF MISSOURI, INC.	43-1583937
US PREVENTIVE MEDICINE INC.	US PREVENTIVE MEDICINE INC.	20-0907635
HORIZON PEDIATRIC THERAPY, INC.	HORIZON PEDIATRIC THERAPY, INC.	20-1015104
BRIGHTWAY VENTURES, LLC	BRIGHTWAY VENTURES, LLC	45-5051973
PIONEER ENERGY INC	PIONEER ENERGY INC	59-3841078
RPA INC	RPA INC	20-4885288
NEWGEN WORLDWIDE LLC	NEWGEN WORLDWIDE LLC	47-0971696
NATIONAL STUDENT EXCHANGE	NATIONAL STUDENT EXCHANGE	82-2267125
HARD TIMES FARMS, LLC	HARD TIMES FARMS, LLC	83-3080703
BELLEAU WOODS, LLC	BELLEAU WOODS, LLC	91-2150338
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT TAMPA PALMS	81-2198145
10FOLD ARCHITECTURE & ENGINEERING, LTD.	10FOLD ARCHITECTURE & ENGINEERING, LTD.	81-3619460
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT SARASOTA BAY	81-2198145
BHD MANAGEMENT, LLC	BHD MANAGEMENT, LLC	32-0161357
CAVALIER CARGO GROUP, INC.	CAVALIER CARGO GROUP, INC	38-3677778
DISCOVERY XT EMPLOYER LLC	CONSERVATORY AT KELLER TOWN CENTER	81-2312232
DISCOVERY VIRGINIA EMPLOYER LLC	DISCOVERY VILLAGE AT THE WEST END-AL	81-3445893
DISCOVERY XT EMPLOYER LLC	CONSERVATORY AT NORTH AUSTIN	81-2312232
SHAVEN 1818 ALF, LLC	THE GOLDTON AT SOUTHAVEN	83-4534978
W27 HIGHLINE OWNER LLC	HOTEL ALAMEDA	33-1189010
DISCOVERY XT EMPLOYER LLC	CONSERVATORY AT CHAMPION FOREST	81-2312232

DISCOVERY XT EMPLOYER LLC	CONSERVATORY AT PLANO	81-2312232
JFK HI HOLDING, LLC	AIRPORT GRAND JFK HOTEL	04-3836030
865 FULFILLMENT LLC	865 FULFILLMENT LLC	82-3736724
OHARE-MIDWAY LIMOUSINE SERVICE, INC. NO.3	OHARE-MIDWAY LIMOUSINE SERVICE, INC. NO.3	36-4542275
TG MOBILE WASH INC	TG MOBILE WASH INC	92-2280280
NEW LIFE CHARTER ACADEMIES, INC.	NEW LIFE CHARTER ACADEMIES, INC.	46-2550818
RECOVERY AND BALANCE LLC	RECOVERY AND BALANCE LLC	33-4365406
BUSHWACKER'S LANDING LLC	BUSHWACKER'S LANDING	99-3482998
METRO HEALTH, INC.	METRO HEALTH, INC.	59-3539756
RSS/GREENVILLE OPERATIONS LLC	NAVION OF GREENVILLE	93-3851598
SOMERFORD PLACE OF FRESNO EMPLOYEES LLC	SOMERFORD PLACE OF FRESNO EMPLOYEES LLC	87-2389776
DENNIS BOATWORKS INC	DENNIS BOATWORKS	56-2310918
TIFFANY COURT EMPLOYEES LLC	TIFFANY COURT	87-2561764
ACTION SPINE AND JOINT LLC	ACTION SPINE AND JOINT LLC	82-3053941
TRINITY INSURANCE FINANCIAL GROUP	TRINITY INSURANCE FINANCIAL GROUP	56-2352855
H.C. FOODS COMPANY, LTD.	H.C. FOODS CO. LTD.	95-4135884
EAT THE FROG AUTO INC.	MEINEKE CAR CARE CENTER	93-2287861
TECHNICAL DESIGN, INC	TECHNICAL DESIGN INC	73-1438487
PANACEA PREP CHARTER SCHOOL, INC	PANACEA PREP CHARTER SCHOOL, INC	90-0999318
NATIONAL FIRE PROTECTION TEST AND INSPECT INC.	NATIONAL FIRE PROTECTION	45-4608918
DISCOVERY ILLINOIS EMPLOYER LLC	ADDINGTON PLACE OF EDWARDSVILLE	93-4107430
WIZMO, INC.	WIZMO, INC.	41-1744949
BRIGADIER CAPITAL INC	BRIGADIER CAPITAL INC	33-3698873
VETERAN EROSION SERVICES, LLC	VETERAN EROSION SERVICES, LLC	27-2864857
HORIZON COMPANIES LLC	RW-NPI	86-0895129
SMILE FARMS, INC.	SMILE FARMS, INC.	46-5360466
ZION CLOUD SOLUTIONS LLC	ZION CLOUD SOLUTIONS	81-2233356
BLUE RIBBON CONSTRUCTION, LLC	BLUE RIBBON CONSTRUCTION, LLC	20-5087850
EXOSTAT MEDICAL, INC.	EXOSTAT MEDICAL, INC.	26-4411280
JL GRAY COMPANY INC.	JL GRAY	85-0327246
UINTA INVESTMENT PARTNERS LLC	UINTA INVESTMENT PARTNERS LLC	82-1591932
JENSEN INERT PRODUCTS	JENSEN SCIENTIFIC PRODUCTS, INC.	65-0065985
PIONEERTOWN MOTEL LLC	PIONEERTOWN MOTEL LLC	47-2426698

LAFON WAX CENTER AUSTIN, LLC	LAFON WAX CENTER AUSTIN, LLC	81-3883675
TSC EMPLOYEES, LLC	TSC EMPLOYEES, LLC	82-3506738
DISCOVERY XT EMPLOYER LLC	MARBELLA ANAHEIM	81-2312232
PCS TELECOM, INC.	PCS TELECOM, INC.	26-3423055
INTERSTATE AC SERVICE, LLC	INTERSTATE AC SERVICE, LLC	11-3720277
277 RED RIVER WEALTH STRATEGIES	277 RED RIVER WEALTH STRATEGIES	00-0000000
DISCOVERY FLORIDA EMPLOYER LLC	HIGHLAND PLACE	81-2198145
LINKCONN ELECTRONICS U.S., INC.	LINKCONN ELECTRONICS U.S., INC.	83-4622615
SKYVIEW FINANCIAL GROUP LLC	SKYVIEW FINANCIAL GROUP LLC	85-2432483
WOODPARK AT DESOTO SQUARE OWNERS ASSOCIATION	WOODPARK AT DESOTO SQUARE OWNERS ASSOCIATI(	59-1609778
FERRUCO VAIL OPERATIONS CORPORATION	THE SEBASTIAN VAIL	27-1653912
MANCHESTERSTORY FUND MANAGEMENT	MANCHESTERSTORY FUND MANAGEMENT LP	81-5033568
OAKWOOD DENTAL ARTS, LLC	OAKWOOD DENTAL ARTS, LLC	20-0643388
OAKWOOD DENTAL ARTS MANAGEMENT, LLC	OAKWOOD DENTAL ARTS MANAGEMENT, LLC	81-5362790
EAGLES' NEST COMMUNITY CHARTER SCHOOLS, INC.	EAGLES NEST MIDDLE CHARTER SCHOOL	65-1046983
THE PASSPORT SCHOOL, INC.	THE PASSPORT SCHOOL, INC.	59-3385360
BAY PINES ROADHOUSE, LLC	CODY'S ORIGINAL ROADHOUSE	86-2591275
SEACREST NAPLES, LLC	SEACREST SOUTHWEST	83-2428773
SILVERPOINT LEGAL SEARCH, LLC	SILVERPOINT LEGAL SEARCH, LLC	88-2294116
NICK'S CIGARS COMPANY	NICK'S CIGAR COMPANY	65-0630403
BERNSTEIN & MARYANOFF ATTORNEYS LLC	BERNSTEIN & MARYANOFF ATTORNEYS LLC	65-0917857
PERDOMO SALES AND MARKETING, LLC	PERDOMO SALES AND MARKETING, LLC	75-2982343
SAW MILL LODGING LLC	DAYS INN BY WYNDHAM ELMSFORD	46-0573613
COTHRINE FINANCIAL LLC	COTHRINE FINANCIAL LLC	99-3079656
NEYSA ALICE COKER INVESTMENT COMPANY, INC.	NEYSA ALICE COKER INVESTMENT COMPANY, INC.	93-4791278
CALFLAND TRADERS, INC	HOLE IN ONE GOLF CARTS	23-2567058
CRAWFORD COMPOSITES LLC	CRAWFORD COMPOSITES LLC	61-1699578
CONCERT HEATHROW OPCO, LLC.	HEATHROW COUNTRY CLUB	87-2807129
DOUBLE LIFE CORPORATION	DOUBLE LIFE CORPORATION	73-1173511
AZIMUTH RISK SOLUTIONS, LLC	AZIMUTH RISK SOLUTIONS, LLC	32-0258700
NEIGHBORHOOD MANAGEMENT, INC.	NEIGHBORHOOD MANAGEMENT, INC.	75-2816119
FG NEXUS INC	FG NEXUS	46-1119100
10431 KENAI SPUR ASPEN	ASPEN HOTEL SUITES KENAI	33-2682605

IVY F AND B MANAGEMENT LLC	HOTEL IVY	92-2978390
H&R COFFEE CO.	COFFEE PERKS	59-2893075
BRIDGE SENIOR LIVING	THE GRANDE AT CHESTERFIELD	20-1457828
DUNKERTON TELEPHONE COOPERATIVE	DUNKERTON COMMUNICATIONS	42-1146330
ZEIGEN CPA LLC	ZEIGEN CPA LLC	47-2675408
ROCK SPRINGS INVESTMENTS LLC	ROCK SPRINGS INVESTMENTS LLC	01-0802631
LAKE PARK COURT INVESTMENTS LLC	LAKE PARK COURT INVESTMENTS LLC	20-8072332
AL QUICK SERVICE CAPITAL PARTNERS, LLC	CHECKERS (AL)	85-2960237
COURTELIS COMPANY	COURTELIS COMPANY	59-0936845
ARMANDO FINE DINING RESTAURANT L.L.C.	ARMANDO FINE DINING	39-3277763
THG ENERGY SOLUTIONS, LLC	THG ENERGY SOLUTIONS, LLC	27-2237499
AMERICOM TECHNOLOGY SOLUTIONS, INC.	AMERICOM TECHNOLOGY SOLUTIONS, INC.	84-4243415
YNOT ITALIAN VII, LLC	YNOT ITALIAN VII, LLC	47-4431232
AUTHENTIKOS FINANCIAL AND INSURANCE SERVICES LLC	AUTHENTIKOS ADVISORY	26-4798771
WESTERN COLORADO INFUSION LLC	VITAL CARE INFUSION PHARMACY	99-0590847
RANDCOR MANAGEMENT INC.	RANDCOR MANAGEMENT INC.	59-2932302
LIFE INSURANCE SETTLEMENTS, INC.	LIFE INSURANCE SETTLEMENTS, INC.	65-1144797
INFINITY1, INCORPORATED	ROCKABILIA	41-1884096
POWERWRIGHT TECHNOLOGIES, INC.	POWERWRIGHT TECHNOLOGIES, INC.	20-3887951
NEXT ENERGY SOLUTIONS LLC	NEXT ENERGY SOLUTIONS LLC	83-1734831
STAMFORD PET FOOD, INC.	2 STAMFORD	06-1422279
1818 LEXINGTON SL INVESTORS, LLC	LEGACY RESERVE FRITZ FARM	83-4534978
DISCOVERY INDIANA EMPLOYER LLC	BENNETT PLACE	47-5618736
M.G.G.H. CORP.	TRADEWINDS PROPERTIES	55-0787454
HOME HEALTH MONTANA, LLC	INTERIM HEALTHCARE OF CENTRAL MONTANA	93-1427649
SEMBLER INVESTMENTS LLC	SEMBLER INVESTMENTS LLC	20-8265065
TPPW, PC	TPPW, PC	87-2787702
PROMO DEPOT, INC.	PROMO DEPOT, INC.	43-1768849
SILVER CREEK ESTATES MHP LLC	SILVER CREEK ESTATES MHP LLC	87-3098742
ON-SITE HEARING SERVICES, INC.	ON-SITE HEARING SERVICES	41-1689731
ION PRO SERVICES, LLC	ION PRO SERVICES, LLC	83-0957515
MACH THERAPY, LLC.	MACH THERAPY, LLC.	99-3374797
ARCADIA CASE MANAGEMENT, LLC	ARCADIA CASE MANAGEMENT, LLC	99-4363793

FIRST COAST ASSOCIATION MANAGEMENT LLC	FIRST COAST ASSOCIATION MANAGEMENT LLC	59-3823291
PARTNERS FOR SELF-EMPLOYMENT	PARTNERS FOR SELF-EMPLOYMENT	65-0464173
PENINSULA CLUB, INC	PENINSULA CLUB, INC	56-1696630
DUO INDUSTRIES LLC	SPENCER BURNSIDE STATE FARM	87-1825891
CEDAR VALLEY HABITAT FOR HUMANITY	CEDAR VALLEY HABITAT FOR HUMANITY	42-1320296
BRANDIT! CORPORATION	THE BRANDIT AGENCY	27-1106801
YEADON FABRIC DOMES, LLC	YEADON FABRIC DOMES, LLC	20-4966829
AERIAL DATA SERVICE, INC.	AERIAL DATA SERVICE, INC.	73-0954344
NATIONAL NETWORK FOR ORAL HEALTH ACCESS	NNOHA	84-1186592
TRIMEKI, LLC	TRIMEKI, LLC	99-1679846
VANDER HAAG'S INC.	VANDER HAAG'S INC.	42-0896487
CARP BODE SUBS, INC	CARP BODE SUBS, INC	82-1039131
YARD IMPROVEMENTS LLC	THE BUSHEL STOP	20-1330397
VALLEY CHURCH	VALLEY CHURCH	42-1359736
CARCARE HOLDINGS LLC	MEINEKE CAR CARE CENTER #2991	88-4311927
RSS KEOWEE PLACE MANAGER LLC	KEOWEE SQUARE	93-1463546
FORT MYERS CENTRE FACIAL PLASTIC AND LASER SURGI	FORT MYERS CENTRE FACIAL PLASTIC AND LASER SUF	65-1051563
254 BOSTON PORTER (BAYSTATE MERGED)	254 BOSTON PORTER (BAYSTATE MERGED)	00-0000000
ON DECK MANAGEMENT, LLC	ON DECK MANAGEMENT, LLC	87-4042407
DOMINION MANAGEMENT, LLC	STONE RIDGE AT SOMERBY	20-8621988
THE GUZEL SV 3, LLC	THE JOINT CHIROPRACTIC ALIANA	82-5307711
AMADOR RESIDENTIAL PARTNERS INC	GOLD QUARTZ INN AND SENIOR APARTMENTS	68-0402641
SUPERIOR ROOFING, INC.	SUPERIOR BUILDING AND REMODELING, INC.	36-4257924
CCMO PF MANAGEMENT, LLC	CCMO PF MANAGEMENT, LLC	45-3621035
MULLIN P.C.	MULLIN P.C.	20-0290431
BEACH PARK SCHOOL, INC.	BEACH PARK SCHOOL, INC.	59-3402304
SOLID ROCK COMMUNITY SCHOOL	SOLID ROCK COMMUNITY SCHOOL	73-1695232
DISCOVERY MARYLAND EMPLOYER LLC	SEATON FREDERICK	81-2272375
TACNA SAND AND GRAVEL, LLC	TACNA SAND AND GRAVEL, LLC	94-3378516
THE CO-OP SOURCE, INC.	SOURCE COMMUNICATIONS	22-3106341
TRADEWINDS PROPERTIES, LLC	TRADEWINDS PROPERTIES, LLC	90-1011074
PSP.US INC.	PSP.US INC.	37-1961293
DF HEALTHCARE PARTNERS, LLC	DF HEALTHCARE PARTNERS, LLC	46-3484748

CHAMPION SCHOOLS, INC.	CHAMPION SCHOOLS, INC.	59-3463543
IMBER WEALTH ADVISORS, INC.	IMBER WEALTH ADVISORS, INC.	22-3887459
IDAHO FALLS DOWNTOWNER, LLC	IDAHO FALLS DOWNTOWNER, LLC	88-1772635
REGASK, INC	REGASK, INC	83-4580113
HHG SOUTHLAKE LLC	HHG SOUTHLAKE LLC	81-2655089
BROWNSTONE EXPLORATION & DISCOVERY PARK, LLC	BROWNSTONE EXPLORATIONS AND DISCOVERY PARK,	30-0336736
CONCERT SAGAMORE, LLC	CONCERT SAGAMORE, LLC	87-4086054
FAIRWAY PARK LLC	FAIRWAY PARK	95-4722804
DISCOVERY MISSOURI EMPLOYER LLC	SOLSTICE AT COLUMBIA	93-4088733
GREENVILLE SPARTANBURG MHP LLC	GREENVILLE SPARTANBURG MHP LLC	87-4806806
DURICK TUTTLE SMITH PLC	DTS LAW GROUP	99-2061736
DOMINION MANAGEMENT, LLC	79 FIFTY NINE WEST	20-8621988
DISCOVERY OHIO EMPLOYER LLC	CARDINAL PLACE	87-3246702
SHAFER'S CLASSIC REPRODUCTIONS, INC.	SHAFER'S CLASSIC REPRODUCTIONS, INC.	59-2581833
R. F. WILKINS CONSULTANTS, INC.	R. F. WILKINS CONSULTANTS, INC.	47-3274575
C & S COMMUNITY MANAGEMENT SERVICES, INC.	C & S COMMUNITY MANAGEMENT SERVICES, INC.	65-0198197
FOOD BANK OF SIOUXLAND INC.	FOOD BANK OF SIOUXLAND	42-1381516
CHAMELEON CULINARY CONCEPTS, LLC	CHAMELEON CULINARY CONCEPTS, LLC	45-5059061
KID KRAZY, INC.	KID KRAZY, INC.	11-3531423
TN CHARTER SCHOOL CENTER	TN CHARTER SCHOOL CENTER	27-1799465
ATLANTIC MONTESSORI CHARTER SCHOOL	ATLANTIC MONTESSORI CHARTER SCHOOL	45-3149224
MACON 1818 OPCO, LLC	MADISON HEIGHTS AT THE PRADO	83-4534978
AVANT GARDE ACADEMY OF OSCEOLA, INC.	AVANT GARDE DBA VICTORY CHARTER	46-2354815
PENNY POUND ICE, LLC	PENNY POUND ICE	80-0885519
K.P. MILLER CONSTRUCTION LLC	K.P. MILLER CONSTRUCTION LLC	88-3261501
DISCOVERY MICHIGAN EMPLOYER LLC	LAKEHOUSE COLDWATER	93-1531454
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT VIERA	26-2991559
LONGEVITY SENIOR LIVING MANAGEMENT LLC	LONGEVITY SENIOR LIVING LLC	39-3572682
PRO-TEK OF NY, LLC	PRO-TEK OF NY, LLC	11-3596126
QUAN-VEST CONSULTANTS, INC.	QUAN-VEST CONSULTANTS, INC.	11-2559669
SEE MANAGEMENT, INC.	SEE MANAGEMENT, INC.	02-0593930
DISCOVERY XT EMPLOYER LLC	CALLIGRAPHY NAPA VALLEY	81-2312232
MDM 1013, INC.	MDM 1013, INC.	06-1328648

DS3 RX LLC	DS3 RX LLC	93-4108616
DISCOVERY XT EMPLOYER LLC	WESTGATE VILLAGE	81-2312232
BROOKLYN DOWNTOWN HOTEL, LLC	ALOFT BROOKLYN	26-2255070
SHUDH, LLC	BAYMOUNT INN & SUITES	74-3156709
FAMILY WEALTH GUIDANCE LLC	FAMILY WEALTH GUIDANCE LLC	88-2691958
BAYWALK TITLE INC.	TITLE INSURORS OF FLORIDA	75-3062396
INDIAN RIVER PODIATRY, P. A.	INDIAN RIVER PODIATRY, P. A.	42-1531257
K AND J WELLPOINTING, INC.	K AND J WELLPOINTING, INC.	20-4436584
IOWA TAXPAYERS ASSOCIATION	IOWA TAXPAYERS ASSOCIATION	42-0336050
DISCOVERY OHIO EMPLOYER LLC	CARROLL PLACE	87-3246702
MILLENNIUM TECHNOLOGY GROUP, LLC	MILLENNIUM TECHNOLOGY GROUP, LLC	01-0934516
RAMESTA HOSPITALITY LP	HOME 2 BY HILTON HAYWARD	82-2874398
CAROLINA SHORE CONSTRUCTION, LLC	CAROLINA SHORE CONSTRUCTION, LLC	84-2391730
HEALTHCARE PARTNER ASSOCIATES, LLC	HPA HEALTHCARE	92-1183385
IOWA PORK PRODUCERS ASSOCIATION	IOWA PORK PRODUCERS ASSOCIATION	42-6123593
ENTERTAINMENT METALS LLC	ENTERTAINMENT METALS LLC	26-4592129
CVJ AXLES, INC.	CVJ AXLES, INC.	84-1025593
MEIDH CORPORATION	MEIDH CORPORATION	45-2947866
VETERINARY SURGICAL CENTERS OF THE DELTA, INC.	TAILWIND VETERINARY SURGERY CARE	74-3132584
LEMAC, LLC	LEMAC, LLC	20-3745293
LIVETILES CORP	LIVETILES CORP	46-5181168
OCEAN WEST INVESTORS LLC	LITTLEBROOK MHC	37-1782561
GEOTHERMAL ECO OPTIONS, INC.	GEOTHERMAL ECO OPTIONS, INC.	45-2720576
FRAZIER WEALTH STRATEGIES, INC.	FRAZIER WEALTH STRATEGIES, INC.	27-0359938
SKEWERED CONCEPTS LLC	RODIZIO GRILL WESLEY CHAPEL	88-1889352
257 CREATIVE FINANCIAL STRATEGIES	257 CREATIVE FINANCIAL STRATEGIES	00-0000000
FREEDOM CO OP INC	FREEDOM CO OP INC	20-3753570
IDEAL IMAGE LAKELAND	IDEAL IMAGE LAKELAND	20-1345236
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA CRAMER MOUNTAIN	85-3437133
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA HARRISBURG	85-3437133
JAV INSURANCE AGENCY, INC.	JAV INSURANCE AGENCY, INC.	65-0684737
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA HENDERSONVILLE	85-3437133
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA HILLSBOROUGH	85-3437133

FLORIDA COUNCIL OF INDEPENDENT SCHOOLS	FLORIDA COUNCIL OF INDEPENDENT SCHOOLS	59-0816894
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA NEWTON	85-3437133
GALILEO SCHOOL FOR GIFTED LEARNING	THE GALILEO SCHOOL FOUNDATION, INC.	27-3272719
ORTHO JMD LLC	JULIET DECAMPOS, MD	85-3298618
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA NORTHRIDGE	85-3437133
PREMIER BIOTECH, LLC	PREMIER BIOTECH, LLC	27-0962878
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA SALISBURY	85-3437133
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA SHELBY	85-3437133
JAI LI PROFESSIONAL LIMITED COMPANY	JAI LI PROFESSIONAL LIMITED COMPANY	37-1550726
HOWARD S ELLISON MD PC	HOWARD S ELLISON MD PC	58-1448735
CENTRAL FLORIDA URBAN LEAGUE INC	CENTRAL FLORIDA URBAN LEAGUE INC	59-1766368
EXCELLENT ENTERTAINMENT ENTERPRISES	GRAND SLAM	26-0378293
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA SOUTHERN PINES	85-3437133
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA SOUTHPORT	85-3437133
HM FLORIDA - ORL LLC	HAMBURGER MARY'S	26-1689827
INNOVATION MIDDLE CHARTER SCHOOL	INNOVATION MIDDLE CHARTER SCHOOL	27-2517148
LAKES AREA VETERINARY HOSPITAL INC.	LAKES AREA VETERINARY HOSPITAL INC.	75-2284611
LEMON BAY ANIMAL HOSPITAL LLC	LEMON BAY ANIMAL HOSPITAL LLC	65-0783111
ADVENTURE SPORTS PARKS, LLC	ADVENTURE SPORTS PARKS, LLC	84-2748690
LONGEVITY SENIOR LIVING GODFREY OPERATOR LLC	LONGEVITY SENIOR LIVING GODFREY OPERATOR LLC	39-3709148
288 FINANCIAL PARTNERS OF UPSTATE NEW YORK	288 FINANCIAL PARTNERS OF UPSTATE NEW YORK	00-0000000
NATIONAL SAVERS RETIREMENT SERVICES, LLC	JEANSONNE FINANCIAL	27-1186883
ARTISAN GLASS AND DESIGN INC	ARTISAN GLASS AND DESIGN INC	20-8711852
SUMMIT BARIATRIC AND ROBOTIC SURGICAL SPECIALISTS	SUMMIT BARIATRIC AND ROBOTIC SURGICAL SPECIALIS	88-3533382
THE DRAPER LAW FIRM, P.C.	THE DRAPER LAW FIRM, P.C.	30-0514686
HAMMERHEAD FREDS, LLC	HAMMERHEAD FREDS	59-3356783
PCE MANAGEMENT, INC.	PCE MANAGEMENT, INC	01-0713242
CARRIER CREDIT SERVICES, INC.	CARRIER CREDIT SERVICES, INC.	65-0979693
HARRELL HOSPITALITY GROUP, LLC	HARRELL HOSPITALITY GROUP, LLC	20-8630303
271 FLORIDA FINANCIAL GROUP	271 FLORIDA FINANCIAL GROUP	00-0000000
BUSINESS CREDIT REPORTS, INC.	BUSINESS CREDIT REPORTS, INC.	27-1443519
ESTANCIA DONUTS, LLC	ESTANCIA DONUTS, LLC	47-4467110
SUN HOSPITALITY, LLC	SUN HOSPITALITY, LLC	20-1511975

DISCOVERY GEORGIA EMPLOYER LLC	CAMERON HALL OF CANTON	47-1855319
RJL ENTERPRISES LLC	RJL ENTERPRISES LLC	81-2132347
BUSINESS PERFORMANCE BEST PRACTICES INC	BUSINESS PERFORMANCE BEST PRACTICES INC	26-4241779
CONTEMPO SCHOOL OF DANCE, INC.	CONTEMPO SCHOOL OF DANCE, INC.	54-2116332
STORAGE CONSTRUCTION TEAM, LLC	STORAGE CONSTRUCTION TEAM, LLC	85-2405013
GARYS REPAIR AND AUTO SERVICE	GARYS REPAIR AND AUTO SERVICE	62-1281785
COLUMBUS HOSPITALITY LLC	CHEEBURGER CHEEBURGER (Internal Use Only)	31-1751326
NM 4365 LLC	THE UPS STORE	82-3049008
PASADENA INTERFAITH HOUSING FOUNDATION, INC.	PASADENA INTERFAITH HOUSING FOUNDATION, INC.	74-1999427
DISCOVERY NEW JERSEY EMPLOYER LLC	MATTISON CROSSING	87-3221316
FUTURE COMPUTER SYSTEMS, LLC	FUTURE COMPUTER SYSTEMS	59-3562252
ENTERPRISE IRON FINANCIAL INDUSTRY SOLUTIONS, INC	ENTERPRISE IRON FINANCIAL INDUSTRY SOLUTIONS IN	42-1550013
DISCOVERY XT EMPLOYER LLC	THE EL DORADO	81-2312232
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT NEW BRAUNFELS	26-2991559
SKIN DAMSEL LLC	SKIN DAMSEL LLC	82-1564879
DISCOVERY PENNSYLVANIA EMPLOYER LLC	BARNES PLACE	47-5629412
COUNSELING ASSOCIATES, INC	COUNSELING ASSOCIATES, INC	42-1458052
DISCOVERY XT EMPLOYER LLC	DISCOVERY COMMONS RAINCROSS	81-2312232
CONCRETE EQUIPMENT, LLC	CONCRETE EQUIPMENT, LLC	46-1487725
SLG SPORTS LIGHTING INC.	SLG SPORTS LIGHTING INC.	99-1987166
DISCOVERY INDIANA EMPLOYER LLC	BELL OAKS PLACE	47-5618736
DISCOVERY XT EMPLOYER LLC	THE HAVEN AND THE LAURELS IN STONE OAK	81-2312232
NELSON MANUFACTURING	NELSON MANUFACTURING	42-1009698
COLUMBUS HOSPITALITY, LLC.	COLUMBUS HOSPITALITY, LLC.	31-1751326
JFK NASSAU, LLC	COMFORT INN JFK AIRPORT	83-4019450
SSRM BREVARD, LLC	BREVARD - DUNKIN DONUT	81-1159153
PSL WIREGRASS OPERATIONS, LLC	BEACH HOUSE ASSISTED LIVING AND MEMORY CARE A	47-5052221
SYNERGY HEALTH COMPANIES, INC	INTERIM HEALTHCARE OF CENTRAL CA	06-1829380
ABILIT HOLDINGS MEADOW LAKES LLC	MEADOW LAKES SENIOR LIVING	83-2580206
OVIEDO 1818 OPCO, LLC	MADISON AT OVIEDO	83-4534978
OHIO IMPLANTS AND DENTURES LLC	OHIO IMPLANTS AND DENTURES LLC	92-3613683
ABILIT HOLDINGS PRAIRIE MEADOWS LLC	PRAIRIE MEADOWS SENIOR LIVING	81-3014403
WESTPORT PET SUPPLY, INC.	9 WESTPORT	46-0908979

ABILIT HOLDINGS FARIBAULT LLC	MILESTONE SENIOR LIVING - FARIBAULT	36-4881690
TALAY TRAILER SALES AND RENTAL INC	TALAY TRAILER SALES AND RENTAL INC	11-2397368
ATON ADVISORS LLC	ATON ADVISORS LLC	27-2064708
E. ZOLDAN, LLC	E. ZOLDAN, LLC	20-4032389
THE MEDIA IMAGE US INC.	THE MEDIA IMAGE US INC.	32-0613476
QUICK SERVICE CAPITAL PARTNERS, LLC	CHECKERS (FL)	26-1355048
DISCOVERY FLORIDA EMPLOYER LLC	WOODLANDS VILLAGE	81-2198145
JAMES E RACE MD PA	JAMES E RACE MD PA	75-2408523
WHIPPERSNAP, INC.	SENIOR SIGN	86-2935720
JOHN E. WALSH BLVD, LLC	HOLIDAY INN EXPRESS & SUITES PEEKSKILL	26-3109322
G&G 8181 PARTNERS INC.	G&G 8181 PARTNERS INC.	85-0591598
HOBNOB PERIMETER, INC.	HOBNOB PERIMETER	82-4303320
HOMETOWN PHYSICAL THERAPY HOLDING COMPANY, LLC	HOMETOWN PHYSICAL THERAPY HOLDING COMPANY, I	45-5592376
U AND ME TRANSFER, INC	U AND ME MOVING AND STORAGE	59-0939998
SPRING HILL OSL OPERATING LLC	THE OPAL AT SPRING HILL	93-3326567
HOFFMAN PARTNERS, LLC	HOFFMAN PARTNERS, LLC	26-2094307
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT THE FORUM AL	81-2198145
REDSTONE VILLAGE	REDSTONE VILLAGE	63-1169107
DISCOVERY AT HOME LLC	DISCOVERY AT HOME	27-3717914
282 COASTAL WEALTH	282 COASTAL WEALTH	00-0000000
MOBILE TINT LLC	A1 GLASS COATING	74-2996646
TEAMINGSOLUTION FOR EDUCATION, INC.	TEAMINGSOLUTION FOR EDUCATION	46-5239160
DOMINION MANAGEMENT, LLC	DOMINION MANAGEMENT, LLC	20-8621988
515 BREWING COMPANY	515 BREWING COMPANY	45-3760662
RIDETEK	RIDETEK	58-2488219
DOUD BTS, INC	DOUD BTS, INC	83-0319799
JACK BERNSTEIN INJURY LAWYERS, PLLC	JACK BERNSTEIN INJURY LAWYERS, PLLC	92-3929591
DEER RIDGE FARMS, LLC	DEER RIDGE FARMS, LLC	37-1911620
PRINT TIME, INC.	PRINT TIME, INC.	43-1364448
NATHAN YIP FOUNDATION	NATHAN YIP FOUNDATION	82-0549095
LAW OFFICES OF JACK G. BERNSTEIN, P.A.	LAW OFFICES OF JACK G. BERNSTEIN, P.A.	59-2615524
SEARCH INSTITUTE	SEARCH INSTITUTE	41-0811842
GATOR DEVELOPMENT CORP.	GATOR DEVELOPMENT CORP.	59-2646130

CONNECT YOUR HOME, LLC	CONNECT YOUR HOME, LLC	90-0959759
BLUE HERON PROPERTIES, LLC	BLUE HERON PROPERTIES, LLC	90-1009611
LUKE HOMEN LAW, PLLC	Luke Homen Law	82-4237970
LFRC CYNTHIANA LLC	LEE'S FAMOUS RECIPE CHICKEN	93-4670507
ROADRUNNER WELDING, INC.	ROADRUNNER WELDING, INC.	84-1312147
ARPS DAIRY INC	ARPS DAIRY INC	34-4466210
JAMES VALLEY GRAIN LLC	JAMES VALLEY GRAIN LLC	45-0461126
SONA SENIOR LIVING VA LLC	SHENANDOAH SENIOR LIVING	92-0262689
PROSE TECHNOLOGIES, LLC	PROSE TECHNOLOGIES, LLC	46-2433135
HAPPY DOG AUTOMOTIVE COMPANY	BIG O TIRES	87-2970949
DEVA WEALTH MANAGEMENT, LLC	DEVA WEALTH MANAGEMENT	99-1128858
CELLECTIS, INC.	CELLECTIS, INC.	47-2627206
041 MASSMUTUAL MIDWEST	041 MASSMUTUAL MIDWEST	00-0000000
LINDA GARCIA-ROSE LCSW AND ASSOCIATES, PLLC	LINDA GARCIA-ROSE AND ASSOCIATES	47-4083928
A2Z HOSPITALITY MANAGEMENT COMPANY SOUTH, LLC	ALOFT MIAMI DADELAND	88-2265600
DISCOVERY VIRGINIA EMPLOYER LLC	TERRABELLA SALEM	81-3445893
AZ PRO SIGNS, INC.	AZ PRO SIGNS, INC.	20-2969263
BLIZZARD GREENBERG, PLLC	BLIZZARD GREENBERG, PLLC	83-0557399
DISCOVERY MISSOURI EMPLOYER LLC	ADDINGTON PLACE OF LEES SUMMIT	93-4088733
6365 CENTREVILLE FITNESS, LLC	6365 CENTREVILLE FITNESS, LLC	82-1111004
UNITED AUTO ACCEPTANCE, INC.	UNITED AUTO ACCEPTANCE, INC.	58-2144255
TRIPLE Z, INC	PARS CAR SALES	58-1801915
US MIGRAINE CENTERS, LLC	US MIGRAINE CENTERS, LLC	92-3516898
DOMINION MANAGEMENT, LLC	MLP PROPERTY	20-8621988
MITCHELL HEALTHCARE, LLC	INTERIM HEALTHCARE	84-2110097
INTEGRAL SENIOR LIVING, LLC	INTEGRAL SENIOR LIVING, LLC	33-0879575
AMER - SHALEK, G.	AMER - SHALEK, G.	01-5440947
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT GUILFORD	81-2312232
TUPPEN'S MARINE	TUPPEN'S MARINE	65-0953811
FLORIDA ASSOC. POSTSECONDARY SCHOOLS	FLORIDA ASSOC. POSTSECONDARY SCHOOLS	59-2444267
BIRTH TO FIVE	BIRTH TO FIVE	35-1843800
BRIGGS & PEARSON ENTERPRISES, LLC	MEINEKE CAR CARE CENTER #2303 WEST CHESTER	46-1274427
CORE REALTY ASSET MANAGEMENT, LLC	CORE REALTY ASSET MANAGEMENT, LLC	27-4319216

THE RED COACH RESTAURANT, INC.	THE RED COACH INN	16-1152344
DISCOVERY XT EMPLOYER LLC	VISTA DEL RIO	81-2312232
ISL EMPLOYEES, INC.	LA MAREA SENIOR LIVING	13-4212788
GENERATIONS HEALTH CARE INITIATIVES, INC	GENERATIONS HEALTH CARE INITIATIVES, INC	41-2000473
PATRIOT LEASING COMPANY, LLC	PATRIOT LEASING COMPANY, LLC	82-1277286
YUNAY HOSPITALITY LP	HILTON GARDEN INN FOLSOM	33-4175631
SANTEC, INC.	SANTEC, INC.	95-3696820
ESQUIRE HOTEL GASTONIA, LLC	BARRISTER'S RESTAURANT	83-0577390
EP AMERICA INC.	EP AMERICA INC.	26-4578773
BRISAM INN JOPLIN LLC	FAIRFIELD INN JOPLIN	26-1147222
AVADH HOSPITALITY, LP	COURTYARD MARRIOTT	99-1848142
HORIZON EDGE HOSPITALITY, LLC	HOLIDAY INN ROCHESTER	85-3917689
SENSIRION INC	SENSIRION INC	20-3852321
EOPT BOARDMAN LLC	EOPT BOARDMAN LLC	82-3964793
PCD SENIOR #1, LLC	STONEWALL GARDENS	46-5255199
BITNER GROUP, INC	BITNER GROUP, INC	59-3791870
SQ1818 OPCO, LLC	LEGACY SAVANNAH QUARTERS	83-4534978
CENTER ASSOCIATES	CENTER ASSOCIATES	42-0805386
EPPERSON CLUB, LLC	EPPERSON CLUB, LLC	32-0545320
MCG INNOVATIONS INC.	MCG INNOVATIONS INC.	87-4725445
CALLPOINT LLC	CALLPOINT LLC	82-1467795
ALL STATES TITLE SERVICES, INC.	ALL STATES TITLE SERVICES, INC.	20-5470807
AAFD PURCHASING COOP, INC.	AAFD PURCHASING COOP, INC.	06-1563257
ISL EMPLOYEES, INC.	COASTAL HEIGHTS SENIOR LIVING	13-4212788
PRODIGY BOATS LLC	PRODIGY BOATS LLC	46-3083937
CONFLUENCE, INC.	CONFLUENCE, INC.	42-1475404
WBC OF WHITE PLAINS LLC	WBC OF WHITE PLAINS LLC	83-1650518
OPTIMAED, LLC	OPTIMAED, LLC	86-2330036
WORTH ACQUISITION GROUP LLC	WORTH ACQUISITION GROUP LLC	83-1059266
SERENITY ROCHESTER INC	SERENITY COUTURE SALON AND SPA	88-2469842
FULEX LLC	FULEX LLC	20-1770958
DISCOVERY FLORIDA EMPLOYER LLC	OAKMONTE VILLAGE	81-2198145
DRY EYE RESCUE, LLC	DRY EYE RESCUE, LLC	84-4019037

DIGITAL VECTOR SOLUTIONS LLC	DIGITAL VECTOR SOLUTIONS LLC	93-4330144
MONTY PROCUREMENT, INC	MONTY PROCUREMENT, INC.	65-0939772
WILLIAM KIMBERLEY DEVELOPMENT CORPORATION	KIMBERLEY DEVELOPMENT CORPORATION	42-1119589
BRANDON TMS AND PSYCHIATRY INC.	BRANDON TMS AND PSYCHIATRY INC.	81-3839579
HEARING ASSOCIATES, P.C.	HEARING ASSOCIATES, P.C.	42-1397546
ELLIS PROFILING, INC.	ELLISCO PROFILING & GRINDING	20-4066627
AMERICAN PRECISION PRODUCTS, LLC	POMPANO PRECISION PRODUCTS	88-3461044
SENOR MIST, LLC	SENOR MIST, LLC	20-5593460
DISCOVERY XT EMPLOYER LLC	PARKVIEW IN FRISCO IL	81-2312232
QORE, LLC	QORE, LLC	87-1117956
CUSTOM DYNAMICS LLC	CUSTOM DYNAMICS LLC	75-3089860
MGS VENTURES, INC.	MGS VENTURES, INC.	46-4651818
CAMBRIDGE FITNESS OF LANSING LLC	CAMBRIDGE FITNESS OF LANSING LLC	27-3971498
BARCOMB ASSET MANAGEMENT, LLC	BARCOMB ASSET MANAGEMENT, LLC	65-1129969
UNITED BRANDS PRODUCTS DESIGN DEVELOPMENT AND	UNITED BRANDS INC.	94-3325971
ISL - HAINES CITY, LLC	ISL - HAINES CITY, LLC	86-1459119
AERO DOWNTOWNER LLC	AERO DOWNTOWNER LLC	99-1591625
252 MASSMUTUAL GREATER PHOENIX	252 MASSMUTUAL GREATER PHOENIX	00-0000000
MCCABE LAW GROUP, PA	MCCABE LAW GROUP, PA	26-4762988
MARK CUNNINGHAM INC.	MARK CUNNINGHAM INC.	20-3339638
WORLD OF BEER FRANCHISING, LLC	WORLD OF BEER	83-2037483
R & A MANAGEMENT LLC	RICHARDS & CADY WEALTH ADVISORS	82-5366011
GREENFIELD EMPLOYEES, LLC	GREENFIELD EMPLOYEES, LLC	85-0783307
CHILDRESS FAMILY PARTNERSHIP	CHILDRESS FAMILY PARTNERSHIP	84-4287538
LEGACY BUILDERS WEALTH MANAGEMENT LLC	LEGACY BUILDERS WEALTH MANAGEMENT	87-4119351
COFFEY BROS INC	COFFEY BROS INC	22-2200935
KEVIN BURCHFIELD INSURANCE AGENCY	KEVIN BURCHFIELD INSURANCE AGENCY	46-2233043
HATCH PARTNERS, INC.	HATCH PARTNERS, INC.	82-3724814
BLUE HERON CAPITAL, LLC	BLUE HERON CAPITAL, LLC	20-0533857
PREMIER LIVING US, LLC	PREMIER LIVING US, LLC	99-2231007
SPSM INDUSTRIES, INC.	BSM NORTH AMERICA	41-1965581
UPWISE CAPITAL LLC	UPWISE CAPITAL LLC	84-4426616
INFINITY WELLNESS CORP	INTERIM HEALTHCARE OF FORT LAUDERDALE	87-3537777

SWAN INDUSTRIES INC	SWAN INDUSTRIES INC	43-0790502
APOLLO SENIOR CARE, LLC	TUSCAN HILLS SENIOR LIVING	83-3139944
POWER TO THE POLLS ACTION FUND	POWER TO THE POLLS	92-2602638
ROCHESTER HOTEL GROUP LLC	HAMPTON INN ROCHESTER	83-2319528
DISCOVERY TENNESSEE EMPLOYER II LLC	JACKSON MEADOW	92-2793271
SPACE POLE, INC.	SPACE POLE, INC.	35-2509691
LJ GRANBURY MANAGEMENT LLC	AVIVA GRANBURY	88-3107265
TX MGMT-X, LLC	TX MGMT-X	83-4306107
LEGACY PHOENIX, INC.	LEGACY GOLF CLUB	86-1540281
CREMATION CARE OF GEORGIA, INC	CREMATION CARE OF GEORGIA, INC	47-3582928
WESTWIND GARDENS LLC.	WESTWIND GARDENS LLC.	33-2468033
DISCOVERY GEORGIA EMPLOYER LLC	GREENWOOD PLACE	47-1855319
CARIBBEAN AIRPORT CUISINE INC	CORONA BEACH HOUSE	65-0861133
DIVYA RX SERVICES	HERITAGE PHARMACY	81-3920330
ROBERT D TRACY	ROBERT D TRACY	82-3033098
DISCOVERY KANSAS EMPLOYER LLC	GRASSLAND ESTATES	82-4486501
WC SUBSIDIARY SERVICES LLC	WC SUBSIDIARY SERVICES LLC	90-0788333
BLOCK ONE COMMUNITIES, LLC	BLOCK ONE COMMUNITIES	46-1333186
CIC COATINGS, LLC	CIC COATINGS, LLC	27-0481918
JWIN ELECTRONICS CORPORATION	ILUV CREATIVE TECHNOLOGY	13-3938051
GES DOWNTOWNER, LLC	GES DOWNTOWNER, LLC	92-0327184
ISL EMPLOYEES, INC.	STONERIDGE AT CENTERRA	13-4212788
COLORADO PERSONALIZED EDUCATION PROGRAM FOR F	CPEP	74-2565416
AGNITE HEALTH LLC	AGNITE HEALTH LLC	46-2728327
DISCOVERY FLORIDA EMPLOYER LLC	DIAMOND OAKS VILLAGE	81-2198145
STORAGE EXPRESS III, LLC	STORAGE EXPRESS III, LLC	65-1159785
TRUSTPOINT CYBER, LLC	TRUSTPOINT CYBER, LLC	87-4033806
SEABREEZE FUNERAL SERVICES, LLC	QUINN-SHALZ FAMILY FUNERAL HOME	99-3352764
DISCOVERY XT EMPLOYER LLC	COLONIAL VILLAGE	81-2312232
CONCERT PLAYERS CLUB, LLC	CONCERT PLAYERS CLUB, LLC	87-4503226
CRANE INTEGRATED FACILITIES SERVICES INC.	SERVICEMASTER BY CRANE IFS	35-2848153
WESTVIEW APARTMENTS, LP	WESTVIEW APARTMENTS	26-0104524
273 MASSMUTUAL ILLINOIS	273 MASSMUTUAL ILLINOIS	00-0000000

MIRASOL CLUB AND ASSOCIATION, INC.	MIRASOL CLUB AND ASSOCIATION, INC.	65-1001705
MEACHAM PARK PARTNERS, LP	TOWNHOMES AT STONECREST	43-1896351
AZ TOY BROKERS LLC	AZ TOY BROKERS LLC	85-2724140
C5 INSIGHT	C5 INSIGHT	04-3609270
NARA CAPITAL, LP	NARA CAPITAL, LP	81-3502780
TRANS-LUX CORPORATION	TRANS-LUX CORPORATION	13-1394750
HORIZON WELL LOGGING, INC.	HORIZON WELL LOGGING, INC.	77-0473100
OLSEN, LLC	NEXTAFF GULF COAST	37-1547989
BEACON AUTO REPAIR LLC-S5	MEINEKE CAR CARE	86-3257100
JIM CAMPEN TRAILER SALES INC	JIM CAMPEN TRAILER SALES INC	56-1786492
WISIAN, LLC	WISE HOSPICE OPTIONS	13-4269325
DISCOVERY WISCONSIN EMPLOYER LLC	LAKEHOUSE LAKE MILLS	92-3224466
CAROLINA ABORTION FUND	CAROLINA ABORTION FUND (CAF)	45-3810502
108 E 8TH, LLC	ASPEN ANCHORAGE DOWNTOWN	33-2644619
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT BANGOR	81-2312232
THE COURTYARDS IN CITYPLACE CONDOMINIUM ASSOCIA	THE COURTYARDS IN CITYPLACE CONDOMINIUM ASSO	14-1923864
DRILLTECH LLC	DRILLTECH LLC	84-1952869
VELOCITY AUTOMOTIVE HOLDINGS WALKERTOWN NC, LL	MEINEKE CAR CARE WALKERTOWN	93-3765169
ECONO AUTO PAINTING OF WEST TENNESSEE, I	ECONO AUTO PAINTING OF WEST TENNESSEE, I	81-4937416
SELECT COMMUNICATIONS, INC.	SELECT COMMUNICATIONS, INC.	41-1965171
GBSL STAFFING AL, LLC	THE CROSSINGS AT EASTCHASE	82-3642396
DISCOVERY MISSISSIPPI EMPLOYER LLC	CHATEAU RIDGELAND	87-3200138
THE SECURECOM GROUP, LTD	THE SECURECOM GROUP, LTD	11-3320195
OAKBRIDGE OWNERS ASSOCIATION NO.TWO, INC	GRASSLANDS GOLF AND COUNTRY CLUB #3	59-3036752
286 MASSMUTUAL PACIFIC	286 MASSMUTUAL PACIFIC	00-0000000
HEARTLAND PROPERTIES, INC.	HEARTLAND PROPERTIES, INC.	42-1320096
WHITE OAK DUCKPINS, L.L.C. - KIRA CONSULTING SERIES	WHITE OAK DUCKPINS, L.L.C. - KIRA CONSULTING SERI	45-2834823
STRUCTURE TONE EQUITIES, LLC	STRUCTURE TONE EQUITIES, LLC	20-8622194
SWEET TOOTH PARTNERS LLC	SWEET TOOTH PARTNERS LLC	87-4791924
JL HOTEL SEWARD, LLC.	HOTEL SEWARD	88-1934055
BETH EL SYNAGOGUE	BETH EL SYNAGOGUE	41-0711587
TJ LC WALKER, LLC.	TJ LC WALKER, LLC.	81-1743195
GRIMSLEY ENTERPRISES, INC.	DAIRY QUEEN	58-1131082

BEACON AUTO REPAIR LLC SERIES 10 MEINEKE	MEINEKE CAR CARE ADDISON	99-2973794
KINGSWOOD US HOLDINGS, INC	KINGSWOOD US HOLDINGS, INC	84-3999010
FULTON AND GREENWICH LLC	FULTON AND GREENWICH LLC	92-2941397
INSERV CORP	INSERV CORP	56-1794392
BAJWA 76 ENTERPRISES	BIG O TIRES SAN LEANDRO	88-0742108
OPEN SOURCE CONTROLS, LLC	OPEN SOURCE CONTROLS, LLC	85-1998469
BRIDGE SENIOR LIVING	THE GRANDE AT CREVE COEUR	20-1457828
HILTON HEAD MEMORY CARE, LLC	HARBOR COVE MEMORY CARE	93-2355400
BRIGADIER CAPITAL GROUP LLC	BRIGADIER CAPITAL GROUP LLC	47-1852127
REDDING 499 LP	MOUNTAIN SHADOWS MHP	93-4176283
BRUNSON RECYCLING CORPORATION	BRUNSON RECYCLING CORPORATION	45-5353266
RCS - NM ENERGY, LLC	ALTA ROCK	87-0807291
JESSICA RAE INTERIORS LLC	ALT DESIGN STUDIO	84-1909135
WAYNE FRIER HOME CENTER OF WAYCROSS, LLC	WAYNE FRIER HOME CENTER OF WAYCROSS, LLC	47-2539060
FASTURTLE INTERACTIVE, LLC	FASTURTLE	86-1009350
BRIGHT DENTISTRY ROUNDHOUSE INC	BRIGHT DENTISTRY	92-3376221
DISCOVERY OHIO EMPLOYER LLC	CLAY GARDENS PLACE	87-3246702
HOUSEHOLDER GROUP ESTATE AND RETIREMENT SPECI/	HOUSEHOLDER GROUP ESTATE AND RETIREMENT SPE	46-3565813
A CHILD'S HOPE FOUNDATION, INC.	A CHILD'S HOPE FOUNDATION, INC.	04-3683765
MICRO WORLD CORP	BARSKA	95-4402965
LEGACY MHC MANAGEMENT IV, LLC	LEGACY MHC MANAGEMENT IV	99-2609309
AMICORP U.S. DIRECTOR SERVICES LLC	AMICORP U.S. DIRECTOR SERVICES LLC	56-2634743
DISCOVERY OHIO EMPLOYER LLC	TAYLOR PLACE	87-3246702
PARKWOOD DISTINCTIVE HOMES, LLC	PARKWOOD DISTINCTIVE HOMES, LLC	82-1842387
DAY'S EXCAVATING, INC.	DAY'S EXCAVATING, INC.	86-0855838
ELITE HOME HEALTHCARE LLC	ELITE HOME HEALTHCARE	47-5379036
FKP FRANKLIN SENIOR LIVING TENANT LLC	BELVEDERE COMMONS OF FRANKLIN	26-1262303
HALCYON ADVISORY GROUP PDX, INC.	CERTAPRO PAINTERS OF WILLAMETTE	92-0762717
CLEAR SOLUTIONS, LLC	CLEAR SOLUTIONS, LLC	42-1604346
COASTAL WIPERS, INC.	COASTAL WIPERS, INC.	59-2242868
BL3NDLABS, LLC	BL3NDLABS	47-4978122
ATMOSPHERIC ANALYSIS AND CON II	ATMOSPHERIC ANALYSIS AND CON II	77-0409154
HM OCALA OPERATING LLC	HAMPTON MANOR MEMORY CARE ON 24TH ROAD	39-2979538

EDEN PARK HOSPITALITY, LLC	HOLIDAY INN EXPRESS LGA AIRPORT	47-5224494
INTO THE WILD OVERLAND, LLC	BOREAS CAMPERS	47-5024074
EASTMAN SERVICES INC.	MERRY MAIDS	59-3022809
ASTER TECH INC.	ASTER TECH INC.	87-4153258
ISL EMPLOYEES, INC.	FOOTHILL VILLAGE	13-4212788
22125 ROSCOE CORP	TOPANGA TERRACE	95-2801731
PREMIER REVENUE SOLUTIONS LLC.	PREMIER REVENUE SOLUTIONS LLC.	46-4590921
DESOTO SQUARE VILLAS OWNERS' ASSOCIATION, INC	DESOTO SQUARE VILLAS OWNERS' ASSOCIATION, INC	59-1950092
JEM EWC MANAGEMENT, LLC	JEM EWC MANAGEMENT, LLC	88-3148883
DISCOVERY OKLAHOMA EMPLOYER LLC	MORADA MIDWEST CITY	82-2714028
LADIN CONSULTING GROUP, INC	LADIN TAX AND FINANCIAL GROUP	03-0434244
DICKERSON, BAKKER & ASSOCIATES LLC	DICKERSON, BAKKER & ASSOCIATES LLC	27-2721049
OLSON RESTORATION WASHINGTON DC, LLC	OLSON RESTORATION WASHINGTON DC, LLC	88-2370872
NOGALES FP, LLC	NOGALES FP	84-2235100
RL - 119 MILL PLAIN HOSPITALITY, LLC	HILTON GARDEN INN DANBURY	87-2533662
DUAL DRAW A LIMITED LIABILITY COMPANY	DUAL DRAW LLC	84-1525885
STEAMY CONCEPTS CARPET CLEANING LLC	STEAMY CONCEPTS CARPET CLEANING LLC	26-1263520
FLICK FUSION LLC	FLICK FUSION	27-0544770
ARIZONA DRYWALL COMPANY, INC	ARIZONA DRYWALL COMPANY, INC	86-0327566
HUDSON AWNING COMPANY, INC	HUDSON AWNING AND SIGN CO, INC	22-2250189
MALLARD COVE	MALLARD COVE	59-3386399
CONCERT 12 OAKS, LLC	THE CLUB AT 12 OAKS	83-1246109
DISCOVERY MICHIGAN EMPLOYER LLC	LAKEHOUSE ESCANABA	93-1531454
A.C.T. LOGISTICS LLC	A.C.T. LOGISTICS LLC	26-1885559
FAMOUS RECIPE FRIED CHICKEN OF LIMA INC.	LEE'S FAMOUS RECIPE CHICKEN	34-1014918
GIG FIBER, LLC	STREETLEAF	30-0825777
ROWLETTE AND ASSOCIATES, LLC	SOUTH SHORE RETIREMENT	81-3292337
OLSON RESTORATION HTX, LLC	SERVPRO OF SPRING/TOMBALL	84-4675125
CONCERT PENN OAKS LLC	PENN OAKS GOLF CLUB	33-1608574
CORNERSTONE COMMERCIAL CONTRACTORS, INC.	CORNERSTONE COMMERCIAL CONTRACTORS, INC.	42-1449149
ALVEAN AMERICAS, INC.	ALVEAN AMERICAS, INC.	47-2561130
LARAMY-K OPTICAL, INC.	LARAMY-K OPTICAL, INC.	42-1343924
ISL EMPLOYEES, INC.	SOONER STATION	13-4212788

M AND R HOSPITALITY MANAGEMENT CORP.	M & R HOSPITALITY MANAGEMENT CORP.	75-3206201
DISCOVERY XT EMPLOYER LLC	MARBELLA SAN MARCOS	81-2312232
COMMUNITY AND FAMILY RESOURCES	COMMUNITY AND FAMILY RESOURCES	42-0938934
WHITNEY COTTAGES, LLC	SENIOR COTTAGES OF NORMAN	85-3172272
COUNCIL FOR AGRICULTURAL SCIENCE & TECH	COUNCIL FOR AGRICULTURAL SCIENCE & TECH	23-7186154
OBSTETRICAL & GYNECOLOGICAL ASSOCIATES	OBSTETRICAL & GYNECOLOGICAL ASSOCIATES	20-3522125
SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.	SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.	65-0077972
MILITELLO WEALTH MANAGEMENT, LLC	MILITELLO WEALTH MANAGEMENT, LLC	26-3333197
1ST KEY TECHNOLOGY GROUP, INC	1ST KEY TECHNOLOGY GROUP, INC	46-4279394
ORTHO DRM LLC	DANIEL MARIN, MD	84-4830283
HIGHLANDER MASONRY & CONSTRUCTION, LLC	HIGHLANDER MASONRY & CONSTRUCTION, LLC	83-0402173
DR. SPD, LLC	DR. SPD, LLC	82-2654862
ETF AUTO 8 LLC	MEINEKE CAR CARE CENTER	93-2491687
DISCOVERY PENNSYLVANIA EMPLOYER LLC	PROVINCIAL BETHEL PARK	47-5629412
THOMSON MECHANICAL INC	THOMSON MECHANICAL INC	56-2616696
ARMOR HOME SERVICES, LLC	ARMOR HOME SERVICES	47-1990912
AEONN LLC	COMFORT SUITES WOODBURY, NY	47-1662863
LARGAY TRAVEL, INC.	LARGAY TRAVEL, INC.	06-0856006
PSL ARBOR OPERATIONS, LLC	THE ARBOR ASSISTED LIVING	47-3426414
CREATIVE ENVIRONMENTAL SOLUTIONS, INC.	CREATIVE ENVIRONMENTAL SOLUTIONS, INC.	59-3226613
DNJ INDUSTRIES, INC.	DNJ MECHANICAL	46-3864724
ALTA VISTA NURSERY, LLC	ALTA VISTA NURSERY, LLC	27-1859764
2400 WHITT LLC	2400 WHITT LLC	76-0335189
THE NANNY LOFT FOUNDATION INC.	THE NANNY LOFT	81-2812183
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE BONITA SPRINGS	81-2198145
LA MORTGAGE, INC.	LA MORTGAGE, INC.	95-4588217
DTC SIGNS LLC	DTC SIGNS LLC	45-3547513
CLERMONT 1818 OPCO, LLC	MADISON AT CLERMONT	83-4534978
DISCOVERY MISSOURI EMPLOYER LLC	ADDINGTON PLACE OF SHOAL CREEK	93-4088733
ULTIMATE HEALTH PLANS, INC.	ULTIMATE HEALTH PLANS, INC.	45-3599221
CARIB SALES, LLC	CARIB SALES, LLC	59-1702227
SCARSDALE INVESTMENTS LIMITED	PARK CENTER APARTMENTS	76-0488506
SENSIRION CONNECTED SOLUTIONS INC	SENSIRION CONNECTED SOLUTIONS INC	84-2361385

BEST CAR BUYS III INC	BEST CAR BUYS III INC	26-3292503
DISCOVERY IOWA EMPLOYER LLC	ADDINGTON PLACE OF MT. PLEASANT	92-3039264
GRAYLARK FINANCIAL, LLC	GRAYLARK FINANCIAL, LLC	92-2991461
KANKAKEE HOSPITALITY, LLC	HILTON GARDEN INN KANKAKEE	61-1845283
ELEVATE AUGUSTA CORPORATION	ELEVATE AUGUSTA	99-0637794
APPEPROPO, INC.	APPY COUPLE, INC.	46-1612095
DB AUTO VENTURES, LLC	MEINEKE CAR CARE CENTER	86-3815025
RM HOSPITALITY GROUP, INC	RM HOSPITALITY GROUP, INC	20-1273811
NEW YORK GI CENTER, LLC	NEW YORK GI CENTER, LLC	20-2562489
SEA HAG MARINA, INC	SEA HAG MARINA, INC	59-3535704
EKONOMY HOSPITALITY MANAGEMENT, INC.	EKONOMY HOSPITALITY MANAGEMENT	85-4092205
NEW CENTURY AG	NEW CENTURY AG	45-0130780
2672 ENTERPRISES LLC	ABIGAIL'S	86-2450984
GILBRETH FINANCIAL LLC	GILBRETH FINANCIAL LLC	92-0276792
OLSON CONTRACTING, LLC	OLSON CONTRACTING, LLC	81-1568898
CJH, LLC	INTERIM HEALTHCARE OF MARIN COUNTY	83-1031679
ACTION MACHINERY LLC	ACTION MACHINERY LLC	20-409-7425
AIR DOCS OF THE TREASURE COAST, INC.	AIR DOCS OF THE TREASURE COAST, INC.	45-5431599
OLSON RESTORATION II LLC	OLSON RESTORATION II LLC	26-4216808
JAZZ LOUNGE, LLC.	JAZZ LOUNGE, LLC.	87-1720147
OLSON RESTORATION LLC	OLSON RESTORATION LLC	26-4214693
CALIFORNIA HOTEL ASSOCIATES, INC.	HAMPTON INN & SUITES CALIFORNIA	35-2419078
NASHVILLE TEACHER RESIDENCY	NASHVILLE TEACHER RESIDENCY	47-1461324
J&M BLAKER, LLC	J&M BLAKER, LLC	26-3014219
ROCKET MGA, LLC	ROCKET MGA	82-1276665
TECHNOLOGY TRAINING ASSOCIATES, INC	TECHNOLOGY TRAINING ASSOCIATES, INC	59-3598437
ACE'S ELITE AUTO CARE LLC	ACE'S ELITE AUTO CARE	39-3755212
A.A. CASEY CO	A.A. CASEY CO	59-0900523
SENIOR HOUSING HEALTH CARE, INC.	THE INDIGO AT NEW BERN	20-3308829
CEO COACHING INTERNATIONAL, LLC	CEO COACHING INTERNATIONAL, LLC	83-2830019
CAMBRIDGE FITNESS OF UPTOWN, LLC	CAMBRIDGE FITNESS OF UPTOWN, LLC	88-1228635
ABTECH INDUSTRIES, INC	ABTECH INDUSTRIES, INC	86-0895719
ISL EMPLOYEES, INC.	MOUNT PROSPECT SENIOR LIVING	13-4212788

CONCERT CARROLLWOOD OPCO, LLC.	CARROLLWOOD COUNTRY CLUB	87-2815758
DF ADVISORS LLC	DF ADVISORS LLC	82-3768798
MANTI HOSPITALITY LP	HAMPTON INN SAN JOSE	27-3067733
OTTNO INC.	NATIONAL AUTO LOAN NETWORK	27-2797174
BLISTERPAK, INC.	BLISTERPAK, INC.	33-0882748
SEMPER FI WEALTH MANAGEMENT, LLC	SEMPER FI WEALTH MANAGEMENT, LLC	83-4057440
SUNBOW-REDHAWK LLC	RED HAWK	20-2935867
VOLUNTEER LOCAL LLC	VOLUNTEER LOCAL	27-1382563
BAHAMA BOAT WORKS, LLC	BAHAMA BOAT WORKS, LLC	16-1705806
BIG SMILE DENTISTRY II, INC.	BIG SMILE DENTISTRY II, INC.	81-3536737
CAREN B SINGER M.D. , P.A.	DR. CAREN B. SINGER	65-0130728
WILENCHIK & BARTNESS	WILENCHIK & BARTNESS	86-0688256
STAY CLEAN TREATMENT INC	STAY CLEAN TREATMENT INC	46-2043814
ABJ ENTERPRISES INC	ESO DECORATIVE PLUMBING	65-0467547
QUALITY FOOD RESTAURANT PAYROLL,LLC - FL	WENDY'S - FLORIDA	82-1311963
ISL EMPLOYEES, INC.	ALLEN PLACE	13-4212788
SAY NO MORE PROMOTIONS	SAY NO MORE PROMOTIONS	38-3672069
CALEXICO FP, LLC	CALEXICO FP	84-2231689
AUE STAFFING, INC.	AUE STAFFING, INC. / VOLUSIA COUNTY AGENCIES	45-2185132
CAMBRIDGE FITNESS NR, LLC	CAMBRIDGE FITNESS NR, LLC	82-1977939
STRONG FINANCIAL PARTNERS LIMITED LIABILITY COMPA	STRONG FINANCIAL PARTNERS LLC	46-1980218
BOGHT & OAKWOOD VETERINARY CLINICS PLLC	BOGHT VETERINARY CLINIC / OAKWOOD VETERINARY (	45-2920796
MISSIONARY SISTERS OF THE SACRED HEART	MOTHER CABRINI SHRINE	84-0405262
A+ CONSTRUCTION COMPANY	A+ CONSTRUCTION COMPANY	87-0576151
HANGAR OF PITTSFIELD INCORPORATED ENTERPRISE	HANGAR OF PITTSFIELD INCORPORATED ENTERPRISE	81-4463164
TERMINALFOUR, INC.	TERMINALFOUR, INC.	42-1768506
SMITTHIPONG & ROSAMOND ASSOCIATES, INC.	SMITTHIPONG & ROSAMOND ASSOCIATES, INC.	86-0913246
MC INSIGHT, LLC	MOORECONSTANT	83-0535894
HOLZ RUBBER COMPANY, INC	HOLZ RUBBER COMPANY, INC	68-0115797
BENNETTS REEF INC	BENNETTS REEF INC	59-1158194
TALENTEDGE	TALENTEDGE	93-4563769
MERIDIAN INTERNAL MEDICINE AND PRIMARY CARE, INC	MERIDIAN INTERNAL MEDICINE AND PRIMARY CARE, IN(	46-1134688
BROG AT GLADES LLC	BROG AT GLADES	99-5044918

CORUM MANAGEMENT, LLC	CORUM MANAGEMENT, LLC	82-5016839
EV.ENERGY CORP.	EV.ENERGY	38-4138875
DRYWIZARD DRYWALL SERVICES, INC	DRYWIZARD DRYWALL SERVICES, INC	20-8179016
US FITNESS PARTS, LLC	US FITNESS PARTS, LLC	82-1562807
WORLD CLASS CAPITAL NEW YORK LLC	WORLD CLASS CAPITAL NEW YORK LLC	61-1706647
SUNCOAST CONVENTION SERVICES, INC.	SUNCOAST CONVENTION SERVICES, INC.	59-2877611
THE DIRECTORS COUNCIL	THE DIRECTORS COUNCIL	42-1524040
MANGAL HOSPITALITY LLC	HOLIDAY INN EXPRESS BOYNTON	88-1867475
CARESFIELD, LLC	CARESFIELD, LLC	20-2098556
LOWTEMP INDUSTRIES LLC	LOWTEMP INDUSTRIES LLC	81-1426953
STORAGE MASTER'S MANAGEMENT, LLC	STORAGE MASTER'S MANAGEMENT, LLC	20-5964454
AMERICAN CONSTRUCTION SUPPLIES, INC.	ACS	38-4043623
DUNE RESORT, LLC	DUNE RESORT, LLC	81-4505264
THE COMPAK COMPANIES LLC	THE COMPAK COMPANIES LLC	11-3688252
MANAS MQ LLC	HAMPTON INN AND SUITES BY HILTON MESQUITE	87-3340139
EXODUS MANAGEMENT SERVICES	EXODUS MANAGEMENT SERVICES	88-0279474
INFUSIVE ASSET MANAGEMENT INC	INFUSIVE ASSET MANAGEMENT INC	46-2531246
GF CARNEROS TENANT, LLC	CARNEROS RESORT AND SPA	61-1731356
ALLERGY SERVICES OF AMERICA, LLC	ALLERGY SERVICES OF AMERICA, LLC	46-2028993
IVD RESEARCH, INC.	IVD RESEARCH, INC.	93-1227019
IL CENTRO PIAZZA MANAGEMENT	IL CENTRO PIAZZA MANAGEMENT	26-1712495
D&R COMMUNICATIONS, LLC	D&R LATHIAN, LLC	22-3674319
PUENTE ENTERPRISES INC	PUENTE ENTERPRISES INC	75-2650209
INVESTMENT CENTER OF WISCONSIN, LLC	INVESTMENT CENTER OF WISCONSIN, LLC	39-7587640
ACTIVAIRE STUDIO, LLC	ACTIVAIRE STUDIO, LLC	46-4788559
CANNON HEALTH, LLC	CANNON HEALTH, LLC	47-4197096
DISCOVERY ILLINOIS EMPLOYER LLC	ADDINGTON PLACE OF SHILOH	93-4107430
PARIJAT FF LP	COURTYARD FAIRFIELD	92-4027230
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT GRAPEVINE	81-2312232
MIRADA MEDICAL USA, INC.	MIRADA MEDICAL USA, INC.	42-1772184
TOWER SALES, INC.	TOWER SALES, INC.	58-1537859
THE CLARUS GROUP, INC.	THE CLARUS GROUP, INC.	20-3116742
CIG COMPANIES SERVICES CORP	CIG COMPANIES SERVICES CORP	33-1678762

BMOZ BIZ BROAD RIPPLE LLC	MIDAS BROAD RIPPLE	83-3843896
NM 3961 LLC	THE UPS STORE	85-3960135
VILLAS AT CAMELBACK CROSSING, LLC	VILLAS	27-1423327
GH PRIVATE WEALTH MANAGEMENT INC.	GH PRIVATE WEALTH MANAGEMENT INC.	61-1743121
NORTH COLLIER COLLISION INC.	NORTH COLLIER COLLISION INC.	59-3584319
DADE COUNTY BROADCASTING	DADE COUNTY BROADCASTING	58-2175247
PREFERRED FINANCIAL SERVICES	PREFERRED FINANCIAL SERVICES	20-2365843
SIGMA BLOOD SYSTEMS, LLC	SIGMA BLOOD SYSTEMS LLC	27-0253983
SEREDOR CENTERS, INC.	SEREDOR CENTERS, INC	80-0494470
KDGS STERLING FITNESS, LLC	KDGS STERLING FITNESS, LLC	82-0601805
BLUEWATER BUILDERS, INC.	BLUEWATER BUILDERS, INC.	65-0846636
REDDINGWOOD MOBILE HOME AND RV PARK, LLC	REDDINGWOOD MOBILE HOME AND RV PARK, LLC	81-1186792
LAKESIDE TITLE COMPANY	LAKESIDE TITLE COMPANY	52-2064990
BUDGET PLUS INSURANCE AGENCY, INC	BUDGET PLUS INSURANCE AGENCY, INC	77-0044306
COHEN EQUITIES NY LLC	COHEN EQUITIES NY LLC	46-4429105
PALM SQUARE HOMES, LLC	PALM SQUARE HOMES, LLC	82-1330599
SANDLIN HOMES LLC	SANDLIN HOMES	99-1545029
ALPHA OPTICAL PLYMOUTH MEETING LLC	ALPHA OPTICAL PLYMOUTH MEETING LLC	87-3974984
SNJ CONSULTING	SNJ BILLING	46-0734006
PACESETTER CONSTRUCTION, INC.	PACESETTER CONSTRUCTION, INC.	58-0165544
ISL EMPLOYEES, INC.	THE REMINGTON	13-4212788
SAMMIEB LLC	PAYMENT PROCESSING ALLIANCE	90-0513684
BRIGHTON SENIOR CARE LLC	THE LANDING OF BRIGHTON	81-2155822
DISCOVERY MISSOURI EMPLOYER LLC	GARDEN VILLAGE	93-4088733
LANDING SENIOR CARE LLC	THE LANDING OF POUGHKEEPSIE	81-2133121
KEYS FURNITURE CONNECTION, INC.	ROYAL FURNITURE	65-0335802
GUARDIAN ONE, LLC	GUARDIAN LENDING	87-0893207
CENTER FOR WEALTH MANAGEMENT LLC	CENTER FOR WEALTH MANAGEMENT LLC	56-2408580
ALETHEIA DIGITAL, LLC	ALETHEIA DIGITAL, LLC	82-1215356
PORTABLE STORAGE SOLUTIONS LLC	RED ROVER	93-3882915
FAMILY AND CHILDRENS SERVICE	FAMILY AND CHILDRENS SERVICE	62-0499284
ATHENS SH OPCO LLC	THE GOLDTON AT ATHENS	83-4534978
SC JOPLIN 32 LLC	HILTON GARDEN INN JOPLIN	26-1147316

M.A. GLASS & MIRROR, LLC	M.A. GLASS & MIRROR, LLC	35-2506935
FINDING SERENITY 2, LLC	MASSAGE HEIGHTS	81-1687154
PINSTRIPE VENTURES, INC.	ROOSTERS MEN'S GROOMING CENTER	45-3856111
ELITE PERSONAL CARE LLC	ELITE PERSONAL CARE	46-3704452
TWISTED BISCUIT, LLC	TWISTED BISCUIT DINER	83-4191967
PSL ASSOCIATES LLC	NORTH POINT VILLAGE ASSISTED LIVING AND MEMORY	83-1427127
PSL ASSOCIATES LLC	SOUTH HILL VILLAGE ASSISTED LIVING AND MEMORY C	83-1427127
PSL ASSOCIATES LLC	GIG HARBOR COURT INDEPENDENT LIVING AND ASSIST	83-1427127
PSL ASSOCIATES LLC	THE RIVERS AT PUYALLUP INDEPENDENT LIVING AND A	83-1427127
WALLY'S AMERICAN PUB & GRILLE	WALLY'S AMERICAN PUB & GRILLE	02-0566631
MAXXIM ENERGY SOLUTIONS LLC	MAXXIM ENERGY SOLUTIONS LLC	93-2072171
J BAR J MANAGEMENT, INC	J BAR J MANAGEMENT, INC	45-2751803
CONSOLIDATED MACHINE CORPORATION	CONSOLIDATED STERILIZER SYSTEMS	04-2060296
F. P. FENSEL SUPPLY COMPANY	F. P. FENSEL SUPPLY COMPANY	56-0937366
FSR CERTIFIED PUBLIC ACCOUNTANTS, LTD.	FSR CERTIFIED PUBLIC ACCOUNTANTS, LTD.	20-2176851
MONEY CONCEPTS CAPITAL CORP	MONEY CONCEPTS CAPITAL CORP	59-2268067
KYLE'S CUSTOM WOOD SHOP, INC.	KYLE'S CUSTOM WOOD SHOP	82-0443694
AMBROSIA & COMPANY	BOBBY'S GIRL INC	58-2296278
GWN SECURITIES, INC	GWN SECURITIES, INC	65-0939556
AMERICAN COUNCIL OF ENGINEERING COMPANIES OF INI	ACEC INDIANA	35-1101396
IRWIN AND IRWIN LLP	IRWIN AND IRWIN LLP	27-4946181
AUTO LENDING FINANCE, LLC	AUTO LENDING FINANCE, LLC	82-3767705
TRUCKNTOW.COM, INC.	TRUCKNTOW.COM, INC.	38-3530690
AMERICAN DENTAL SERVICES, LLC	AMERICAN DENTAL SERVICES, LLC	85-4121412
MIDLAND CREDIT UNION	MIDLAND CREDIT UNION	42-0816632
T & K VENTURES, LLC	T & K VENTURES, LLC	20-3200922
HHG PFLUGERVILLE LLC	HHG PFLUGERVILLE LLC	47-1040836
LUBELL AND ROSEN, LLC	LUBELL AND ROSEN, LLC	65-1014713
GARDENS OF SUN CITY EMPLOYEES LLC	THE GARDENS OF SUN CITY	87-2966075
GLOBE TRACKER AMERICA, INC.	GLOBE TRACKER AMERICA, INC.	82-1931276
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT BAKERSFIELD	81-2312232
BELGRADE AUTO SUPPLY, INC.	BELGRADE AUTO SUPPLY, INC.	86-2046326
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT NAPLES AL	81-2198145

BDLR GROUP, INC.	BDLR GROUP, INC.	68-0495023
PITCHER PLUMBING LLC	PITCHER PLUMBING LLC	35-2552842
SUBSEA TECHNOLOGY AND RENTALS INC.	SUBSEA TECHNOLOGY AND RENTALS INC.	32-0638283
LBJ & T INC.	BOWLING WORLD	62-1006193
DISCOVERY FLORIDA EMPLOYER LLC	ASTON GARDENS AT THE COURTYARDS	81-2198145
DISCOVERY FLORIDA EMPLOYER LLC	ASTON GARDENS AT SUN CITY CENTER	81-2198145
LA LIFT SERVICES, LLC	LA LIFT SERVICES, LLC	82-1363969
DISCOVERY FLORIDA EMPLOYER LLC	ASTON GARDENS AT PELICAN MARSH	81-2198145
GRAY & CREECH INC.	GRAY & CREECH	32-0283192
DISCOVERY FLORIDA EMPLOYER LLC	ASTON GARDENS AT PARKLAND COMMONS	81-2198145
DISCOVERY FLORIDA EMPLOYER LLC	ASTON GARDENS AT TAMPA BAY	81-2198145
PURE MEDICAL, INC.	PURE MEDICAL, INC.	83-2858656
DISCOVERY FLORIDA EMPLOYER LLC	ASTON GARDENS AT PELICAN POINTE	81-2198145
NM 6829 LLC	THE UPS STORE	81-4066852
R AND R MILLWORK, INC	R AND R MILLWORK, INC	75-2678575
THIS UPTOWN GIRL LLC	THIS UPTOWN GIRL LLC	91-3510395
METLIFE - AUTO AND HOME	METLIFE - AUTO AND HOME	13-2725441
RALPH G. POWELL III	AMERIPRISE FINANCIAL-POWELL	27-5070732
THE AMERICAN CRAFT SPIRITS ASSOCIATION	ACSA	46-1852001
BLUE HILL MARKETING SOLUTIONS, INC	LIFTENGINE	20-3022273
DEEP HOSPITALITY LLC	DEEP HOSPITALITY LLC	85-4213360
ORTHO WMM LLC	PALM BEACH SPINE AND PAIN INSTITUTE	93-4282670
DENCO SOLUTIONS, LLC	DENCO SOLUTIONS, LLC	84-3622192
CHILDREN'S CARE PL	CHILDREN'S CARE PL	65-1033233
DAVID S MEYERS	MEYERS WEALTH MANAGEMENT	27-1987735
CALLBOX STORAGE LLC	CALLBOX STORAGE LLC	81-1994756
KELLEY BUICK GMC, INC.	KELLEY BUICK GMC, INC.	27-4428472
CULLIMORE & COLEMAN, PLC	CULLIMORE & COLEMAN, PLC	45-4721721
TOPANGA ROSCOE CORP	TOPANGA WEST GUEST HOME	95-2754078
KC HEALTHY KIDS	KC HEALTHY KIDS	20-4613795
DIALECTIC CAPITAL MANAGEMENT, LIMITED PARTNERSHII	DIALECTIC CAPITAL MANAGEMENT, LIMITED PARTNERS	20-0038352
ISL EMPLOYEES, INC.	THE TERRACES OF ROSEVILLE	13-4212788
PIKE & 7TH F&B MANAGEMENT LLC	ALDER AND ASH	92-1425054

AFTERBURNER, INC.	HANGAR PUB AGAWAM	04-3479856
IMAGINE BUILDERS LLC	IMAGINE BUILDERS LLC	20-4528466
LYON ENGINEERING & SURVEYING INC	LYON ENGINEERING	86-0786985
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA ASHEBORO	85-3437133
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA LITTLE AVENUE	85-3437133
B.O.M.A.	B.O.M.A.	86-0312533
STEAMBOAT DOWNTOWNER, LLC	STEAMBOAT DOWNTOWNER, LLC	87-3043176
RSS CAMDEN OPERATIONS LLC	THE LEGACY OF CAMDEN	87-1985817
RSS HARTSVILLE OPERATIONS LLC	THE LEGACY OF HARTSVILLE	87-2010501
SOUTH FLORIDA FINANCIAL SERVICES LLC	SOUTH FLORIDA FINANCIAL SERVICES LLC	92-1503197
MEGAWATTAGE LLC	MEGAWATTAGE LLC	41-2286566
SUNNY VISTA LIVING CENTER	SUNNY VISTA LIVING CENTER	84-0438016
RSS NORTH MYRTLE BEACH OPERATIONS LLC	THE LEGACY OF NORTH MYRTLE BEACH	87-2047981
ADLER MANAGEMENT, LLC	ADLER MANAGEMENT, LLC	41-1858617
OVERSEAS MEDIA GROUP, LLC	OVERSEAS MEDIA GROUP, LLC	85-3774121
RSS LEXINGTON OPERATIONS LLC	THE LEGACY OF LEXINGTON	87-2062489
RSS ORANGEBURG OPERATIONS LLC	THE LEGACY OF ORANGEBURG	87-1966340
BRISAM VERNON LLC	HAMPTON INN MT. VERNON	26-1147052
CRANFORD BREWING, LLC	CRANFORD BREWING, LLC	87-3226519
COURAGE CAPITAL MANAGEMENT LLC	COURAGE CAPITAL MANAGEMENT LLC	62-1746134
TEAM ABC, LLC	TEAM ABC, LLC	46-4246564
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	THE PALMS OF MOUNT PLEASANT	82-2370236
ORTHO RSG LLC	HOMESTEAD ORTHOPAEDIC ASSOCIATES	99-0507070
BROOKLANDS LLC	HEART OF RACING TEAM	82-3653996
THREE FEATHERS OPERATING I, LLC	UBREAKIFIX	83-0980838
JTM HOME CARE INC	GRISWOLD HOME CARE	46-2153825
HELVIC ENGINEERING AND CONSTRUCTION LLC	TROMTECH	85-0908880
058 MASSMUTUAL CENTRAL US - MERGED	058 MASSMUTUAL CENTRAL US - MERGED	00-0000000
THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.	THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.	59-1801747
THE RANGE 1818 OPCO, LLC	MADISON AT THE RANGE	83-4534978
ITALY LUXURY TRAVEL LLC	ITALY LUXURY TRAVEL LLC	87-1526389
CONFISCATED ASSETS AUCTIONEERS CORP	CONFISCATED ASSETS AUCTIONEERS CORP	87-4461117
US FITNESS REPAIRS, LLC	US FITNESS REPAIRS, LLC	99-0818133

THE FUEL CELL, INC.	THE FUEL CELL, INC.	65-0708534
PROGRESSIVE TURNOUT PROJECT	PROGRESSIVE TURNOUT PROJECT	47-4414152
ABILIT HOLDINGS GLENWOOD PLACE LLC	GLENWOOD PLACE	32-0595245
LAW OFFICES OF STEPHANIE LAKE, P.C.	LAW OFFICES OF STEPHANIE LAKE, P.C.	86-0843474
ABILIT HOLDINGS GARNETT PLACE LLC	GARNETT PLACE	37-1932264
LPH VENTURES, LLC	JIMMY JOHNS	81-2188193
ABILIT HOLDINGS SUNSET PARK PLACE LLC	SUNSET PARK PLACE	36-4929623
ONE WHIRLD, INC	JAMBA JUICE	46-3990039
DISCOVERY IOWA EMPLOYER LLC	PRAIRIE HILLS AT INDEPENDENCE	92-3039264
MRT 58 RESTAURANT, LLC	BAR 58	81-1776772
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT THE FORUM IL	81-2198145
EMERGENCHEALTH SERVICES, PLLC	EMERGENCHEALTH SERVICES, PLLC	84-2412845
ACTA LABORATORIES, INC.	ACTA LABORATORIES	33-0387243
PERFORMANCE WEALTH PARTNERS, LLC	PERFORMANCE WEALTH PARTNERS, LLC	86-1241865
DISCOVERY AT HOME IN TEXAS INC	DISCOVERY AT HOME TEXAS	76-0798338
SP EMPLOYEES, LP	SP EMPLOYEES, LP	81-3390975
BRANDENBURG CONSULTING LLC	OPUSLEX PARTNERS	83-1828151
WEALTHPOINT, LLC	WEALTHPOINT, LLC	27-2564995
CAREER LINKS, LLC	CAREER LINKS, LLC	99-0620289
POWERHOUSE HOME SERVICE LLC	POWERHOUSE SWFL	83-1051685
ILA EDUCATION INC.	ILA EDUCATION INC.	84-4980717
WATER ISLAND CAPITAL, LLC	WATER ISLAND CAPITAL, LLC	13-4100544
GREENSTONE MH PARK, LP	GREENSTONE MH PARK, LP	81-4817379
SNRP WEST 37 LLC	HILTON GARDEN INN WEST 37TH STREET/TIMES	46-4372313
HIALEAH AUTO TAG AGENCY INC	HIALEAH AUTO TAG AGENCY INC	27-3349396
HEBREW AT THE CENTER, INC.	HEBREW AT THE CENTER, INC.	39-2076615
W.C. WORKS, INC.	W.C. WORKS, INC.	61-1485947
MANCI GRAPHICS, INC.	ALLEGRA MARKETING	59-3398701
CHEERSYOU INTERNATIONAL CONSULTING INC.	CHEERSYOU INTERNATIONAL CONSULTING INC.	81-1300838
CLINICAL PHARMACOLOGY SERVICES	CLINICAL PHARMACOLOGY SERVICES	59-2986827
WHITEWATER MAINTENANCE CORPORATION	WHITEWATER MAINTENANCE CORPORATION	95-4557477
MARTINSEN WEALTH MANAGEMENT, LLC	MARTINSEN WEALTH MANAGEMENT, LLC	30-0833011
OAKWOOD DENTAL ARTS FREEHOLD, LLC	OAKWOOD DENTAL ARTS FREEHOLD, LLC	27-2550552

AA PRECAST PRODUCTS, INC.	AA PRECAST PRODUCTS, INC.	34-1986157
SLI INC	SEALINK INTERNATIONAL, INC.	20-0244097
RSS/CARTERSVILLE OPERATIONS LLC	RSS/CARTERSVILLE OPERATIONS LLC	87-4410859
MISSISSIPPI PARK CONNECTION	MISSISSIPPI PARK CONNECTION	87-0786530
SAVANNAH DOWNTOWNER LLC	SAVANNAH DOWNTOWNER LLC	82-2019608
FWL TRANSPORTATION LLC	FWL TRANSPORTATION LLC	99-3252699
DISCOVERY XT EMPLOYER LLC	THE LANDING OF BRIGHTON	81-2312232
NATIVE WAY BLEND, LLC	DUNKIN DONUTS	26-4563000
ASAP INSPECTIONS LLC	INSPECTIONXPRESS	33-2487165
ATLAS SENIOR LIVING II, LLC	MONARK GROVE GREYSTONE	83-4534978
GUARDIAN CARE MANAGEMENT AND BENEFITS SERVICES	GUARDIAN CARE MANAGEMENT AND BENEFITS SERVIC	20-3113833
THE GENESIS GROUP INC	THE GENESIS GROUP INC	83-4326065
H & H WORKERS COOPERATIVE, LLC	H & H BUILDERS LLC	33-4470945
M & E CONSULTING, INC.	ABC SLEEP DISORDERS CENTER	95-4762160
DOUGLAS A DUVALL SPECIAL NEEDS TRUST	DOUGLAS A DUVALL SPECIAL NEEDS TRUST	36-7429818
BRAZILIAN MEATS INC.	RODIZIO GRILL VOORHEES	45-5568173
OSWALES CARE HAVEN, LLC	THE LANDINGS OF DOUGLAS	33-4578623
HANNA OAKS OPERATING, LLC	HANNA OAKS CENTER FOR INDEPENDENT AND ASSISTI	81-2802121
477 CORPORATION	MEINEKE CAR CARE CENTER #477	92-3701708
DAN MADISON & CO., INC.	DAN MADISON & CO., INC.	86-0653148
OCEAN BAY MANAGEMENT	OCEAN BAY MANAGEMENT	26-2115318
ONWARD INVESTORS	ONWARD INVESTORS, LLC	45-4978556
A4 HOSPITALITY INC.	A4 HOSPITALITY INC.	81-3686237
DANIEL MORGAN DDS, INC	LIL SMILE BUILDERS CHILDREN'S DENTISTRY	45-5417739
VENUWORKS OF GRAND ISLAND, LLC	VENUWORKS OF GRAND ISLAND, LLC	33-1504330
TECHNETIX, INC	TECHNETIX, INC	26-0700115
BESPOKE LUXURY MARKETING LLC	BESPOKE LUXURY MARKETING LLC	81-5466462
S.J. COLLINS ENTERPRISES, LLC	S.J. COLLINS ENTERPRISES, LLC	33-1052296
BY WORD OF MOUTH, LTD	BY WORD OF MOUTH, LTD	41-2019088
DISCOVERY NEW JERSEY EMPLOYER LLC	SUMMIT PLACE	87-3221316
STORAGE EXPRESS I, LLC	STORAGE EXPRESS I, LLC	20-4186813
GUERRA ACCOUNTING AND CONSULTING, LLC	BLUM AND BLUM CPA	81-2263570
MONTBELLO DOWNTOWNER, LLC	MONTBELLO CONNECTOR	87-1238907

PALM BAY ASSOCIATION, INC.	PALM BAY CLUB	59-1368543
DISCOVERY NORTH CAROLINA EMPLOYER LLC	MORNINGSIDE OF WILMINGTON	85-3437133
MEDICAP PHARMACY - STORE 7	MEDICAP PHARMACY - STORE 7	45-0514276
O'BRIEN PLANNING GROUP INC.	O'BRIEN PLANNING GROUP INC.	93-4502705
CONVERGENT RISKS INC	CONVERGENTDS	30-1029098
ABILIT HOLDINGS CLOVER RIDGE PLACE LLC	CLOVER RIDGE PLACE	37-1947499
MEDICAP PHARMACY - STORE 29	MEDICAP PHARMACY - STORE 29	39-1886478
NEPTUNE DENTAL MANAGEMENT PARTNERS LLC	NEPTUNE DENTAL MANAGEMENT PARTNERS LLC	88-2631481
THE FLOORING PRO'S INC	THE FLOORING PRO'S INC	26-2637195
SLG LIGHTING INC	SLG LIGHTING GROUP	99-1586688
BUS1818SLIG OPCO, LLC	LEGACY RESERVE OLD TOWN	83-4534978
EQUITABLE REAL ESTATE LLC	EQUITABLE REAL ESTATE LLC	87-4185489
RESTAURATEUR GROUP, INC.	DUNKIN DONUTS/BASKIN ROBBINS	20-5740847
BOAVIDA HOMES, LLC	BOAVIDA HOMES, LLC	35-2664911
BLIND AND SHUTTER GALLERY, INC	BLIND AND SHUTTER GALLERY, INC	03-0433903
CGK RESTAURANTS, INC.	CENTRAL PIZZA	04-3458566
CHAIRES, BROODERSON & GUERERO, P.L.	CHAIRES, BROODERSON & GUERRERO, P.L.	20-5771252
DISCOVERY ILLINOIS EMPLOYER LLC	ADDINGTON PLACE OF COLLINSVILLE	93-4107430
STEVE PETERS INSURANCE AGENCY	STEVE PETERS INSURANCE AGENCY	20-1471674
1977 SERVICES, LLC	1977 SERVICES, LLC	46-4325327
DNJ AIR CONDITIONING SERVICES INC.	DNJ AIR CONDITIONING SERVICES INC.	83-3258242
409 MAIN HAINES ASPEN, LLC	ASPEN HAINES	33-2694788
PM SAINT JAMES LLC	DUNKIN DONUTS- (PM SAINT JAMES LLC)	93-3176688
XPLOR EDUCATION, INC.	XPLOR EDUCATION ,INC.	82-4524465
CITY OF SAN ANTONIO WESTSIDE DEVELOPMENT CORPO	CITY OF SAN ANTONIO WESTSIDE DEVELOPMENT CORI	38-3765724
GREENE STREET ENTERPRISES INC	WHITE OAK TAVERN	46-4227786
ROOSTER ROOFING, LLC	ROOSTER ROOFING, LLC	99-3350210
CONCERT CRESTVIEW, LLC	CONCERT CRESTVIEW, LLC	81-2886043
SENIOR HOUSING HEALTH CARE INC	WILLOWS LANDING	20-3308829
CONCERT SAND CREEK, LLC	CONCERT SAND CREEK, LLC	47-1666353
INCREDIBOWL ENTERTAINMENT-TOLEDO, LLC	INCREDIBOWL ENTERTAINMENT	88-4262246
CENTRAL PHOENIX OBSTETRICS AND GYNECOLOGY	CENTRAL PHOENIX OBSTETRICS AND GYNECOLOGY	86-0528656
BRIDGE SENIOR LIVING LLC	THE ENCLAVE OF EAST LOUISVILLE	20-1457828

DISCOVERY NEW MEXICO EMPLOYER LLC	SOLSTICE AT LAS CRUCES	85-4217069
DISCOVERY WISCONSIN EMPLOYER LLC	LAKEHOUSE CHIPPEWA FALLS	92-3224466
RODRIGUES MANAGEMENT, INC.	RODRIGUES MANAGEMENT, INC.	06-1319589
SERENITY EMPIRE AT MARIETTA, LLC	SERENITY EMPIRE AT MARIETTA	99-3211714
OLSON RESTORATION INDY, LLC	OLSON RESTORATION INDY, LLC	84-4733661
ST. CLOUD DONUTS, INC.	DUNKIN DONUTS/ST. CLOUD DONUTS, INC.	06-1319590
ONEFORCE RESTORATION ATX, LLC	ONEFORCE RESTORATION ATX, LLC	84-4620035
GOLDEN GLOBAL GOODS, INC	ROCKY MOUNTAIN SODA	84-1487840
DOUBLE DIAMOND INVESTMENT GROUP LLC	DOUBLE DIAMOND INVESTMENT GROUP LLC	27-1252338
COMMON GROUND CULINARY, INC.	COMMON GROUND CULINARY, INC.	47-5277869
ASK PRIVATE WEALTH MANAGEMENT LLC	ASK PRIVATE WEALTH MANAGEMENT LLC	84-3395338
CONCERT INDIAN SPRING OPCO, LLC.	INDIAN SPRING COUNTRY CLUB	87-2922562
ARR MANAGEMENT, LLC	ARR MANAGEMENT, LLC	45-4126592
JMK HOLDINGS, LLC	LARSON JEWELERS	26-0702227
COMPASS CONSULTING GROUP, INC.	COMPASS CONSULTING GROUP, INC.	26-3252346
E/L PROPERTIES, LLC	URBAN PHENIX, LLC	27-2152135
THE FLY INN LLC	THE FLY INN	93-3042430
LEGAL AID SOCIETY OF SAN BERNARDINO	LEGAL AID SOCIETY OF SAN BERNARDINO	95-1997024
ASSOCIATES IN PEDIATRIC DENTISTRY, LLC	ASSOCIATES IN PEDIATRIC DENTISTRY, LLC	35-1785877
FAMILY HOME CENTER OF HOMOSASSA, LLC	FAMILY HOME CENTER OF HOMOSASSA, LLC	59-3734378
ROADMASTER TRUCKING INC.	ROADMASTER TRUCKING INC.	90-0200660
EFT AUTO 1 LLC	MEINEKE CAR CARE CENTER	93-2319738
FAMOUS FOODS OF RICHMOND, INC.	LEE'S FAMOUS RECIPE CHICKEN	34-1125779
LOLA'S FINE SAUCES, INC.	LOLA'S FINE HOT SAUCE	84-3585885
HEADSTORMAI, LLC	HEADSTORM	33-4622735
DOYLE'S OUTPOST, LLC	DOYLE'S OUTPOST, LLC	83-1940987
GIL SHARON CAPITAL LLC	GIL SHARON CAPITAL LLC	86-2387532
GLASSICAL DESIGNS, INC.	GLASSICAL DESIGNS, INC.	33-0941802
ISL EMPLOYEES, INC.	KILEY RANCH SENIOR LIVING	13-4212788
VELOCITY AUTOMOTIVE HOLDINGS, LLC	MEINEKE CAR CARE ASHEVILLE	93-2373753
TOWNLEY KENTON, INC.	TOWNLEY KENTON, INC.	11-3673736
JONIE DODGENS	JB HOMECARE REFERRAL SERVICE	68-0481849
ORTHO NMF LLC	FORT ORTHOPEDIC HAND CENTER	99-4849681

BLEGCO MASONRY, INC	BLEGCO MASONRY, INC	20-2210848
COLUMBUS HOSPITALITY, LLC.	HYATT PLACE WORTHINGTON (Internal Use Only)	31-1751326
LUCKY PEAK GROUP, LLC	BIG O TIRES - IDAHO	88-2155720
ETF AUTO 3 LLC	MEINEKE CAR CARE CENTER	93-2367929
RIVER WATER REVIVAL LLC	MASSAGE HEIGHTS	39-4252314
DISCOVERY XT EMPLOYER LLC	MEADOWVIEW PLACE	81-2312232
OPTHALMIC PLASTIC SURGERY	OPHTHALMIC PLASTIC SURGERY, INC	35-1519721
PREMISES COMMERCIAL REAL ESTATE LLC	PREMISES COMMERCIAL REAL ESTATE LLC	84-4124931
52 WILLIAM STREET PROPCO LLC	52 WILLIAM STREET PROPCO LLC	86-3076221
RSS/NEW BERN OPERATIONS LLC	NAVION OF NEW BERN	93-3875277
CARRIE LANDESS, M.D., P.A.	CARRIE LANDESS, M.D., P.A.	65-0736955
THE FLOYD INVESTMENT GROUP, INC.	THE FLOYD INVESTMENT GROUP, INC.	81-1202130
DISCOVERY NORTH CAROLINA EMPLOYER LLC	THE HAVEN AND LAURELS IN THE VILLAGE AT CAROLIN	85-3437133
SOUTHERN DISASTER RECOVERY LLC	SOUTHERN DISASTER RECOVERY LLC	45-5312400
ETANA CUSTODY, INC.	ETANA CUSTODY, INC.	86-2659659
NAPLES ART ASSOCIATION INC.	NAPLES ART ASSOCIATION INC.	59-1022882
QUALITY GEARS INC	ASSOCIATED GEAR	27-4672907
TDY MEDICAL STAFFING INC.	TDY MEDICAL STAFFING INC.	26-2267845
OCOEE 1818 OPCO, LLC	MADISON AT OCOEE	83-4534978
VHA SOUTHEAST, INC.	VIZIENT SOUTHEAST	59-2550614
A & E EQUIPMENT & SALES, INC.	A & E REPAIR	59-3422339
PANAMA CITY BEACH MINISTRIES, INC	THE POUR COFFEE AND COMMUNITY	59-1452054
WILSON KO, M.D., F.A.C.S., P.C.	WILSON KO, M.D., F.A.C.S., P.C.	11-3464111
YOUR TAILOR MADE SENIOR SERVICE INC	YOUR TAILOR MADE SENIOR SERVICE	92-1796693
ISL - ST CLOUD, LLC	ISL - ST CLOUD, LLC	86-3730945
PHILLIPS CONCRETE CONSTRUCTION	PHILLIPS CONCRETE CONSTRUCTION	62-1704008
TAPPAHANNOCK RTO, LLC	TAPPAHANNOCK RTO, LLC	87-2369248
TROPICAL IMAGING CENTERS, L.L.C.	TROPICAL MRI	82-1343440
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA INDIAN TRAIL	85-3437133
OPTIMUM STRATEGIES GROUP CORP	OPTIMUM STRATEGIES GROUP CORP	58-2539909
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE STONE OAK	81-2312232
CAPSTONE HOSPITALITY LLC	CAPSTONE HOSPITALITY LLC	47-3218031
GOALVEST ADVISORY LLC	GOALVEST ADVISORY LLC	81-1845290

DWORETSKY FINANCIAL LLC	DWORETSKY FINANCIAL	81-1066033
J.L. PERKINS WEALTH MANAGEMENT, LLC	J.L. PERKINS WEALTH MANAGEMENT, LLC	46-4691253
MARY ALICE FORTIN CHILDCARE FOUNDATION	FORTIN FAMILY DEVELOPMENT CENTER	65-0244281
J. DOUGLAS PARKER CONSULTING, INC.	ELEVATE MARKETING ADVISORS	82-3411992
FRIENDLY DENTAL MANAGEMENT, INC.	FRIENDLY DENTAL MANAGEMENT, INC.	47-1129504
DISCOVERY NORTH CAROLINA EMPLOYER LLC	INDEPENDENCE VILLAGE OF OLDE RALEIGH	85-3437133
BRIDGE SENIOR LIVING LLC	THE GRANDE AT SOUTH PORTLAND	20-1457828
COLFAX AND STUDIO L PARTNERS, LLC	COLFAX	93-1448991
CL INDUSTRIES, INC.	CHICAGOLAND CFS AND WAREHOUSING	86-1906617
NOTIONAL DEVELOPMENT PARTNERS LLC	NOTIONAL DEVELOPMENT PARTNERS LLC	80-4936580
ALTA VISTA VETERINARY HOSPITAL	ALTA VISTA VETERINARY HOSPITAL	20-4771828
COMPUTER TELEPHONY INNOVATIONS, INC.	VOXTELESYS	47-0840510
JL 35TH AVENUE HOTEL, LLC	RESIDENCE INN ANCHORAGE MIDTOWN	82-2339025
MR. LOCK INC	MR. LOCK	75-2337541
BIG SMILE DENTISTRY, INC.	BIG SMILE DENTISTRY, INC.	46-1106073
DISCOVERY MISSOURI EMPLOYER LLC	COLLEGE VIEW MANOR	93-4088733
CONCERT PLANTATION OPCO, LLC.	PLANTATION GOLF AND COUNTRY CLUB	87-2991498
EASYFISH MARKETING, LLC	EASYFISH MARKETING, LLC	26-4411295
CAMBRIDGE FITNESS OF WILLOWICK, LLC	CAMBRIDGE FITNESS OF WILLOWICK, LLC	46-5067419
DISCOVERY TENNESSEE EMPLOYER II LLC	THE POINTE AT LIFESPRING SENIOR LIVING	92-2793271
DISCOVERY COLORADO EMPLOYER LLC	THE PEAKS AT OLD LARAMIE TRAIL	92-2819317
INLET PRIVATE WEALTH, LLC	INLET PRIVATE WEALTH, LLC	83-1074260
LIVE WIRE NETWORKS, INC.1552	LIVE WIRE NETWORKS, INC.	74-2918264
CALEDONIA VETERINARY SERVICES	LA CRESCENT ANIMAL CARE	20-0557795
BASIC CHANGE, INC	BASIC CHANGE, INC	20-0991407
CHALICE ENTERPRISE SOLUTIONS LLC	CHALICE ENTERPRISE SOLUTIONS LLC	82-2235329
ALDER ACRES MHP LLC	ALDER ACRES MHP LLC	87-1573332
ATANASOFT, LLC	ATANASOFT, LLC	80-0012631
ACADEMIA FURNITURE LLC	ACADEMIA FURNITURE INDUSTRIES	82-0570075
GREENS FORK ANIMAL HOSPITAL	GREENS FORK ANIMAL HOSPITAL	35-2021179
MALI LLC	MALI LLC	27-0256436
HEALTH CONCEPTS PARTNERS, INC.	HEALTH CONCEPTS PARTNERS, INC.	22-3499491
GRAND BAY RESIDENCES CONDO ASSOC.	GRAND BAY RESIDENCES CONDO ASSOC.	65-0700067

CARTER ANESTHESIA ASSOCIATES PLLC	CARTER ANESTHESIA ASSOCIATES PLLC	81-4579846
MAGNIFICA AIR1 LLC	MAGNIFICA AIR1 LLC	92-3471345
AARON J EVANS OD PA	SEAVIEW OPTOMETRIST	46-2847620
MEINECKE EQUIPMENT LLC	SOUTH STAR JCB	87-2856968
FOX TANK COMPANY	FOX TANK COMPANY	65-0343739
BLENTECH CORPORATION	BLENTECH CORPORATION	68-0101106
RESURRECTION MCC	RESURRECTION MCC	74-1949182
LASER PERIPHERALS, LLC	LP SURGICAL FIBERS	41-1932125
PROCACCI DOLPHIN LLC	HILTON, GARDEN INN-MIAMI DOLPHIN MALL	46-1039818
WEALTHPOINT BUSINESS ADVISORY SERVICES, LLC	WEALTHPOINT BUSINESS ADVISORY SERVICES, LLC	87-4008879
GLV INSURANCE AGENCY, INC.	GLV INSURANCE AGENCY, INC.	65-1124055
ORTHO MRM LLC	MIJARES ORTHOPEDICS	99-1431447
FX DESIGN AND PRODUCTION, LLC	FX DESIGN AND PRODUCTION, LLC	92-1123102
ECONO AUTO PAINTING OF NASHVILLE, INC.	ECONO AUTO PAINTING OF NASHVILLE, INC.	62-1525119
TRIARC TANK, LLC	TRIARC TANK	88-3622945
COOKIN' ON WOOD	COOKIN' ON WOOD	86-1028034
SPEEDY CASH, INC.	SPEEDY CASH, INC	35-2224417
MEMPHIS MHPS	MEMPHIS MHPS	87-2056382
SERIOUS SUBS, INC	SERIOUS SUBS, INC	81-2756323
ZEKAJA, L.L.C.	ZEKAJA LLC	83-3551663
BIG BEND CHEVROLET BUICK, LLC	BIG BEND CHEVROLET BUICK, LLC	81-4360949
W WRIGHT ENTERPRISES INC	MASSAGE ENVY GRAND PRAIRIE	20-3458516
KINLY, INC.	KINLY, INC.	20-2788939
TERRACES AT PARK MARINO LP	THE TERRACES AT PARK MARINO	94-3275910
GEOFFREY STEGER	GEOFFREY STEGER	84-4946129
C. TOMAN MD, LLC	C TOMAN MD	38-3918476
BEACON AUTO REPAIR LLC SERIES 12	MEINEKE CAR CARE OAK PARK	99-4266544
CONNECTED CARDIOVASCULAR CARE ASSOCIATES PLLC	CONNECTED CARDIOVASCULAR CARE ASSOCIATES PL	83-4154234
USER FRIENDLY TECHNOLOGY SERVICES, LLC	USER FRIENDLY TECHNOLOGY SERVICES, LLC	47-3199134
GOLF MAINTENANCE SOLUTIONS 2E, LLC	GOLF MAINTENANCE SOLUTIONS 2E, LLC	47-1325034
LIGHTWATER CAPITAL LLC	LIGHTWATER CAPITAL LLC	82-3413851
OPH HOTEL, LP	HIE AND SUITES NAPLES DOWNTOWN 5TH	30-0743316
VICTORY CHARTER SCHOOL K-5 INC.	VICTORY CHARTER SCHOOL K-5 INC.	85-0744931

DISCOVERY GEORGIA EMPLOYER LLC	SAVANNAH SQUARE	47-1855319
CELLDISTRIBUTIONS CORP.	METRO BY TMOBILE	90-0420352
NATIONAL REVIEW, INC.	NATIONAL REVIEW, INC.	13-1899384
FORCE WORLDWIDE LOGISTICS, INC.	FORCE WORLDWIDE LOGISTICS, INC.	82-4678782
CAROLINA RECYCLING AND CONSULTING, LLC	CAROLINA RECYCLING AND CONSULTING, LLC	46-3855518
NM FLAMINGO LLC	THE UPS STORE	84-2315498
DETMERS MANAGEMENT SERVICES, INC.	GHC	33-1022355
BURKHEAD ELECTRIC, LLC	BURKHEAD ELECTRIC, LLC	42-1466681
CLAREMONT BIOSOLUTIONS, LLC	CLAREMONT BIOSOLUTIONS, LLC	56-2571058
PNW PHARMACY, LLC	PNW PHARMACY, LLC	99-0546029
ARCUS CAPITAL PARTNERS, LLC	ARCUS CAPITAL PARTNERS, LLC	80-0197056
BEVERLY HILLS CAR CLUB, INC.	BEVERLY HILLS CAR CLUB, INC.	26-4085373
FARMERS COOPERATIVE TELEPHONE COMPANY	FARMERS COOPERATIVE TELEPHONE COMPANY	42-0654387
D-C COMMUNICATIONS, INC.	D-C COMMUNICATIONS, INC.	42-1356040
HEARTLAND YOUTH FOR CHRIST	HEARTLAND YOUTH FOR CHRIST	42-0845219
ORTHO FAS LLC	FELIX A. STANZIOLA MD	92-1397917
4.SCREEN INC.	4.SCREEN INC.	36-5068695
BLAKE MANAGEMENT GROUP, LLC	THE BLAKE AT HAMLIN	26-2991559
IWLC	IWLC	45-2932668
ANKENY SOCCER CLUB DBA IOWA RU	IOWA RUSH	42-1493872
MCMANUS ATESHOGLOU AIELLO AND APOSTOLAKOS PLL	MCMANUS ATESHOGLOU AIELLO AND APOSTOLAKOS P	47-5344171
FOOD FOR HEALTH INC	FOOD FOR HEALTH	88-2338789
GREEN HILLS PHARMACY	GREEN HILLS PHARMACY	62-0908816
NETWORTH PARTNERS, LLC	NETWORTH PARTNERS	45-2748885
C&S PHARMACY	LA BOTICA PHARMACY	27-3482584
ISL EMPLOYEES, INC.	THE VILLAGE AT SOUTHLAKE	13-4212788
3I PEOPLE, INC.	3I PEOPLE, INC.	03-0375372
APU TAX, LLC	APU TAX, LLC	84-4147544
CROSSROADS LIVE GROUP, INC.	CROSSROADS LIVE GROUP, INC.	83-2703696
GBSL STAFFING AL, LLC	THE RESERVE AT FAIRHOPE	82-3642396
LAKE MILLS PHYSICAL THERAPY, LLC	LAKE MILLS PHYSICAL THERAPY, LLC	47-1889045
TURNER IMPACT HR, LP	TURNER IMPACT HR, LP	81-4608804
D J MUELLER ENTERPRISES, INC.	AAMCO/MIDAS	46-1520532

SMART AI COMMUNITIES	SMART AI COMMUNITIES	33-1996358
NEWVENTURE OF JACKSONVILLE, INC.	NEWVENTURE OF JACKSONVILLE, INC.	59-3708254
DISCOVERY GEORGIA EMPLOYER LLC	PALMS OF LAKE SPIVEY	47-1855319
GRAVITAS ENTERPRISES	GRAVITAS ENTERPRISES	47-2742133
DWA MANAGEMENT, LLC	DWA MANAGEMENT, LLC	46-3627105
MIRAGE ESTATES HEMET, LLC	MIRAGE ESTATES HEMET, LLC	46-3378238
WILBERT BURIAL VAULT CO.	WILBERT BURIAL VAULT CO.	42-0621290
ARMEL JEWELERS, INC.	ARMEL JEWELERS, INC.	59-1212317
THE OPTIMA FOUNDATION INC.	THE OPTIMA FOUNDATION INC.	82-3745515
VISUAL EYES II, LLC	VISUAL EYES II, LLC	27-0888461
MENNA DEVELOPMENT & MANAGEMENT, INC.	MENNA DEVELOPMENT & MANAGEMENT	59-2438551
STAR RIDE KIDS, INC.	STAR RIDE KIDS, INC.	13-3636360
FCPF, LLC	FCPF, LLC	85-2721998
LQ MADISON HOSPITALITY, LLC	LAQUINTA INN	26-0342296
DISCOVERY XT EMPLOYER LLC	THE BAY	81-2312232
SAOL THERAPEUTICS INC.	SAOL THERAPEUTICS INC.	47-5206601
ECONO AUTO PAINTING OF FLORIDA, INC.	ECONO AUTO PAINTING OF FLORIDA, INC.	59-1642198
TRAVERSE CAPITAL MANAGEMENT LLC	TRAVERSE CAPITAL MANAGEMENT LLC	84-4784337
RICOLA USA INC	RICOLA USA INC	22-2775838
PARADISE VALLEY FAMILY MEDICINE, PC	PARADISE VALLEY FAMILY MEDICINE, PC	86-0996678
EXTREME INFRASTRUCTURE SERVICES, LLC	EXTREME INFRASTRUCTURE SERVICES, LLC	83-3367282
NCCO HOME CARE, LLC	NCCO HOME CARE, LLC	47-1831003
ROBINSON SPORTS, INC	FIT 2 RUN FL	14-1952328
CAMBRIDGE FITNESS OF GARFIELD HEIGHTS, LLC	CAMBRIDGE FITNESS OF GARFIELD HEIGHTS, LLC	46-1101603
RENEWABLE PRODUCTS MARKETING GROUP, LLC	RENEWABLE PRODUCTS MARKETING GROUP, LLC	41-2002538
SUPERIOR PRINTING, INC.	SUPERIOR PRESS	95-4439518
MAGNIFICA HOSPITALITY CORP.	MAGNIFICA HOSPITALITY CORP.	93-2697135
BIRCH CONTRACTING, LLC	BIRCH CONTRACTING, LLC	84-3499996
PORTLAND MOBILE ESTATES LLC	PORTLAND MOBILE ESTATES LLC	92-1384111
RBI PROPERTIES, INC.	RBI PROPERTIES, INC.	75-2643430
RIVER STRAND GOLF AND COUNTRY CLUB, INC.	RIVER STRAND GOLF AND COUNTRY CLUB, INC.	20-3650619
AAARK HEATING & AIR CONDITIONING INC.	AAARK TOTAL HOME SERVICES	84-0946230
JET CUTTING SOLUTIONS, INC.	JET CUTTING SOLUTIONS, INC.	02-0762030

ROOT COMPANY	ROOT COMPANY	59-3133336
ALUMINUM & GLASS DOOR, INC.	ALUMINUM & GLASS DOOR, INC.	65-0615858
WESTLAKE IMPORTS LLC	WESTLAKE IMPORTS	82-0725056
ALCOSTA CAPITAL MANAGEMENT INC	ALCOSTA CAPITAL MANAGEMENT INC	81-0587139
SPRIM US LLC.	SPRIM US LLC.	46-1671733
KIDZ KAROUSEL, LLC	KIDZ KAROUSEL, LLC	35-2282942
MICHAEL CLIFTON INSURANCE AGENCY	MICHAEL CLIFTON INSURANCE AGENCY	47-5470017
BUSINESS DEVELOP BOARD OF PB	BUSINESS DEVELOP BOARD OF PB	59-2169828
SCENIC INDUSTRIES LLC	SCENIC INDUSTRIES LLC	20-2944140
THE L CORPORATION	FORMULA ROOFING AND REMODELING	27-4115862
INWOOD CROSSING SENIOR LIVING, LLC	INWOOD CROSSING	35-2644923
BRIARWOOD MEMBERSHIP ASSOCIATION	BRIARWOOD GOLF CLUB	82-5090406
INSIGHT ASSURANCE LLC	INSIGHT ASSURANCE LLC	85-4026395
CLARK DENTAL GROUP PC	CLARK DENTAL GROUP PC	33-1261051
PRO PLUS OF NEW YORK, INC	PRO PLUS OF NEW YORK, INC.	46-5741906
LONGEVITY SENIOR LIVING GRANITE CITY MC OPERATOR	LONGEVITY SENIOR LIVING GRANITE CITY MC OPERATC	39-3772780
PREMIER BIOTECH LABS, LLC	PREMIER BIOTECH LABS, LLC	46-3105871
A KIDS PLACE OF TAMPA BAY, INC.	A KIDS PLACE OF TAMPA BAY, INC.	26-2757636
DISCOVERY COLORADO EMPLOYER LLC	RIVARIA EL CAMINO	92-2819317
ABILIT HOLDINGS (MANNING) LLC	MANNING SENIOR LIVING	36-4889790
COLUMBUS HOSPITALITY, LLC.	HILTON HOTEL EVENT AND CONFERENCE CENTER (INT	31-1751326
NEXTSTEP SMILES, LLC	NEXTSTEP SMILES	87-2049584
ACTIVAIRE, LLC	ACTIVAIRE, LLC	11-3524189
MARINE CONCEPTS ACQUISTION, LLC	MARINE CONCEPTS	88-2737468
ENTERPRISE RADIOLOGY, P.C.	ENTERPRISE RADIOLOGY, P.C.	46-0797624
LJ WOBURN MANAGEMENT, LLC	AVIVA COUNTRY CLUB HEIGHTS	88-3558710
RB HEALTH PARTNERS INC	RB HEALTH PARTNERS INC	45-0512811
INTERLINK TRANSPORT LLC	INTERLINK TRANSPORT LLC	87-2398998
PARTNERS CAPITAL SOLUTIONS, INC.	PARTNERS CAPITAL SOLUTIONS, INC.	80-0345959
JND EDISCOVERY, LLC	JND EDISCOVERY, LLC	81-2834032
DISCOVERY TENNESSEE EMPLOYER II LLC	CREEKSIDE AT SHALLOWFORD	92-2793271
THE GOOD VIBE COMPANY	BIG O TIRES	82-2288841
COLUMBUS HOSPITALITY, LLC.	PARK ON MAIN HOTEL (Internal Use Only)	31-1751326

PANTHER HEALTH, LLC	PANTHER HEALTH, LLC	47-4153162
DIVERSIFIED SOLUTIONS INFRASTRUCTURE, LLC	DIVERSIFIED SOLUTIONS INFRASTRUCTURE, LLC	86-1600964
DISCOVERY OKLAHOMA EMPLOYER LLC	MORADA LAWTON	82-2714028
GROWSECURE INC	LAYMAN LEWIS FINANCIAL GROUP	90-0427723
ROBERT F KNIGHT & ASSOCIATES	ROBERT F KNIGHT & ASSOCIATES	86-0688583
SHADY GLEN MHP LLC	SHADY GLEN MHP LLC	39-3124096
BROOKVILLE COUNTRY CLUB INC	BROOKVILLE COUNTRY CLUB, INC.	11-0585380
WILKINS FINANCIAL AND INSURANCE SERVICES	WILKINS FINANCIAL AND INSURANCE SERVICES	15-7380207
DISCOVERY MISSISSIPPI EMPLOYER LLC	SUMMERHOUSE BEAU RIDGE IL	87-3200138
DISCOVERY MISSISSIPPI EMPLOYER LLC	SUMMERHOUSE BEAU RIDGE MC	87-3200138
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA SUMMERVILLE	82-2370236
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA MARCHBANKS	82-2370236
DISCOVERY LOUISIANA EMPLOYER LLC	SUMMERHOUSE PARK PROVENCE	81-1992644
DISCOVERY LOUISIANA EMPLOYER LLC	SUMMERHOUSE VISTA SHORES	81-1992644
CHESAPEAKE FINANCIAL STRATEGIES, LLC	CHESAPEAKE FINANCIAL STRATEGIES, LLC	52-2247544
DISCOVERY MISSISSIPPI EMPLOYER LLC	SUMMERHOUSE BAY COVE AL	87-3200138
DUCAT INVESTMENTS LLC.	CYPRESS LANES BOWLING	65-1165933
DISCOVERY MISSISSIPPI EMPLOYER LLC	SUMMERHOUSE BAY COVE MC	87-3200138
ST. LUCIE JEWELRY, INC.	ST. LUCIE JEWELRY, INC.	65-0494286
THP PORTFOLIO RESOURCES, LLC	THP PORTFOLIO RESOURCES, LLC	87-2322063
PSL ASSOCIATES, LLC	THE LEGACY AT TOWN SQUARE	83-1427127
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA SUMMIT	82-2370236
DOUG HENARD INSURANCE AGENCY	DOUG HENARD INSURANCE AGENCY	46-0853130
RSS/WALNUT COVE OPERATIONS LLC	WALNUT RIDGE ASSISTED LIVING	87-2817983
M & Z ASSOCIATES, INC.	M & Z ASSOCIATES, INC.	06-1078272
DESERT FOOTHILLS LIBRARY ASSOCIATION	DESERT FOOTHILLS LIBRARY ASSOCIATION	51-0153556
NIMBLE ROBOTICS, INC	NIMBLE ROBOTICS, INC	82-1776038
REGENCY PLACE ACQUISITION, LLC	REGENCY PLACE ACQUISITION, LLC	84-4668700
SHARE ON PURPOSE INC	SHARE ON PURPOSE INC	20-1862832
ALL WORLD VENTURES, LLC	ALL WORLD VENTURES	38-4098052
HAMMOND AND SHINNERS, P.C.	HAMMOND AND SHINNERS, P.C.	43-1429257
CAMBRIDGE FITNESS OF SOLON, LLC	CAMBRIDGE FITNESS OF SOLON, LLC	47-1983612
DELATO CORPORATION	AMMEX SERVICES	33-0861023

VENTURETECH INC	VENTURETECH INC	62-1375531
RON'S TIRE AND AUTO REPAIR, LLC	RON'S TIRE AND AUTO REPAIR, LLC	87-0963022
RUGGIERO MCALLISTER AND MCMAHON LLC	RUGGIERO MCALLISTER AND MCMAHON LLC	88-1421188
CLARO POOL SERVICES INC	CLARO POOL	46-1531281
RARITAN BAY FEDERAL CREDIT UNION	RARITAN BAY FEDERAL CREDIT UNION	22-1714045
VENUWORKS OF ROCHESTER NY, LLC	VENUWORKS OF ROCHESTER NY	33-1541650
R & R DESIGN, INC.	R & R DESIGN, INC.	75-2159334
THE FLEXX USA, LLC	THE FLEXX USA, LLC	26-4729731
JVHTECH, LLC	DEFY TECH	92-1472069
NIKAY ENTERPRISES INC	ZILLA CORPORATION	84-1444534
CENTER POINT DEVELOPMENT GROUP INC	CENTER POINT DEVELOPMENT GROUP INC	85-3279128
5G INTERIORS, LLC	5G INTERIORS, LLC	47-5141284
CREBRID LLC	CREBRID LLC	99-1548057
DISCOVERY TENNESSEE EMPLOYER II LLC	DEANE HILL PLACE	92-2793271
PELORUS CAPITAL MANAGEMENT, LLC	PELORUS CAPITAL MANAGEMENT	81-2645490
MRT PROPERTY MANAGEMENT LLC	MRT	82-1992940
DOWNTOWNER HOLDINGS LLC	DOWNTOWNER HOLDINGS, LLC	81-2193711
DISCOVERY XT EMPLOYER LLC	POLO PARK ESTATES	81-2312232
NM 6679 LLC	THE UPS STORE	47-4503564
PULSEFORGE, INC.	PULSEFORGE, INC.	87-4682857
MERYL L. MOSS MEDIA RELATIONS, INC.	MERYL L. MOSS MEDIA RELATIONS, INC.	06-1539829
JAXOLD CORPORATION	JAXOLD CORPORATION	59-3360836
NEIL H. WEISMAN MD PA	INTERVENTIONAL SPINE AND DIAGNOSTICS	80-0840722
SIMPLYDIRECT, CORP	SIMPLYDIRECT, CORP	04-3106069
JOHN SENA AGENCY, INC	JOHN SENA AGENCY, INC	65-0595073
CONTROLLED GROWTH, LLC	CONTROLLED GROWTH, LLC	81-5162346
OMNI POWER CLEAN, INC.	OMNI POWER CLEAN, INC.	58-2543625
DISCOVERY PENNSYLVANIA EMPLOYER LLC	SPRING MILL	47-5629412
KOHL ANALYTICS GROUP, LLC.	KOHL ANALYTICS GROUP, LLC.	82-4286973
OUTSOURCED SOLUTIONS LLC	OUTSOURCED SOLUTIONS LLC	33-1949507
DISCOVERY DELAWARE EMPLOYER LLC	THE SUMMIT	81-2288325
DENTAL CARE OF STAMFORD, P.C.	DENTAL CARE OF STAMFORD, P.C.	06-1533938
VITAL WEALTH PARTNERS LLC	VITAL WEALTH PARTNERS LLC	87-1176059

DISCOVERY MARYLAND EMPLOYER LLC	LAKESIDE AT MALLARD LANDING	81-2272375
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT MELBOURNE	81-2198145
DANIEL MORGAN, DDS, INC, II	RIVERSIDE CHILDREN'S DENTISTRY	82-3409150
FIRE SPRINKLER SERVICES FL, LLC	FIRE SPRINKLER SERVICES FL, LLC	81-4753414
VELOCITY AUTOMOTIVE HOLDINGS MARLBOROUGH MA LL	MEINEKE CAR CARE MARLBOROUGH #2889	39-2975965
CENTRIC PHYSICIANS GROUP P.L.L.C.	CENTRIC PHYSICIANS GROUP P.L.L.C.	47-3523125
CAMBRIDGE FITNESS OF EASTWOOD, LLC	CAMBRIDGE FITNESS OF EASTWOOD, LLC	99-1280930
V. SHARMA EV DDS, PS	ADC EVERETT	91-2123112
DALTON & OWENS ELECTRIC SERVICES INC	DALTON AND OWENS ELECTRIC SERVICES INC	59-1795816
DECCA MANAGEMENT INC	DECCA MANAGEMENT INC	37-1443229
WISCONSIN COLLECTIVE LLC	WISCONSIN COLLECTIVE LLC	87-4633780
A&R AUTO CARE LLC	MEINEKE CAR CARE - MIDLAND	99-2297054
VALLEY POOLS, LLC	VALLEY POOLS & SPAS	33-2159127
CONCERT PHILMONT, LLC	PHILMONT COUNTRY CLUB	36-4998083
BALDWIN AND OBENAUF, INC.	BALDWIN AND OBENAUF, INC.	22-2353887
DISCOVERY XT EMPLOYER LLC	PROVINCIAL CHICO	81-2312232
DISCOVERY XT EMPLOYER LLC	THE GARDENS OF BELLAIRE	81-2312232
Q AND N TECHNOLOGIES, LLC	Q AND N TECHNOLOGIES, LLC	81-1093576
COLUMBUS HOSPITALITY, LLC.	COURTYARD BY MARRIOTT COLUMBUS (Internal Use Onl	31-1751326
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE CLEAR LAKE	81-2312232
COLUMBUS HOSPITALITY, LLC.	SUNDIAL BEACH RESORT (Internal Use Only)	31-1751326
WM F&B MANAGEMENT LLC	WESTIN MINNEAPOLIS	33-2741078
UP UP AND PLAY ACADEMY LLC	UP UP AND PLAY ACADEMY LLC	46-3610891
BRYANT RUBBER CORP.	BRYANT RUBBER CORP.	95-2848370
WEALTH SHIELD FINANCIAL LLC	WEALTH SHIELD FINANCIAL LLC	27-2391990
RSS PINEWOOD PLACE MANAGER LLC	PINEWOOD SQUARE	93-1562670
NEW HEIGHTS PERSONAL CARE HOME, LLC	NEW HEIGHTS PERSONAL CARE HOME, LLC	26-2715763
EOX SALES LLC	EOX SALES LLC	01-0682288
PALLET RESOURCE, LLC	PALLET RESOURCE, LLC	62-1768099
ETF AUTO 4 LLC	MEINEKE CAR CARE CENTER	93-2406835
TIMBER POINT CAPITAL MANAGEMENT LLC	TIMBER POINT CAPITAL MANAGEMENT LLC	84-4273976
PERSONAL PEDIATRICS, P.A.	PERSONAL PEDIATRICS, P.A.	20-5250639
NIXSYS, INC.	NIXSYS, INC.	03-0587678

URTECH FLORIDA, LLC	URTECH FLORIDA, LLC	81-3832358
HIGHLAND WOODS GOLF AND COUNTRY	HIGHLAND WOODS GOLF AND COUNTRY	65-0563163
GRAND CENTRAL HOSPITALITY, LLC	TRU BY HILTON ST PETERSBURG DOWNTOWN CENTRA	83-0824294
VEER HOSPITALITY PHOENIX LLC	MOTEL 6 SEATTLE	83-3118415
PORT STREET SERVICES, LLC	PORT STREET SERVICES, LLC	83-1729867
FARLO PROPERTIES LLC	FARLO PROPERTIES LLC	20-3397554
STORYBOOK SCHOOL CONWAY, LLC.	STORYBOOK SCHOOL CONWAY, LLC.	99-3258629
LAW OFFICE OF GREGORY V JANIAN LLC	LAW OFFICE OF GREGORY V. JANIAN, LLC	26-4154922
SAYWELL INTERNATIONAL, INC.	SAYWELL INTERNATIONAL, INC.	65-0950107
HEK & DEK LLC	HEK & DEK LLC	81-4672463
SEVA TECHNOLOGY LLC	SEVA CARE	93-2331465
BMOCBIZ INC	MIDAS	81-4797345
CONCERT MACGREGOR DOWNS, LLC	MACGREGOR DOWNS COUNTRY CLUB	46-5431374
QFRM - 1025 PLAIN PAYROLL, LLC	QFRM - 1025 PLAIN PAYROLL, LLC	82-4417059
SILAS HARRINGTON	SILAS HARRINGTON	20-0049372
256 BARNUM FINANCIAL GROUP	256 BARNUM FINANCIAL GROUP	13-5581829
ALLIED LANDSCAPE SERVICES, INC	ALLIED LANDSCAPE SERVICES, INC	27-0910653
NEUROCENTER AZ PLLC	NEUROCENTER AZ PLLC	85-3978833
SPINEFRONTIER	LESSPINE INNOVATIONS	20-5090902
TRINITY PHARMACY LLC	TRINITY PHARMACY LLC	33-2653665
ROYAL WELLINGTON PHARMACY, INC.	ROYAL WELLINGTON PHARMACY, INC.	27-3192030
RIVER OAK MHP LLC	RIVER OAK MHP	84-5188645
AHI GROUP, LLC	CRESTHAVEN INN	30-0647209
CORE PHYSICAL THERAPY INC	CORE PHYSICAL THERAPY INC	76-0808769
MIDDLE GEORGIA MANAGEMENT SERVICES, INC	MIDDLE GEORGIA MANAGEMENT SERVICES, INC	58-0828801
SOUTHEAST ARCHITECTURAL MILLWORK, INC	SOUTHEAST ARCHITECTURAL MILLWORK, INC	45-3735921
WHITNEY COURT PLAZA, LLC	WHITNEY COURT PLAZA, LLC	87-1573327
EKO REAL ESTATE HOLDINGS, LLC	EKO REAL ESTATE HOLDINGS, LLC	45-4503733
ACCREDITATION REVIEW COMMISSION ON EDUCATION FC	ACCREDITATION REVIEW COMMISSION ON EDUCATION	39-2039932
JBIM ENTERPRISES LP	JBIM ENTERPRISES LP	26-2780976
CAMBRIDGE FITNESS OF PV, LLC	CAMBRIDGE FITNESS OF PV, LLC	84-2391211
PINE DOG GROUP INCORPORATED	ARCPOINT LABS OF ENC	83-1058704
WALDCO I LTD	ASHFORD CREEK APARTMENTS	76-0384865

BALLAST CAPITAL ADVISORS LLC	BALLAST CAPITAL ADVISORS	81-1916558
ATLAS SENIOR LIVING II, LLC	THE GOLDTON AT JONES FARM	83-4534978
DIVERSIFIED MEDICAL ENTERPRISES, INC.	THE CARE CENTER OF HONOLULU	99-0142791
ENCORE LAND AND SEA, INC.	ENCORE LAND AND SEA	33-1718810
222 M STREET NE WASHINGTON DC LLC	MARCUS DC	99-4677903
DIKI DISCOVERY CENTER, INC.	DIKI DISCOVERY CENTER, INC.	45-3413701
RICHLAND DEVELOPERS, INC.	RICHLAND DEVELOPERS, INC.	32-0167767
HAWKINS SERVICE COMPANY, LLC	HAWKINS SERVICE COMPANY	88-2278907
CHESAPEAKE RESEARCH CONSORTIUM, INC.	CHESAPEAKE RESEARCH CONSORTIUM, INC.	23-7245037
AMERICAN DONOR SERVICES	AMERICAN DONOR SERVICES	74-3091942
VARDE MANAGEMENT, L.P.	VARDE MANAGEMENT, L.P.	20-8368769
LLOYD JONES LLC	THE MEETINGHOUSE AT DAYTONA	02-0589146
EAGLE RESOURCE GROUP INC	EAGLE RESOURCE GROUP INC	16-1661947
DENTAL CARE KIDS LLC	DENTAL CARE KIDS LLC	20-5998634
RB 114, LP	VENTANA	33-0795791
DISCOVERY MARYLAND EMPLOYER LLC	HEARTFIELDS ASSISTED LIVING AT EASTON	81-2272375
DISCOVERY VIRGINIA EMPLOYER LLC	DISCOVERY COMMONS VIRGINIA BEACH	81-3445893
AMERICOM TECHNOLOGY, LLC	AMERICOM TECHNOLOGY, LLC	87-0405649
STONE BUILDING SOLUTIONS LLC	STONE BUILDING SOLUTIONS LLC	88-3061615
SALAMIS SOLUTIONS LLC	SALAMIS SOLUTIONS LLC	83-1932740
PRESSURE BIOSCIENCES, INC.	PRESSURE BIOSCIENCES, INC.	04-2652826
LANDSTAR KIDS ACADEMY, LLC	KIDS R KIDS INTERNATIONAL	45-3354962
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA WINDSOR LAKE	82-2370236
EASTERN OREGON PHYSICAL THERAPY	EASTERN OREGON PHYSICAL THERAPY	91-1800708
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT SARASOTA BAY IL	81-2198145
TOBY ENTERPRISES II CORP	TOBY ENTERPRISES II CORP	90-0192196
DESIRE HOME CARE, INC	DESIRE HOME CARE	46-5110436
WHITNEY BRIDGES, LLC	WHITNEY BRIDGES, LLC	35-2579375
FELTON'S MEAT MARKET, LLC	FELTON'S MEAT MARKET, LLC	33-2343052
3J FUEL CARRIERS	3J FUEL CARRIERS	48-0758915
DISCOVERY XT EMPLOYER LLC	MORADA CY-FAIR	81-2312232
DISCOVERY XT EMPLOYER LLC	MORADA FRIENDSWOOD	81-2312232
DISCOVERY XT EMPLOYER LLC	MORADA LAKE ARLINGTON	81-2312232

DISCOVERY XT EMPLOYER LLC	MORADA GRAND PRAIRIE	81-2312232
DISCOVERY XT EMPLOYER LLC	MORADA TEMPLE	81-2312232
DISCOVERY XT EMPLOYER LLC	MORADA VICTORIA	81-2312232
LONG BEACH ENTERPRISE, INC.	SEA ONE SEAFOOD	95-3286131
THE JOB PLACE, INC	THE JOB PLACE, INC	59-2158076
DISCOVERY TENNESSEE EMPLOYER II LLC	MANOR AT STEEPLECHASE	92-2793271
LONGEVITY SENIOR LIVING OSWEGO MANAGER LLC	LONGEVITY SENIOR LIVING OSWEGO MANAGER LLC	39-3603654
KENNETH J ROSENTHAL MD PC	KENNETH J ROSENTHAL MD PC	11-2756797
ISL EMPLOYEES, INC.	MARBELLA OROVILLE	13-4212788
FLAGLER FAMILY MEDICINE, P.A.	FLAGLER FAMILY MEDICINE, P.A.	59-3423198
BRI SHARKY'S LLC	SHARKY'S BEACHFRONT RESTAURANT	27-1561598
DISCOVERY XT EMPLOYER LLC	HIGHLAND ESTATES	81-2312232
LINCOLN HEALTHCARE INFORMATION COMPANY, LLC	LINCOLN HEALTHCARE INFORMATION COMPANY, LLC	52-2104410
ISL EMPLOYEES, INC.	ALLARA SENIOR LIVING	13-4212788
SERVE CREDIT UNION	SERVE CREDIT UNION	42-0773825
SAINT EDWARD RETREAT CENTER	SAINT EDWARD RETREAT CENTER	84-3366266
RS JOPLIN 36 LLC	HAMPTON INN JOPLIN	26-1147172
BLACK HAWK COUNTY GAMING ASSOCIATION	BLACK HAWK COUNTY GAMING ASSOCIATION	80-0103166
GLOBAL GARAGE FLOORING OF THE NORTHEAST LLC	GLOBAL GARAGE FLOORING OF THE NORTHEAST LLC	82-4207724
KEYSTONE IT, INC.	KEYSTONE IT, INC.	20-8180274
RLO INCORPORATED	SPORT CLIPS HAIRCUTS	93-1532114
55 INC.	DISCOUNT TIRE CENTERS	46-3502299
M&G FULFILLMENT LLC	M&G FULFILLMENT LLC	82-5068737
SUNSTATE MARKETING	SUNSTATE MARKETING	59-2670974
NORTHSIDE NEW ERA BAPTIST CHURCH INC	NORTHSIDE NEW ERA BAPTIST CHURCH INC	35-1598148
RHCSC COLUMBUS AL HOLDINGS LLC	THE LANDINGS AT COLUMBUS	82-4660912
STEPHEN E. SMITH, M.D., P.A.	STEPHEN E. SMITH, M.D., P.A.	90-0128040
FAITHWOOD CONSTRUCTION LLC	FAITHWOOD CONSTRUCTION LLC	45-2509650
MGM RIDLEY HOTEL, LP	MICROTEL INN AND SUITES BY WYNDHAM PHILADE	46-5530580
3D2B, INC.	3D2B, INC.	82-4715897
C4 ADVANCED TACTICAL SYSTEMS, LLC	CATS LLC	87-0736523
POISET DENTAL CORPORATION	POISET DENTAL CORPORATION	33-0784291
BLUE RIDGE AAF, INC.	BLUE RIDGE ABORTION FUND	27-1343669

12735 WHITTINGTON LIMITED	WHITFIELD APARTMENTS	76-0335189
ROSA MEXICANO SECOND AVENUE LLC	ROSA MEXICANO	86-1203533
YOGA MD, PLLC	YOGA MD, PLLC	76-9105325
COLUMBUS HOSPITALITY, LLC.	DEROMO'S GOURMET MARKET AND RESTAURANT (Inter	31-1751326
E&E HOLDINGS GROUP INC	BIG O TIRES	83-2583450
INTERIM HEALTHCARE OF DELAWARE, LLC	INTERIM HEALTHCARE OF DELAWARE	27-3509554
DLB CUSTOM HOMES INC	DLB CUSTOM HOMES INC	86-0925982
GILLINDER BROTHERS, INC.	GILLINDER GLASS	14-0693820
DISCOVERY FLORIDA EMPLOYER LLC	CAPSTONE AT ROYAL PALM	81-2198145
LLOYD JONES LLC	LLOYD JONES LLC	02-0589146
DISCOVERY NORTH CAROLINA EMPLOYER LLC	HOME PLACE OF NEW BERN	85-3437133
ATI CORPORATION	ATI CORPORATION	23-2381766
RASNA, LLC	RASNA, LLC	73-1685065
HYDRAASSIST LLC	COMMAND HYDRAULICS	46-2315053
EYE SITE LLC	EYE SITE LLC	92-2625692
EMPIRE PASS DOWNTOWNER LLC	EMPIRE PASS DOWNTOWNER LLC	82-1757384
RS INN OF COLLINSVILLE LLC	FAIRFIELD INN COLLINSVILLE	26-1147270
IOWA ASSOCIATION OF SCHOOL BOARDS	IOWA ASSOCIATION OF SCHOOL BOARDS	42-0703904
IOWA VALLEY RESOURCE CONSERVATION AND DEVELOP	IOWA VALLEY RESOURCE CONSERVATION AND DEVEL(	42-1481272
VELOCITY AUTOMOTIVE HOLDINGS LOWELL MA LLC	MEINEKE CAR CARE LOWELL	33-2231771
THE HOLCOMB GROUP	THE HOLCOMB GROUP	02-0697585
PSL ASSOCIATES LLC	PSL ASSOCIATES LLC	83-1427127
LJ VALPARAISO MANAGEMENT LLC	AVIVA VALPARAISO	88-2146066
DSM SLEEP SPECIALIST PLC	DSM SLEEP SPECIALIST PLC	83-1110180
ISL EMPLOYEES, INC.	DISCOVERY COMMONS NORTH SHORE	13-4212788
HAMILTON FAATZ PC	HAMILTON FAATZ, PC	84-1157953
ENVIROPOWER RENEWABLE INC.	ENVIROPOWER RENEWABLE INC.	46-1894009
BOWLING WORLD AND GUTTERS GRILLE, LLC	BOWLING WORLD AND GUTTERS GRILLE	99-4026141
SEAHAVEN RESIDENTIAL MANAGEMENT, LLC	SEAHAVEN RESIDENTIAL MANAGEMENT LLC	26-0395628
GENTLE HANDS	GENTLE HANDS	46-2104845
SALEM'S EXECUTIVE MANAGEMENT LLC	SALEM'S EXECUTIVE MANAGEMENT LLC	99-4955451
FUNDAMENTALS EARLY LEARNING, LLC	FUNDAMENTALS EARLY LEARNING, LLC	84-4728351
ROCKFORD RETIREMENT PLANNING, INC.	ROCKFORD RETIREMENT PLANNING, INC.	82-3257290

DISCOVERY XT EMPLOYER LLC	MARBELLA TRACY	81-2312232
LICATA HOSPITALITY HOLDINGS LLC	LICATA HOSPITALITY MANAGEMENT	33-4082844
TNL ASSET MANAGEMENT LLC	SNOWBALL WEALTH MANAGEMENT	61-1493638
MADDOCK MACHINERY CORP.	MADDOCK MACHINERY CORP.	86-0293241
BAY HAVEN CAPITAL, INC.	BAY HAVEN CAPITAL, INC.	46-1353850
PCB FINANCIAL ADVISORY GROUP LLC.	PCB FINANCIAL ADVISORY GROUP LLC.	46-2995564
KRISTOPHER E NULL	KRIS NULL INSURANCE AGENCY	85-3267445
NETSURIT CONSULTANTS INC.	NETSURIT CONSULTANTS INC.	86-3078651
WICHITA FALLS DIALYSIS CENTER,	WICHITA FALLS DIALYSIS CENTER,	27-0416981
RS HOSPITALITY OF MARION, LLC	HAMPTON INN MARION	26-1147116
BESPOKE REAL ESTATE LLC	BESPOKE REAL ESTATE LLC	46-5191233
MULTI-MEDIA PRODUCTIONS USA	MULTI-MEDIA PRODUCTIONS USA	65-0571636
THE GUZEL SV 2, LLC	THE JOINT CHIROPRACTIC ROSENBERG	82-5268660
RIDERMARKET, LLC	RIDERMARKET, LLC	99-1780983
AV LOGISTICS GROUP INC	AV LOGISTICS GROUP INC	88-2519591
JET-TEK, LLC	JET-TEK, LLC	26-1514870
ASPIRE CHARTER ACADEMY, INC.	ASPIRE CHARTER ACADEMY, INC.	27-1191476
VEER HOSPITALLITY EVERETT LLC	MOTEL 6 EVERETT	87-4371774
ONE CLICK CONTRACTOR, INC.	ONE CLICK CONTRACTOR, INC.	92-3096666
DISCOVERY NORTH CAROLINA EMPLOYER LLC	TERRABELLA FAYETTEVILLE	85-3437133
AUE STAFFING INC.	AUE STAFFING INC.	45-2185132
AB AUTO DRIVING SCHOOL, INC.	AB AUTO DRIVING SCHOOL, INC.	20-5339265
ATLANTIC MONTESSORI CS WEST CAMPUS	ATLANTIC MONTESSORI CS WEST CAMPUS	45-3149224
SGM 18TH AVENUE, INC	SGM 18TH AVENUE, INC	81-4791869
SGM 40TH, INC	SGM 40TH, INC	81-4534719
PROLECTO RESOURCES, INC.	PROLECTO RESOURCES, INC.	20-0177978
VELOCITY AUTOMOTIVE HOLDINGS MILWAUKEE WI, LLC	MEINEKE CAR CARE #1675	39-2692455
SG 50TH STREET NORTH, INC	SG 50TH STREET NORTH, INC	26-1635567
AVMI, INC.	AVMI, INC.	46-5118067
SG AUBURNDALE, INC	SG AUBURNDALE	45-5177544
SGM 98TH, INC	SGM 98TH, INC	81-4460765
ANTINORI INSURANCE INC.	GREATFLORIDA INSURANCE	87-3895663
LEGENDS AIRWAYS, LLC.	LEGENDS AIRWAYS, LLC.	82-4988332

FIRST STATE RESIDENTIAL LIVING LLC	FIRST STATE RESIDENTIAL LIVING LLC	83-3029928
AWESOME DOUGHNUT LLC	awesome doughnuts	82-4699249
ANIL PLUS CORPORATION	ANIL PLUS CORPORATION	36-4188742
INTERNATIONAL DISTRIBUTION GROUP, LLC	INTERNATIONAL DISTRIBUTION GROUP, LLC	47-3886126
WORKSPACE EVOLUTION LLC	SMART SPACE	45-0645472
GTB HOLDINGS, LLC	GTB HOLDINGS	86-1775431
WHITE ACROPOLIS, INC.	THE BRUNCHERY	83-1896175
GROUND UP COFFEE & TEA LLC	GROUND UP COFFEE & TEA	47-5639520
THE FIBROLAMELLAR CANCER FOUNDATION INC	THE FIBROLAMELLAR CANCER FOUNDATION INC.	27-0341021
SUPERIOR SOLUTIONS LLC	SUPERIOR SOLUTIONS LLC	30-0659056
GLSC 48 SPECIAL, LLC	HOLIDAY INN EXPRESS MIDTOWN	45-5128870
HOLBERT TRUCK AND TRAILER REPAIR, LLC.	HOLBERT TRUCK AND TRAILER REPAIR, LLC.	99-4560891
ISL EMPLOYEES, INC.	PARKVIEW ON HOLLYBROOK	13-4212788
GIBSON INN LLC	GIBSON INN LLC	83-0861537
SUMMIT THERAPY GROUP	SUMMIT HEALTHCARE SERVICES	27-0835947
MSI TEC, INC.	MSI TEC, INC.	20-0252039
CONCERT BLUE HILL, LLC.	BLUE HILL COUNTRY CLUB	47-5077295
KING TRACTOR SERVICES, INC.	KING TRACTOR SERVICES, INC.	81-3354165
NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK (	NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YOR	13-3077692
GOSAL HOSPITALITY LLC	MAINSTAY SUITES STERLING	33-1268988
ISL EMPLOYEES, INC.	CAPSTONE AT STATION CAMP	13-4212788
TAHOE DOWNTOWNER, LLC	TAHOE DOWNTOWNER, LLC	83-2301479
UNION SQ 4TH F & B MANAGEMENT LLC	BOWERY ROAD	81-2218986
IRECON MARKETING LLC	IRECON MARKETING LLC	46-3775454
RDE CONNECTORS AND CABLES, INC	RDE CONNECTORS AND CABLES, INC	65-0309559
OAKVET ANIMAL SPECIALTY HOSPITAL, INC.	OAKVET ANIMAL SPECIALTY HOSPITAL, INC.	82-2864021
RSS DUBLIN PLACE MANAGER	DUBLIN SQUARE	92-4008844
J.V. BLOM, M.D., LLC	J.V. BLOM, M.D.	90-0818531
YC ANESTHESIA & CRITICAL CARE PLLC	YC ANESTHESIA & CRITICAL CARE PLLC	47-5615456
MAGCP FUND MANAGEMENT LP	MAG CAPITAL PARTNERS	99-3829879
CHANNEL SOLUTIONS, INC	CHANNEL SOLUTIONS, INC.	26-2167560
JL-FX HOTEL DEVELOPMENT, LLC	JL-FX HOTEL DEVELOPMENT, LLC	46-4178544
LAW OFFICES OF SONJA B. SELAMI, P.C.	LAW OFFICES OF SONJA B. SELAMI, P.C.	20-5406956

DISCOVERY MARYLAND EMPLOYER LLC	DISCOVERY COMMONS AT WILDEWOOD	81-2272375
TRANSNATIONAL MANAGEMENT LIMITED	TRANSNATIONAL MANAGEMENT LIMITED	76-0655586
JACKSON DOWNTOWNER, LLC	JACKSON DOWNTOWNER, LLC	87-2932676
KREUTZMAN CONSTRUCTION INC	KREUTZMAN CONSTRUCTION INC	84-1117274
VIKING PRODUCTS INC	VIKING PRODUCTS INC	33-0090228
HIRSCHI'S BODY SHOP, INC.	HIRSCHI'S BODY SHOP, INC.	87-0542967
TJ CLEAR LAKE, LLC.	TJ CLEAR LAKE, LLC.	81-1763768
SVSH LLC	HILTON GARDEN INN - SURPRISE	61-1586457
SOLID ROCK ASSET MANAGEMENT, LLC.	SOLID ROCK ASSET MANAGEMENT, LLC.	30-0857931
SUITE RX, LLC	SUITE RX, LLC	41-2274640
JAMES MCKAY PLUMBING	JAMES MCKAY PLUMBING	45-2545101
NEELA SHAH MD, PLLC	NEELA SHAH MD, PLLC	27-2486219
VERDE VALLEY RENTALS	VERDE VALLEY RENTALS	86-0801532
COMMUNITY INFRASTRUCTURE PARTNERS LLC	COMMUNITY INFRASTRUCTURE PARTNERS LLC	88-3939185
FREEDOM WASH LAUNDRY, INC	FREEDOM WASH LAUNDRY, INC	33-1610673
WMT HOUSING, LLC	LIVE OAKS HOMES	20-8661192
HUBER WEALTH MANAGEMENT LLC	MAGNOLIA WEALTH ADVISORS LLC	88-0573393
XPRESS HOLDINGS, INC.	XPRESS HOLDINGS, INC.	45-4630209
AFPP - GLADE, E.	AMER - GLADE, E.	57-0635882
ATADEX EDI LLC	ATADEX, LLC	82-2573417
BRIDGE EMPLOYER LLC	BRIDGE PROPERTY MANAGEMENT, L.C.	39-3257976
AMER - CHRISTIANSEN, J.	AMER - CHRISTIANSEN, J.	55-5270751
IOWA COMMERCIAL ADVISORS LLC	CUSHMAN AND WAKEFIELD IOWA COMMERCIAL ADVISO	20-4306190
MEADOWS MHP LLC	MEADOWS MHP LLC	99-3302377
PREDICT HEALTH, INC.	PREDICT HEALTH, INC.	84-3985194
SHREE HARI OM 24, LLC	MARCO'S PIZZA	86-3771638
BEACON AUTO REPAIR LLC - S9	MEINEKE CHICAGO	92-0652865
MANN, MCGIBNEY AND JORDAN, PLLC	MANN, MCGIBNEY AND JORDAN, PLLC	46-5706035
DESIGNATED TITLE, LLC	DESIGNATED TITLE, LLC	47-5126121
SHRI HARI RX INC	RIVERWALK PHARMACY	82-4317988
WIVH LLC	BELLAVIX	83-0936663
SMW ME SPA LLC	SMW ME SPA LLC	45-4747656
V. SHARMA DMD, PS	ADC PUYALLUP	91-2123114

MARCOS OF PORT ST. LUCIE, INC.	MARCO'S PIZZA 8119-PSL	45-4077525
RSS HAMMOND PLACE MANAGER LLC	HAMMOND SQUARE	93-1339169
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT GROTON	81-2312232
LITETRONICS INTERNATIONAL, INC.	LITETRONICS INTERNATIONAL, INC.	36-4478439
HCC COUNTRY CLUB, INC.	HCC COUNTRY CLUB, INC.	33-4875058
PROFAB TECHNOLOGIES, INC	PROFAB TECHNOLOGIES, INC	45-3154486
CLUB MANAGEMENT MIAMI II, LLC	THE BATH CLUB	88-2445009
DISCOVERY XT EMPLOYER LLC	DISCOVERY COMMONS WHITTIER PLACE	81-2312232
COHERENT STAFFING SOLUTIONS, LLC	COHERENT STAFFING SOLUTIONS, LLC	47-1506845
WOLO MFG CORP	WOLO MFG CORP	11-2130230
TURNER RESTAURANTS, INC.	CASA OLE 52	76-0664692
233 WEST 125TH STREET DANFORTH LLC	RENAISSANCE HARLEM	46-2149898
CENTURYWAVES LLC	CENTURYWAVES LLC	32-0627976
LRM LEASING COMPANY, INC.	LRM LEASING	65-0412356
JACKSON MEDICAL EQUIPMENT, INC.	JACKSON MEDICAL EQUIPMENT, INC.	41-1662473
CORNER LAB, LLC	CORNER LAB	85-3311462
INDEPENDENCE AVENUE DENTAL, LLC	TRUE DENTAL GROUP	26-3944018
ROSEWOOD HOUSE II, INC.	ROSEWOOD HOUSE II	59-3583382
TRIDENT ACQUISITION CONSULTANTS , LLC	CLOUDBERRY LODGE AT BRANDON	85-3498837
PRODO LABORATORIES INC	PRODO LABORATORIES INC	20-5534494
AMEN PEST CONTROL, INC.	AMEN PEST CONTROL	90-1069475
FIRST RATE PROPERTY SOLUTIONS LLC	FIRST RATE PROPERTY SOLUTIONS LLC	88-4169285
AMAZING PRODUCTS, LTD	AMAZING PRODUCTS, LTD	47-5043174
HAYSLIP DESIGN ASSOCIATES INC	HAYSLIP DESIGN ASSOCIATES INC	75-2010422
LONGPOINT REALTY PARTNERS LP	LONGPOINT REALTY PARTNERS LP	35-2536618
CELEBRATION PH HOLDINGS, LTD	HOLIDAY INN ORLANDO SW CELEBRATION	98-1360003
DISCOVERY XT EMPLOYER LLC	FOUNTAINWOOD AT LAKE HOUSTON	81-2312232
CARLA REAVES INSURANCE AGENCY	CARLA REAVES INSURANCE AGENCY	81-0871724
CANNON PHARMACY SALISBURY, LLC	CANNON PHARMACY SALISBURY, LLC	83-1991151
BLUE MOUNTAIN PURE, LLC.	BLUE MOUNTAIN PURE, LLC.	85-3386257
MAGNOLIA PROPERTY MANAGEMENT INC.	MAGNOLIA PROPERTY MANAGEMENT INC.	37-1939631
IDEAL MANAGEMENT SERVICES, INC.	IDEAL IMAGE	20-0899216
SJFS HOLDINGS, LLC	ST JOHNS FOOD SERVICE	88-3259483

BSG BENEFITS, INC	BSG BENEFITS, INC.	20-2997520
NM CELEBRATION POINTE, LLC	THE UPS STORE	84-5072991
PURITY COSMETICS	100 PERCENT PURE	20-0817435
EKONOMY FOODS, INC.	EKONOMY FOODS, INC	65-1199788
WORKERS BENEFIT CONSORTIUM INC	WORKERS BENEFIT FUND	82-2087332
CLASSIC GOLF MANAGEMENT, INC	CLASSIC GOLF MANAGEMENT, INC	58-1835987
CARIBBEAN TERMINALS, INC.	CARIBBEAN TERMINALS, INC.	59-2326475
BURLING WEALTH PARTNERS, LLC	BURLING WEALTH PARTNERS	99-3522672
MARWAH INVESTMENTS CORPORATION	ACRC TRIALS	20-3841286
REUNITE RX LLC	REUNITE RX LLC	82-3920485
21800 STERLING FITNESS, LLC	21800 STERLING FITNESS, LLC	82-1111276
YLC VENTURES, INC	YELLOW LETTERS COMPLETE	83-1118046
ATTORNEY BRIAN WHITE AND ASSOCIATES, P.C.	ATTORNEY BRIAN WHITE AND ASSOCIATES, P.C.	27-1695245
VEERAJ, LLC	VEERAJ, LLC	47-4152773
EKINOPS CORPORATION	EKINOPS CORPORATION	52-2344386
AMERICAN INSTITUTE OF RESEARCH, INC.	AMERICAN INSTITUTE OF RESEARCH, INC.	20-8940081
LAM PEARL STREET HOTEL, LLC	LAM PEARL STREET HOTEL, LLC	46-3796801
KINGSTOWNE RESIDENTIAL OWNERS CORPORATION	KINGSTOWNE RESIDENTIAL OWNERS CORPORATION	54-1449949
SQM LITHIUM NORTH AMERICA CORPORATION	SQM LITHIUM NORTH AMERICA CORPORATION	99-4968763
SWT DESIGN, INC.	SWT DESIGN, INC.	43-1872822
ESCRIBERS, LLC	ESCRIBERS, LLC	20-3656767
CMMS, LLC	CMMS, LLC	32-0563611
AVEMAR GROUP, LLC	AVEMAR GROUP, LLC	82-2978522
ROGER FIELDS INSURANCE AGENCY	ROGER FIELDS INSURANCE AGENCY	45-2950273
VALLEY POOLS, INC	VALLEY POOLS AND SPAS	41-1238866
APEX BUILDING GROUP INC.	APEX BUILDING GROUP INC.	46-1848550
ISL-MERRITT ISLAND, LLC	ISL-MERRITT ISLAND (LA CASA)	99-3420835
FUQUA CAPITAL CORPORATION	FUQUA CAPITAL CORPORATION	58-1269725
EH MANAGEMENT COMPANY, LLC	ESSENTIAL ANESTHESIA MANAGEMENT	85-2947331
CONCERT ROSWELL, LLC	COUNTRY CLUB OF ROSWELL	84-4111702
THE RETROFIT COMPANIES, INC.	THE RETROFIT COMPANIES, INC.	41-1716621
BRIDGE SENIOR LIVING	MERRYWOOD ON PARK	20-1457828
A&R MANAGEMENT, LLC	A&R MANAGEMENT, LLC	27-3574789

M2S POWER SOLUTIONS, LLC	M2S POWER SOLUTIONS, LLC	93-2008673
DISCOVERY ARKANSAS EMPLOYER LLC	MORADA ROGERS	87-3190779
SHALAUN HAWKINS, MD PLLC	SHALAUN HAWKINS MD	87-1378505
RSS/CHARLOTTE OPERATIONS LLC	PRESTON HOUSE MEMORY CARE	87-2990964
NAVION HOME CARE COMPANY LLC	NAVION HOME CARE	83-4380285
FKP SUN CITY CENTER SENIOR LIVING TENANT LLC	BELVEDERE COMMONS OF SUN CITY CENTER	26-1262530
DISCOVERY NEW JERSEY EMPLOYER LLC	SEATON VOORHEES	87-3221316
WOODY ACRES LLC	WOODY ACRES LLC	85-3921228
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE VERO BEACH	81-2198145
DISCOVERY ARKANSAS EMPLOYER LLC	MORADA FORT SMITH	87-3190779
JOBBERS WAREHOUSE SUPPLY INC	JOBBERS WAREHOUSE SUPPLY INC	41-0761793
DISCOVERY OHIO EMPLOYER LLC	RITTENHOUSE VILLAGE GAHANNA	87-3246702
SUNSHINE CHARTER ACADEMY OF BROWARD CO	SUNSHINE CHARTER ACADEMY OF BROWARD CO	45-5036680
1010 WASHINGTON STREET HOTEL LLC	1010 WASHINGTON STREET HOTEL LLC	86-3043469
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA MYRTLE BEACH	82-2370236
MATTEO MIDDLETOWN LLC	HOME2 SUITES BY HILTON MIDDLETOWN	87-3872579
DISCOVERY SOUTH CAROLINA EMPLOYER LLC	TERRABELLA GREENVILLE	82-2370236
GLM DEVELOPMENT COMPANY, LLC	GLM DEVELOPMENT COMPANY, LLC	27-2779224
DISCOVERY IDAHO EMPLOYER LLC	OVERLAND COURT	92-3303010
VICTORY CHARTER SCHOOL TAMPA 6-12 INC.	VICTORY CHARTER SCHOOL TAMPA 6-12 INC.	88-3001483
ATLAS SENIOR LIVING II, LLC	TRIBUTE AT THE GLEN	83-4534978
OMATOCHI CORP.	OMATOCHI	86-1482430
ATLAS SENIOR LIVING II, LLC	TRIBUTE AT MELFORD	83-4534978
MAIN STREET ANESTHESIA CONSULTING INC	MAIN STREET ANESTHESIA CONSULTING	82-2935313
RISEIMPACT CAPITAL LLC	RISEIM	88-2991425
PRESTIGE HOSPITALITY GROUP, LLC	PRESTIGE HOSPITALITY GROUP, LLC	32-0237911
MULTI DATA SERVICES CORP.	MULTI DATA SERVICES CORP.	11-2708208
DEBT MANAGEMENT CREDIT COUNSELING CORP	DEBT MANAGEMENT CREDIT COUNSELING CORP	65-0923483
HERONS GLEN RECREATION DISTRICT	HERONS GLEN RECREATION DISTRICT	65-0868877
PONDEROSA TX OPERATING LLC	PONDEROSA TX OPERATING LLC	81-2913532
HQ-PACK, INC	MIDAS	82-3645872
WRANGLER RIVER LLC	WRANGLER RIVER, LLC	85-1100273
CONCERT EVERGLADES, LLC	GOLF CLUB OF THE EVERGLADES	99-4882966

PATRICK J GOOD	PATRICK J GOOD	85-0728023
LONE WILLOW CCT, LLC	LONE WILLOW CCT, LLC	83-4311534
BARR HEALTHCARE, INC.	INTERIM HEALTHCARE	81-4842043
INNOVATIVE DESIGN AND SHEETMETAL PRODUCTS, INC.	INNOVATIVE EMERGENCY EQUIPMENT	81-0789365
LAFORCE	LAFORCE	92-2654414
LIGHTING RESOURCES USA, INC.	LIGHTING RESOURCES USA, INC.	04-3666215
ALPHA SOLUTIONS USA LLC	ALPHA SOLUTIONS USA LLC	47-4220671
DIVINE CONNECTION INTERNATIONAL	DIVINE CONNECTION INTERNATIONAL	99-1669034
VOYAGER HOTEL AK, LLC	VOYAGER INN	33-5031712
VILLAGE PROPERTIES OPERATING COMPANY LLC	VILLAGE PROPERTIES	27-4456638
WGP PROPERTY MANAGEMENT LLC	WGP PROPERTY MANAGEMENT LLC	46-2435202
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE QUINCY	81-2312232
WCRE MANAGEMENT LLC	WCRE MANAGEMENT LLC	47-3228232
DEVON SELF STORAGE HOLDINGS (US), LLC	DEVON SELF STORAGE HOLDINGS (US), LLC	01-0640590
PYRAMID, INC.	PYRAMID, INC.	42-6069350
M BROWN BOOKS PUBLISHING LLC	M BROWN BOOKS PUBLISHING LLC	75-2515276
KENNETH A. GIRALDO MD, P.A.	KENNETH A. GIRALDO MD, P.A.	14-1845723
UGATI HOSPITALITY LLC	COMFORT SUITES CLEARWATER/DUNEDIN	81-4665448
DISCOVERY NEW JERSEY EMPLOYER LLC	BEAR CREEK	87-3221316
DISCOVERY ILLINOIS EMPLOYER LLC	SOLSTICE AT PALATINE	93-4107430
SINCERA SOLUTIONS, INC.	SINCERA SOLUTIONS, INC.	26-0141901
SS CONSTRUCTION EXPERTS, LLC	SS CONSTRUCTION EXPERTS, LLC	27-0620391
CITUSA MIAMI CORPORATION	CITUSA MIAMI CORPORATION	33-2174223
DISCOVERY XT EMPLOYER LLC	ARLINGTON PLAZA	81-2312232
ROYAL COVERS OF ARIZONA, INC.	ROYAL COVERS OF ARIZONA, INC.	86-0370196
THE REDEEMED CHRISTIAN CHURCH OF GOD NORTH AME	THE REDEEMED CHRISTIAN CHURCH OF GOD NORTH A	76-0473049
MOLECULAR COATINGS, INC.	MOLECULAR COATINGS, INC.	04-3824188
PRECISION DIAGNOSTIC OF LAKE WORTH, LLC	PRECISION DIAGNOSTIC OF LAKE WORTH, LLC	26-3827047
PRECISION COLOR AND CUTS LLC	FANTASTIC SAMS COLOR AND CUTS	87-4263660
HARBOR TOWERS CONDOMINIUM	HARBOR TOWERS CONDOMINIUM	59-3525270
MCCURRY ENVIRONMENTAL CONSULTING LLC	MCCURRY ENVIRONMENTAL CONSULTING LLC	26-1542485
THE DANTZLER GROUP, INC.	THE DANTZLER GROUP, INC.	59-3366469
CKL DISTILLING, LLC	DESERT DOOR DISTILLERY	81-3820723

ISL EMPLOYEES, INC.	HEARTIS SUWANEE	13-4212788
NORD CON REALTY, LLC	NORD CON REALTY, LLC	13-4145180
REACH SERVICE LLC	REACH DENTAL EQUIPMENT SERVICE	82-3632315
VENUWORKS OF WICHITA, LLC	EQUISSET, LLC	46-1243817
VENUWORKS OF EVANSVILLE, LLC	VENUWORKS OF EVANSVILLE, LLC	27-5303163
ANN STREET HOTEL, LLC	ALOFT NEW YORK DOWNTOWN FINANCIAL DISTRICT	27-3129894
VENUWORKS OF OTTUMWA, LLC	VENUWORKS OF OTTUMWA, LLC	45-3069374
VENUWORKS, INC.	VENUWORKS, INC.	42-1463763
VENUWORKS OF DODGE CITY, LLC	VENUWORKS OF DODGE CITY, LLC	27-3991377
PIRES FINANCIAL SERVICES LLC	ECHELON PLANNING GROUP	87-4703285
OPTIC PLANET LLC	MAURI EYE ASSOCIATES	92-1291850
VENUWORKS OF CEDAR RAPIDS, LLC	VENUWORKS OF CEDAR RAPIDS, LLC	48-1261751
DISCOVERY INDIANA EMPLOYER LLC	RITTENHOUSE VILLAGE AT MICHIGAN CITY	47-5618736
BRADLEY INVESTMENTS LLC	BEST WESTERN PLUS MESA/GILBERT	32-0198168
DISCOVERY INDIANA EMPLOYER LLC	RITTENHOUSE VILLAGE AT NORTHSIDE	47-5618736
GBSL STAFFING AL, LLC	THE PALMS AT PLANTATION	82-3642396
DISCOVERY INDIANA EMPLOYER LLC	RITTENHOUSE VILLAGE AT PORTAGE	47-5618736
SPRY DIGITAL LLC	SPRY DIGITAL	27-2328821
BETHEL BAPTIST INSTITUTIONAL CHURCH, INC.	BETHEL BAPTIST INSTITUTIONAL CHURCH, INC.	59-0718484
DISCOVERY PENNSYLVANIA EMPLOYER LLC	RITTENHOUSE VILLAGE AT MUHLENBERG	47-5629412
SINGH INVESTORS, LLC	SINGH INVESTORS, LLC	46-1272545
HUELLMANTEL AND AFFILIATES	HUELLMANTEL AND AFFILIATES	14-1955783
A TO Z FIELD SERVICES, LLC	A TO Z FIELD SERVICES, LLC	84-1970181
SENIOR HOUSING HEALTH CARE, INC.	COUNTRY MEADOW PLACE	20-3308829
FREEDOM RESOURCES, LLC	INTERIM HEALTHCARE OF SOUTHERN ILLINOIS	81-1142689
CARNEGIE HILL PEDIATRICS LLP	CARNEGIE HILL PEDIATRICS LLP	03-0396531
WARRINER-TAPPER, LLC	WARRINER-TAPPER, LLC	26-2428497
RUBICON COMMUNICATIONS, LLC	NETGATE	20-1682017
SHERMAN OAKS HOSPICE CARE GROUP, INC.	GRACELAND HOSPICE CARE	45-2936166
PALISADES DOWNTOWNER, LLC	PALISADES DOWNTOWNER, LLC	92-1085823
ENCORE ESCROW COMPANY	ENCORE ESCROW COMPANY	95-4203252
RIVERSIDE MHRV LLC	RIVERSIDE MHRV LLC	88-4320381
KIMBALL CIRCULATOR LLC	KIMBALL CIRCULATOR LLC	82-1641779

MARKETING ADVERTISING PROMOTIONS, INC.	MARKETING ADVERTISING PROMOTIONS	65-0278916
CAMBRIDGE GOODS OF CLINTON LLC	CAMBRIDGE GOODS OF CLINTON LLC	92-0502289
SABLITT CO	ABLITT'S FINE CLEANERS	20-0595850
JAN CAROL PUBLISHING INC	JAN CAROL PUBLISHING INC	45-0530438
A C T DATA SERVICES, INC.	A C T DATA SERVICES, INC.	22-2677011
ONE OVERVUE LLC	ONE OVERVUE LLC	93-2056679
LINKUP COMMUNICATIONS CORPORATION	LINKUP COMMUNICATIONS CORPORATION	81-3861454
JMJ GROUP LLC	JMJ GROUP LLC	27-1824917
THE MOTION REFINERY	THE MOTION REFINERY	47-1517775
BUCK HILL, INC	BUCK HILL, INC	41-0849538
SIOUX VALLEY COMMUNITY CREDIT UNION	SIOUX VALLEY COMMUNITY CREDIT UNION	42-0837840
CARIB IMPORT AND EXPORT INC.	CARIB IMPORT AND EXPORT INC.	65-0124710
EAT THE FROG AUTO IL LLC	MEINEKE HOLDCO IL	33-1632883
BARFRESH CORPORATION, INC.	BARFRESH CORPORATION, INC.	45-4636814
THE LAW OFFICES OF KENNETH G. WINCORN AND ASSOC	THE LAW OFFICES OF KENNETH G. WINCORN AND ASS	75-2316757
NICOLAS VILLALBA WHOLESALE, LLC	NVW GROUP	22-1945862
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY COMMONS HOBE SOUND	81-2198145
THE FRANVILLE CORPORATION	KRYSTAL FAST FOOD RESTAURANT	62-1518065
DL DISTRIBUTION LLC	DL DISTRIBUTION LLC	32-0547242
ALLIED AUDIO SERVICE INC.	ALLIED PRODUCTION AND SALES	47-0852243
BRI BUILDERS INC	BRI BUILDERS INC	45-3131624
IKG & MSS, INC	DUNKIN DONUTS/ IKG & MSS, INC	75-3146388
LANSING ROY, P.A.	LANSING ROY, P.A.	59-3349104
PARTNERS IN TRUCKING, INC.	PARTNERS IN TRUCKING, INC.	84-1506944
JHG FINANCIAL INC.	JHG FINANCIAL INC.	84-4208748
GLOBAL TAX NETWORK US LLC	GTN US	26-1631226
ENGINUITI, INC.	ENGINUITI, INC.	54-1958984
DISCOVERY NORTH CAROLINA EMPLOYER LLC	HOME PLACE OF BURLINGTON	85-3437133
TASHA'S TRAINING AND CONSULTING, LLC	TTC4SUCCESS	47-1768455
JW HOLLIS INC	JOHN HOLLIS PHARMACY	62-1557411
IMDN HOLDINGS, LLC	HOLIDAY INN MANHATTAN TIME SQUARE SOUTH	45-4648104
BRISA RESILIENCE LLC	BRISA RESILIENCE LLC	87-2073786
CAMBRIDGE FITNESS OF MENTOR, LLC	CAMBRIDGE FITNESS OF MENTOR, LLC	47-4368297

PAC WEST SALES, INC.	PAC WEST SALES, INC.	20-2782977
RAINEY AND ASSOCIATES	RAINEY AND ASSOCIATES	62-1386737
FAMILY MEDICINE MANAGEMENT	FAMILY MEDICINE MANAGEMENT	85-3275697
DISCOVERY MISSOURI EMPLOYER LLC	SOLSTICE AT FENTON	93-4088733
AMERICAN HEAT PROCESSING EQUIPMENT AND SERVICE	AMERICAN CREMATORY EQUIPMENT COMPANY	95-3256010
BETTER WATER, LLC.	BETTER WATER	82-1244918
RED COACH, INC.	RED COACH, INC.	27-1334408
PLATO ACADEMY SCHOOLS CORPORATION	PLATO ACADEMY SCHOOLS CORPORATION	45-5042950
CHRIS' AC COMPANY	CHRIS' AC COMPANY	59-3711753
DAN PROPHETER	DAN PROPHETER	12-4603542
PASC - TAMPA	PASC - TAMPA	45-5042950
PASC - ST. PETERSBURG	PASC - ST. PETERSBURG	45-5042950
REVERT INC.	REVERT INC.	84-1543344
DISCOVERY XT EMPLOYER LLC	MADISON ESTATES	81-2312232
PASC - TRINITY	PASC - TRINITY	45-5042950
PASC - TARPON SPRINGS	PASC - TARPON SPRINGS	45-5042950
DISCOVERY LOUISIANA EMPLOYER LLC	THE TRACE	81-1992644
MAGDI LAKE DRIVE, LLC	LAKE PLACID INN	81-2108232
INDUSTRIAL FINISHING SERVICES, INC.	INDUSTRIAL FINISHING SERVICES, INC.	45-0443521
INTERNATIONAL HOTELS MANAGEMENT GROUP, LLC	INTERNATIONAL HOTELS MANAGEMENT GROUP, LLC	20-2870771
ALESARA CAPITAL SERIES LLC	ALESARA CAPITAL SERIES LLC	93-1821033
ICE AIR (SC) LLC	ICE AIR (SC) LLC	99-3791756
SUCCESSFUL RETIREMENT, INC	SUCCESSFUL RETIREMENT, INC	43-1756820
AUGUST NIGHT, LLC	THE C HOUSE	82-1039501
WE SERVICEIT, LLC	SERVICEIT	99-5073550
ILLUMIS, INC.	ILLUMIS, INC.	58-2227307
SPHINX RESIDENTIAL, LLC	SPHINX RESIDENTIAL	45-1965665
CONCERT WHITMOOR	WHITMOOR COUNTRY CLUB	92-0881884
ABE LIMITED	ABE LIMITED	76-0584079
CONSOLIDATED PAINTS, INC.	CONSOLIDATED PAINTS, INC.	59-2688072
BRIDGE SENIOR LIVING LLC	MOUNT PLEASANT	20-1457828
DISCOVERY PENNSYLVANIA EMPLOYER LLC	CLARKS SUMMIT SENIOR LIVING	47-5629412
PC BLUE HERON, LLC	DUNKIN DONUTS (PC BLUE HERON)	84-1815861

BRIDGE SENIOR LIVING LLC	SANTA ROSA BEACH	20-1457828
HIGH TECH COMMERCIAL CLEANING LLC	HIGH TECH COMMERCIAL CLEANING LLC	84-4592520
CRESTONE SERVICES LLC	CRESTONE SERVICES LLC	47-2866430
GOLF CARS OF HOUSTON, LP	GOLF CARS OF HOUSTON, LP	83-0395516
PM SUNOCO, LLC	DUNKIN DONUTS-(PM SUNOCO, LLC)	99-2267938
BRIDGE SENIOR LIVING LLC	MOBILE	20-1457828
BRANDON CROSSROADS BOWL INC.	BRANDON CROSSROADS BOWL INC.	59-2943286
BRIDGE SENIOR LIVING LLC	ST VINCENTS ONE NINETEEN	20-1457828
BRIDGE SENIOR LIVING LLC	SUMMER VILLAGE	20-1457828
ALTERNATIVE SENIOR CARE, INC	ALTERNATIVE SENIOR CARE, INC	20-3863796
DBTL CAPITAL CORP	COLORADO SIGN FABRICATORS	46-3558150
BRIDGE SENIOR LIVING LLC	PEACHTREE CITY	20-1457828
DISCOVERY IOWA EMPLOYER LLC	PRAIRIE HILLS AT TIPTON	92-3039264
A2Z HOSPITALITY MANAGEMENT CO., LLC	COMFORT INN AND SUITES PORT CHARLOTTE	46-4940546
BRIDGE SENIOR LIVING LLC	SANDY SPRINGS	20-1457828
ATLANTA VICTIM ASSISTANCE, INC.	ATLANTA VICTIM ASSISTANCE, INC.	32-0017011
ATLAS SENIOR LIVING II, LLC	THE GOLDTON AT LAKE NONA	83-4534978
MYECON INC	MYECON INC	20-3573574
THE LOGGERHEAD GROUP, INC.	WOOD AND LAMINATE	86-1144637
HORIZON COMPANIES LLC	HORIZON	86-0895129
CAPE & COAST PREMIER PROPERTIES, LLC	CAPE & COAST PREMIER PROPERTIES, LLC	81-2581225
ROCOCO STEAK, LLC	ROCOCO STEAKHOUSE	37-1730192
TOTAL REHAB-ORTHOPEDIC AND SPORTS SPECIALIST, PC	TOTAL REHAB-ORTHOPEDIC AND SPORTS SPECIALIST,	20-2320544
IDEAL IMAGE MELBOURNE	IDEAL IMAGE MELBOURNE	20-2337690
EWC LEANDER LLC	EWC LEANDER LLC	88-3878736
SANTA FE PLACE, LLC	SANTA FE PLACE LLC	20-5736751
MOORE NORTH AMERICA, INC.	MOORE NORTH AMERICA, INC.	20-3962155
PARTNERS TITLE, LLC.	PARTNERS TITLE LLC	16-1619818
RSS RICHLAND PLACE MANAGER LLC	RICHLAND SQUARE	93-1598940
SAUL WEALTH ADVISORS LLC	SAUL WEALTH ADVISORS LLC	27-5307239
HTH ACQUISITION LLC	HI-TECH HEALTH, LLC	84-3645248
TRUSTPOINT MV, LLC	TRUSTPOINT INTERNATIONAL HOLDINGS	87-3954259
ATLAS PEAT & SOIL INC.	ATLAS PEAT AND SOIL INC	65-0120905

SPINE DFW PA	TEXAS SPINE ASSOCIATES	84-2946000
VICTOR MASON INSURANCE AGENCY	VICTOR MASON INSURANCE AGENCY	86-0888650
OVERDORF SYSTEMS CONSULTANTS, INC.	SYCAMORE COMPANY	27-0177416
GLOBAL MOBILITY SOLUTIONS, LLC	GLOBAL MOBILITY SOLUTIONS, LLC	20-3966581
VIRTUS WEALTH SOLUTIONS LLC	VIRTUS WEALTH SOLUTIONS	84-4524508
ATLAS SENIOR LIVING II, LLC	TRIBUTE AT BLACK HILL	83-4534978
ORTHO FJM LLC	ULTIMATE ORTHOPEDICS	86-1967544
LEADERSHIP MUSIC, INC.	LEADERSHIP MUSIC, INC.	62-1404863
TREY YOUNGBLOOD INSURANCE AGENCY	TREY YOUNGBLOOD INSURANCE AGENCY	27-0546940
GEORGIA MINORITY SUPPLIER DEVELOPMENT COUNCIL, I	GEORGIA MINORITY SUPPLIER DEVELOPMENT COUNCI	58-1828236
FINANCE ERC LLC	FINANCE ERC LLC	88-2024288
CIRRASCALE CLOUD SERVICES, LLC	CIRRASCALE CLOUD SERVICES, LLC	36-4856997
FIRSTLIGHT LAKESHORE, LLC	FIRSTLIGHT LAKESHORE, LLC	83-1284171
FOUR LEAF TOWERS COUNCIL OF CO-OWNERS	FOUR LEAF TOWERS	76-0020687
BEGGINS ENTERPRISES, INC	CENTURY 21 BEGGINS ENTERPRISES	59-3088528
HERCULES FITNESS, LLC	COASTAL FAMILY FITNESS II	84-3103505
HJ FLORIDA, LLC	DAYS INN KENNEDY SPACE CENTER	84-3985732
AVIVA SENIOR LIVING LLC	AVIVA SENIOR LIVING LLC	84-4599753
LIVINGSTON STREET CAPITAL, LLC	LIVINGSTON STREET CAPITAL, LLC	81-4030492
DISCOVERY XT EMPLOYER LLC	WALNUT PARK - VISALIA	81-2312232
SUITT DMD LLC	SUITT DMD LLC	84-2139384
PM BECKER, LLC	PM BECKER, LLC	46-5231317
OSP EMPLOYEES LLC	OSP STEAMBOAT	32-0519050
DAY2SOFT LLC	DAY2SOFT LLC	90-2379560
SCHNEIDER AND ASSOCIATES CLAIM SERVICES, INC.	SCHNEIDER & ASSOCIATES CLAIM SERVICES, INC.	95-4397441
DEEPAK JAISWAL	JAISWAL CLINIC	52-8354483
BACHMAN LAKE TOGETHER	BACHMAN LAKE TOGETHER	81-4526609
RONALD MCDONALD HOUSE	RONALD MCDONALD HOUSE	62-1310717
VOICES FOR A SUSTAINABLE FUTURE, INCORPORATED	LABOR NETWORK FOR SUSTAINABILITY	27-1940927
KALAMAZOO HOME CARE SERVICES, LLC	FIRSTLIGHT KALAMAZOO	83-3114163
DISCOVERY MARYLAND EMPLOYER LLC	DISCOVERY VILLAGE CHEVY CHASE	81-2272375
SENIOR RESORT HOLDINGS, LLC	SENIOR RESORT HOLDINGS, LLC	92-3916822
ISL EMPLOYEES, INC.	SPRING CYPRESS IL	13-4212788

WIREDHIVE LLC	WIREDHIVE LLC	37-2054676
RICHARDSON DERMATOLOGY PLLC	MIRA VISTA DERMATOLOGY	30-0871939
THOMAS SUPPORTS	THOMAS SUPPORTS	82-0557992
THE BOOK SHELTER, LLC	THE BOOK SHELTER, LLC	92-0376352
ENABLE ME, L.L.C.	ENABLE ME, L.L.C.	20-1290663
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT LODI	81-2312232
PROMITTO SUBS, INC	PROMITTO SUBS, INC	45-2782734
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT POINT DEFIANCE	81-2312232
WHOLE HOUSE ENGINEERING, LLC	WHOLE HOUSE ENGINEERING, LLC	81-1422915
COLUMBUS HOSPITALITY, LLC.	HOLIDAY INN ROBERTS CENTRE (Internal Use Only)	31-1751326
ARROW, INC.	ARROW WASTE	58-2291410
OBVIO HEALTH USA, INC.	OBVIO HEALTH USA, INC.	81-0916341
SSG GLOBAL LLC	SIERRA SOLUTIONS GROUP	83-3169610
FUNDAMENTALS EARLY LEARNING II, LLC	FUNDAMENTALS EARLY LEARNING II, LLC	99-3340660
AK QOZB, LLC.	ALOFT ANCHORAGE MIDTOWN	84-2712259
ISL EMPLOYEES, INC.	THE POINT AT ROCKRIDGE	13-4212788
VELOCITY AUTOMOTIVE HOLDINGS BOLINGBROOK IL, LLC	MEINEKE CAR CARE BOLINGBROOK #1776	33-2266449
DISCOVERY WISCONSIN EMPLOYER LLC	LAKEHOUSE MENOMONEE	92-3224466
CREBRID LOAN SERVICING LLC	CREBRID LOAN SERVICING LLC	33-1341294
TechZillion LLC	TechZillion LLC	83-1023727
CAPITAL WAYPOINT LLC	CAPITAL WAYPOINT LLC	82-1457430
BRIDGEWOOD PROPERTY COMPANY	BRIDGEWOOD PROPERTY COMPANY	75-3091761
TWIN PILLARS HEATING AND COOLING, LLC	TWIN PILLARS HEATING AND COOLING, LLC	39-4233752
ECLIPSE EHR SOLUTIONS	ECLIPSE EHR SOLUTIONS	83-1303271
WORLD OF BEER FRANCHISING, INC.	WORLD OF BEER FRANCHISING, INC.	14-1999618
COMMUNITY FOUNDATION OF RANDOLPH COUNTY	CF OF RANDOLPH COUNTY	35-1803148
DISCOVERY XT EMPLOYER LLC	HERITAGE PLACE AT BOERNE	81-2312232
BRIAN CHU DDS, INC.	ALL 4 KIDS PEDIATRIC DENTISTRY	26-3265158
ASHLEY CREST LTD	ASHLEY CREST APARTMENTS	76-0653628
ORTHO CJL LLC	LAVERNIA INSTITUTE	99-0564607
ORTHO KFS LLC	RECONSTRUCTIVE ORTHOPAEDICS OF CENTRAL FLOR	88-3603098
ISL EMPLOYEES, INC.	MARBELLA CHICO	13-4212788
NATIONAL STANDARD PARTS ASSOCIATES, INC.	NATIONAL STANDARD PARTS ASSOCIATES, INC.	59-1984545

TITAN FINANCIAL AND INSURANCE SERVICES, INC.	TITAN FINANCIAL AND INSURANCE SERVICES, INC.	47-3684644
DISCOVERY GEORGIA EMPLOYER LLC	BLUE RIDGE ASSISTED LIVING	47-1855319
DEH TOURING LLC	DEH TOURING LLC	99-1720643
NAPLES KITCHEN AND BATH INC	NAPLES KITCHEN AND BATH	47-4796969
INDUSTRIAL TECHNOLOGY CORPORATION	INDUSTRIAL TECHNOLOGY CORPORATION	42-1145340
NEIGHBORHOOD CENTERS OF JOHNSON COUNTY IOWA	NEIGHBORHOOD CENTERS OF JOHNSON COUNTY IOW/	42-1060964
OAKLAND HOSPICE, INC.	INTERIM HEALTHCARE HOSPICE - SACRAMENTO AREA	85-3073808
OUTREACH, INC	THE OUTREACH PROGRAM	20-0636360
CARDIOLOGY OF ATLANTA	CARDIOLOGY OF ATLANTA	26-0805667
WALTHAM RACQUET CLUB, LLC	WALTHAM RACQUET CLUB, LLC	04-2559487
YOUNG AND ASSOCIATES LAND SURVEYING, ENGINEERIN	YOUNG ASSOCIATES	92-0436398
VEER HOSPITALITY LLC	MOTEL 6 WHITE LANE	47-3610645
TRAHAN MORTUARY SERVICES, INC.	TRAHAN FAMILY FUNERAL HOME	59-3456302
VEER HOSPITALITY INDIO LLC	MOTEL-6 INDIO	84-3156279
LUXURY AIRCRAFT LLC	LUXURY AIRCRAFT LLC	83-3939077
CORONET MACHINERY CORP.	CORONET MACHINERY CORP.	13-2761257
KINGS HOSPITALITY, LLC	HAMPTON INN KINSTON	82-1722501
CABINET SYSTEMS AND SURFACES LLC.	IRONWOOD CABINETS	81-3849520
RNMB WEST 58, LLC	FAIRFIELD INN AND SUITES BY MARRIOTT NY CENT	46-1394218
EVLOGIC, INC.	EVLOGIC	99-0550009
ORDWAY CENTER FOR THE PERFORMING ARTS	ORDWAY CENTER FOR THE PERFORMING ARTS	41-1428998
DISCOVERY MISSOURI EMPLOYER LLC	SOLSTICE AT LEES SUMMIT	93-4088733
UTAH NURSERY & LANDSCAPE ASSOCIATION	UTAH NURSERY & LANDSCAPE ASSOCIATION	87-0441666
BRIDGE SENIOR LIVING	THE GRANDE AT LAUMEIER PARK	20-1457828
CONCERT GLEN OAKS, LLC	GLEN OAKS COUNTRY CLUB	87-3451936
BRY-TECH DISTRIBUTORS, INC.	BRY-TECH DISTRIBUTORS, INC.	04-3716071
9TH STREET QB HOTEL LLC	DUAL MARRIOTT SPRING HILL SUITES AND RESIDENCE	83-3399221
CSB AUTOCRAFT INC - MVL	MIDAS MOORESVILLE	87-3469782
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE FARMINGTON	81-2312232
BUCO INC OF VIRGINIA	BUCO, INC. OF VIRGINIA	54-1298557
JOEL M. WEISSMAN, P.A.	JOEL M. WEISSMAN, P.A.	59-2169396
WCL INSURANCE SERVICES	WCL INSURANCE SERVICES	83-3412475
276 CENTENNIAL STATE FINANCIAL	276 CENTENNIAL STATE FINANCIAL	00-0000000

LICE LADIES ATLANTA, INC	LICE LADIES ATLANTA, INC	90-0996951
JTL ENTERPRISES INC	HYDROMASSAGE	65-0171687
DISCOVERY MARYLAND EMPLOYER LLC	HEARTLANDS SENIOR LIVING VILLAGE AT ELLICOTT CIT	81-2272375
ARNOLD INSURANCE AGENCY	ARNOLD INSURANCE AGENCY	40-9194840
REX PHARMACY INC	REX PHARMACY	42-0941713
DISCOVERY AT HOME LLC	DISCOVERY AT HOME PERSONALIZED LIVING	27-3717914
NORTHWEST ORAL AND MAXILLOFACIAL SURGERY ASSO(	NORTHWEST ORAL AND MAXILLOFACIAL SURGERY ASS	58-1082393
MEGAWATTAGE LLC	MEGAWATTAGE LLC	06-1788554
CP SCARSDALE II, INC.	13 SCARSDALE	47-2172512
MONARCH ADVISORY SERVICES FINANCIAL, LLC.	MONARCH-US	45-2590024
LARRY'S PLUMBING SERVICE, LLC	LARRY'S PLUMBING SERVICE, LLC	82-1692062
DISCOVERY FLORIDA EMPLOYER LLC	ORMOND IN THE PINES	81-2198145
RINK SYSTEMS, INC.	RINK SYSTEMS, INC.	41-1750087
CISTECH, INC.	CISTECH, INC.	56-2144551
DISCOVERY DELAWARE EMPLOYER LLC	STATE STREET	81-2288325
SADDLE UP!	SADDLE UP!	58-1930303
WATER WATER WATER INC.	KINETICO WATER SYSTEMS	59-3800241
NULIV SCIENCE USA INC.	NULIV SCIENCE USA INC.	20-0290584
REGENTRACARE, LLC	REGENTRACARE, LLC	39-2349577
RUNAWAY BAY CONDOMINIUM ASSOCIATION, INC	RUNAWAY BAY CONDOMINIUM ASSOCIATION, INC	59-1799124
DOWNTOWN PARTNERS, INC.	RE/MAX METRO	59-3739919
READERS 2 LEADERS	READERS 2 LEADERS	90-0641325
SIMMBROS, L.L.C.	SIMMBROS, L.L.C.	33-4346836
GREATER BOCA RATON CHAMBER OF COMMERCE	GREATER BOCA RATON CHAMBER OF COMMERCE	59-0667561
REAGAN AND ANDRE ARCHITECTURE, INC.	REAGAN AND ANDRE ARCHITECTURE STUDIO	20-4498692
PLANO TYPE & GRAPHICS	PLANO TYPE AND GRAPHICS	75-2154469
KIC MANAGEMENT GROUP, INC.	KIC MANAGEMENT GROUP, INC.	47-1402503
MICHAEL E CRIDEN, P.A.	MICHAEL E CRIDEN, P.A.	20-2901430
ALPHAGEN LABORATORIES, INC.	ALPHAGEN LABORATORIES, INC.	58-2019517
HHG CEDAR PARK LLC	HHG CEDAR PARK LLC	82-0729755
DOWN THE MOUNTAIN LLC	DOWN THE MOUNTAIN, LLC	99-2693401
ISL EMPLOYEES, INC.	OAK COTTAGE OF SANTA BARBARA	13-4212788
DISCOVERY MICHIGAN EMPLOYER LLC	LAKEHOUSE KALAMAZOO	93-1531454

KB ON TOUR LLC	KB ON TOUR LLC	33-3069755
WEISS AND ASSOCIATES, P.C.	WEISS AND ASSOCIATES, P.C.	13-4144622
BATTERY STORE, INC.	BATTERY STORE, INC.	36-5048686
ODD SOX DISTRIBUTION, LLC	ODD SOX	46-4312712
NOORTHOEK DRESSAGE, LLC	NOORTHOEK DRESSAGE, LLC	88-4289265
RSS HIGHLANDS PLACE MANAGER LLC	HIGHLANDS SQUARE	93-1395006
DOWNS BREWING LLC	SUNCREEK BREWERY	81-1334584
ATTICUS FRANCHISE GROUP, LLC	ATTICUS FRANCHISE GROUP, LLC- MASSAGE ENVY	47-4423569
EFC WEALTH GROUP INC	EFC WEALTH GROUP INC	27-2245758
ATIA LLC	ATIA LLC	39-3590707
PADDEN COOPER, LLC	PADDEN COOPER, LLC	27-0918985
RUPSON CORPORATION	HOLIDAY INN EXPRESS NEWTON/SPARTA	14-1658744
SHIFT COMPUTER SERVICES, LLC	SHIFT COMPUTER SERVICES, LLC	51-0536997
PARROT SOLAR, INC.	PARROT SOLAR, INC.	83-2531486
FRANCHI MANAGEMENT CO INC	FRANCHI MANAGEMENT CO INC	04-2551590
CREATIVE RETIREMENT PLAN CONSULTING LLC	CREATIVE RETIREMENT PLAN CONSULTING LLC	84-2276766
SCRUBADOO CULEBRA OPCO, LLC	SCRUBADOO CULEBRA OPCO, LLC	82-1658186
ORTHO ZNN LLC	COMPREHENSIVE ORTHOPAEDICS OF THE GOLF COAS	82-4412420
PROVIDENCE DATA TECHNOLOGIES, LLC	DISTYNCT	84-2210538
CHARLOTTE COUNTRY DAY SCHOOL INC	CHARLOTTE PREPARATORY SCHOOL	65-0661754
DISCOVERY XT EMPLOYER LLC	CYPRESS WOODS	81-2312232
BRIDGE SENIOR LIVING LLC	THE ENCLAVE OF FRANKLIN	20-1457828
RIVER VALLEY CREDIT UNION	RIVER VALLEY CREDIT UNION	42-6061323
INTERNATIONAL CAPITAL, LLC	INTERNATIONAL CAPITAL, LLC	80-0318787
A A CASEY CO OF DAYTONA INC	A A CASEY CO OF DAYTONA INC	59-1438352
MICHAEL ROSENTHAL INVESTMENT COMPANY, INC.	MICHAEL ROSENTHAL INVESTMENT COMPANY, INC.	93-4790841
IOWA CITY KOLONA MHPS, LLC	IOWA CITY KALONA MHPS	88-3141158
M.G. INDUSTRIAL ENGINES, INC.	M.G. INDUSTRIAL ENGINES, INC.	59-3366454
SUPERTEST OIL COMPANY	SUPERTEST OIL COMPANY	59-2602169
BRIDGE SENIOR LIVING LLC	THE BRIDGES AT BENT CREEK	20-1457828
JEPB AGENCY, LLC	2 TON	99-3040493
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT RENTON	81-2312232
BRIDGE SENIOR LIVING LLC	THE BRIDGES AT WARWICK	20-1457828

NATIONAL PEDIATRIC CANCER FOUNDATION, IN	NATIONAL PEDIATRIC CANCER FOUNDATION, IN	59-3097333
AVIATION INSTRUMENT TECHNOLOGIES, INC.	AVIATION INSTRUMENT TECHNOLOGIES, INC.	59-3456202
ORTHO RRN LLC	ADVANCED PODIATRY GROUP	87-3220157
HOLPACK, CORP.	HOLPACK, CORP	82-4431466
BRIDGE SENIOR LIVING LLC	THE ENCLAVE OF SCARBOROUGH	20-1457828
KOKORO ASSISTED LIVING, INC	KOKORO ASSISTED LIVING, INC	94-3271217
THE OCTAGON GROUP, INC.	KELLER WILLIAM REALTY MCKINNEY	75-2674387
BRIDGE SENIOR LIVING LLC	THE ENCLAVE OF SPRINGBORO	20-1457828
BRIDGE SENIOR LIVING LLC	THE ENCLAVE OF NEWELL CREEK	20-1457828
BONNER SPRINGS HOUSING PARTNERS, L.P.	BONNER HIGHLANDS APARTMENTS	74-2855296
ABILIT HOLDINGS STOUGHTON LLC	MILESTONE SENIOR LIVING - STOUGHTON	30-1007188
ABILIT HOLDINGS HILLSBORO LLC	MILESTONE SENIOR LIVING - HILLSBORO	61-1858354
ABILIT HOLDINGS RHINELANDER LLC	MILESTONE SENIOR LIVING - RHINELANDER	30-1007032
ABILIT HOLDINGS EAGLE RIVER LLC	MILESTONE SENIOR LIVING - EAGLE RIVER	36-4880092
BREAKTHROUGH TWIN CITIES	BREAKTHROUGH TWIN CITIES	45-3587267
ANDERSON PROPERTIES INC	ANDERSON PROPERTIES INC	42-1384268
GBSL STAFFING AL LLC	LONGLEAF LIBERTY PARK	82-3642396
ABILIT HOLDINGS TOMAHAWK LLC	MILESTONE SENIOR LIVING - TOMAHAWK	32-0544076
ABILIT HOLDINGS WOODRUFF LLC	MILESTONE SENIOR LIVING - WOODRUFF	61-1856937
FOUR COUNTY WEST, INC. DBA GRISWOLD HOME CARE	GRISWOLD HOME CARE	45-3260125
DISCOVERY NORTH CAROLINA EMPLOYER LLC	MORNINGSIDE OF CONCORD	85-3437133
HEAD AND SPINE INSTITUTE LLC	HEAD AND SPINE INSTITUTE LLC	87-2416374
COYOTE UGLY SALOON DEVELOPMENT CORPORATION	DEVCO	33-1055689
CONCERT MARSH LANDING, LLC.	MARSH LANDING COUNTRY CLUB	88-1745233
FITOK INC.	FITOK INC.	45-2703935
GREENWICH PET FOOD, INC.	3 GREENWICH	06-1386238
IDEAZ, LLC	IDEAZ, LLC	06-1540733
GENERATION W INC	GENERATION W INC	46-4832199
BENEFIT ASSOCIATES, INC.	BENEFIT ASSOCIATES, INC.	95-3775762
GHR FOUNDATION	GHR FOUNDATION	45-3996122
DANIEL E. ESPOSITO MD DMD	DANIEL E. ESPOSITO MD DMD	84-1558053
MORADA SENIOR LIVING LLC	MORADA SENIOR LIVING LLC	85-4364200
COAST PUMP AND SUPPLY CO.	COAST PUMP AND SUPPLY CO.	59-2014748

THE BOAT PLACE OF NAPLES, INC.	THE BOAT PLACE OF NAPLES, INC.	65-0636552
BABY FACE PORTRAITS, LLC	BABY FACE PORTRAITS	26-4004748
DISCOVERY NORTH CAROLINA EMPLOYER LLC	MCCARTHY COURT	85-3437133
HEARTLAND PHARMACY SERVICES LLC	HEARTLAND PHARMACY SERVICES LLC	88-4088451
78R HOLDINGS COMPANY	AEKO TECHNOLOGIES	81-4333479
RB MANAGEMENT COMPANY	RB MANAGEMENT COMPANY	59-3466199
GURKHA CIGARS	GURKHA CIGARS	58-2287798
J WASSER AND CO	J WASSER AND CO	26-1331749
WKS INVESTMENTS, LLC	RICK ROBERTS LAWN SERVICES	61-1929689
STRATEGIC FAMILY CAPITAL, INC.	STRATEGIC FAMILY CAPITAL, INC.	39-3074682
TRUSTPOINT INTERNATIONAL, LLC	TRUSTPOINT INTERNATIONAL, LLC	26-3500847
DIXON SOCIAL INTERACTIVE SERVICES, INC.	DIXON SOCIAL INTERACTIVE SERVICES, INC.	20-0606446
GOLDEN HAMMER FOUNDATIONS, INC	GOLDEN HAMMER FOUNDATIONS, INC	84-2370435
FAMILIES FORWARD	FAMILIES FORWARD	42-1258470
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT AUSTIN	81-2312232
COLUMBUS HOSPITALITY, LLC.	NATIONWIDE HOTEL AND CONFERENCE CENTER (INTEI	31-1751326
RSS MANCHESTER OPERATIONS LLC	MCARTHUR MANOR ASSISTED LIVING	85-2346373
LAKELAND ALF MANAGEMENT, LLC	LAKELAND MANOR ALF	81-2813642
VENUWORKS OF JEFFERSON CITY, LLC	VENUWORKS OF JEFFERSON CITY, LLC	86-2218469
V3 RECRUITERS LLC	V3 RECRUITERS LLC	83-3876672
TRINITY MEMORY CARE LLC	TRINITY MEMORY CARE LLC	92-2060783
IMPERIAL HOME HEALTH CARE LLC	IMPERIAL HOME HEALTH CARE LLC	86-1568030
WINNING WINGS LLC	BUFFALO WILD WINGS GO	86-3919779
CONCERT WHITE MANOR OPCO, LLC	WHITE MANOR COUNTRY CLUB	30-1282436
IMPERIAL LIVING PROPCO LLC	IMPERIAL LIVING PROPCO LLC	86-1601058
DIMENSIONS WEALTH MANAGEMENT, LLC	DIMENSIONS WEALTH MANAGEMENT, LLC	83-2150622
CUS SAN ANTONIO	COYOTE UGLY SAN ANTONIO	20-0806135
MCNATT PLUMBING CO., INC.	MCNATT PLUMBING CO., INC.	59-3165037
NEIGHBORHOOD LAW GROUP OF IOWA P.C.	NEIGHBORHOOD LAW GROUP OF IOWA P.C.	46-4043673
AMERICAN PARTY RENTALS, INC.	AMERICAN PARTY RENTALS, INC.	56-1670657
VEGAS VACUUM AND SEWING	VEGAS VACUUM AND SEWING	20-0356508
CASA ALONDRA INVESTORS, LLC	CASA ALONDRA INVESTORS, LLC	86-3636034
DISCOVERY PENNSYLVANIA EMPLOYER LLC	RITTENHOUSE VILLAGE AT LEHIGH VALLEY	47-5629412

DISCOVERY KANSAS EMPLOYER LLC	THE WELSTONE AT MISSION CROSSING	82-4486501
JEM CF MANAGEMENT, LLC	JEM CF MANAGEMENT, LLC	92-0425089
RAMONA OAKS RV PARK LLC	RAMONA OAKS RV PARK LLC	85-3875053
REGROW.IO	REGROW.IO	35-2700629
BERTSCHI NORTH AMERICA INC.	BERTSCHI GROUP	45-4901868
LEMARS PHYSICAL THERAPY, LLC	LEMARS PHYSICAL THERAPY, LLC	26-2723565
SIOUXLAND YOUTH FOR CHRIST, INC.	SIOUXLAND YOUTH FOR CHRIST, INC.	42-1108779
CONCERT GEORGIA CLUB LLC	GEORGIA CLUB	99-3329012
PINNACLE RETIREMENT INC.	PINNACLE RETIREMENT INC.	86-0966285
LITTLE ELM MEDICAL CLINIC PA	LITTLE ELM MEDICAL CLINIC PA	75-2867549
JDW MANAGEMENT, L.L.C.	SERVPRO OF PHOENIX	81-0933968
PARADIGM CHEMICAL & CONSULTING	PARADIGM CHEMICAL & CONSULTING	06-1683661
THE BLEND INSTITUTE, LLC	THE BLEND INSTITUTE, LLC	27-1627084
ICE LEGAL, PA	ICE LEGAL, PA	26-2220898
COOL R US INC	COOL R US INC	26-0854717
ISL EMPLOYEES, INC.	HEARTIS VILLAGE PEORIA	13-4212788
3 R CAPITAL LLC	3 R CAPITAL LLC	84-3076187
GBSL STAFFING AL, LLC (AVIVA PEMBROKE)	AVIVA PEMBROKE	82-3642396
RAINDANCE LLC	RAINDANCE LLC	47-3356858
MCAVOY CPA LLC	MCAVOY CPA LLC	82-3736069
RSS/COLONIAL GARDENS MANAGER, LLC	COLONIAL GARDENS	99-2036694
NOVUM UNDERWRITING PARTNERS, LLC	NOVUM UNDERWRITING PARTNERS, LLC	83-2876557
SHOOK HANDYMAN SERVICE LLC	SHOOK HANDYMAN SERVICE LLC	85-1512387
ADLERIAN SCHOOL ASSOCIATION, INC.	ALFRED ADLER ELEMENTARY SCHOOL	26-0679527
R AND S MACHINING, INC.	R AND S MACHINING, INC.	43-1719007
ADVANCED SERVICES GROUP, LLC	SERVICE MASTER RESTORATION BY ASG	86-2023532
ORTHO PHT LLC	DR.PATRICK TYRANCE JR, MD	87-1029585
FERN GARDENS MEMORY CARE, LLC	TABLE ROCK MEMORY CARE COMMUNITY	26-4422606
HOOD DEPOT INTERNATIONAL, INC.	HOOD DEPOT INTERNATIONAL, INC.	65-0990011
CUS OKLAHOMA CITY LLC	COYOTE UGLY OKLAHOMA CITY	26-3315390
ALL SOUTH LIGHTNING PROTECTION, INC.	ALL SOUTH LIGHTNING PROTECTION, INC.	65-0637585
THE JOHNSON TEAM, LLC	THE JOHNSON TEAM, LLC	83-2719654
MANTEL MCDONOUGH RISO, LLP	MANTEL MCDONOUGH RISO, LLP	13-3856171

BTW SOLUTIONS, LLC	BTW SOLUTIONS, LLC	46-3545091
MALONEY CONSULTING SERVICES LLC	MALONEY CONSULTING SERVICES LLC	94-3488067
REAL TIME RESOLUTIONS INC	REAL TIME RESOLUTIONS INC	75-2868594
LAFON EWC MANAGEMENT, LLC	LAFON EWC MANAGEMENT, LLC	86-3754443
MIA HOSPITALITY MANAGEMENT LLC	MIAHD: SPRINGHILL SUITES MIAMI DOWNTOWN MEDICA	33-1244905
GO HEAR, INC.	GO HEAR, INC.	45-4619947
COLUMBUS HOSPITALITY, LLC	VITRIA EVENT CENTER (INTERNAL USE ONLY)	31-1751326
PENSION PROFESSIONALS	PENSION PROFESSIONALS	52-8045822
COUNTRY CLUB MHP, LLC	COUNTRY CLUB MHP, LLC	85-2939645
DAVENPORT GROUP, INC.	DAVENPORT GROUP, INC.	56-2361678
TRANSCE3ND LLC	TRANSCE3ND LLC	32-0817014
HERALD SQUARE ENTERPRISES INC.	THE RAG TRADER	81-3853258
MILLER ELECTRICAL SERVICES INC	MILLER ELECTRICAL SERVICES INC	59-2560783
TEXAS ENTERTAINMENT SERVICES LLC	GILLEY'S DALLAS	27-0358666
PHANTOM PRODUCTS, INC.	PHANTOM PRODUCTS, INC.	54-1723733
DISCOVERY MARYLAND EMPLOYER LLC	HEARTLANDS ASSISTED LIVING AT SEVERNA PARK	81-2272375
HONEY BRAKE OUTFITTERS, LLC	HONEY BRAKE OUTFITTERS, LLC	33-1534361
ELECTRONIC SERVICES SYSTEM	ELECTRONIC SERVICES SYSTEM	87-3108841
BEACH HAVEN L.L.C.	BEACH HAVEN L.L.C.	20-1467225
JACKSAM CORPORATION	JACKSAM CORPORATION	46-3566284
DEBARY DONUTS, LLC	DEBARY DONUTS, LLC	47-1762185
RC F AND B MANAGEMENT LLC	KIMPTON ERA F AND B	99-3146868
OCOOW LLC	OCOOW, LLC	46-1736743
VSC VETCARE, INC.	IRONHORSE VETCARE	46-5447136
RISING PHOENIX CONSTRUCTION INC	RISING PHOENIX CONSTRUCTION INC	81-5231994
DISCOVERY FLORIDA EMPLOYER LLC	THE LYNMOORE AT LAWNWOOD	81-2198145
HANA ROAD HOLDINGS LLC	WICK HOTEL	93-4886662
VIGIRON, LLC	VIGIRON, LLC	87-3413196
ISL-HOLLYWOOD, LLC	SUNNY DAYS ASSISTED LIVING FACILITY LLC	85-3012693
CONCERT WISCONSIN COUNTRY CLUB, LLC.	WISCONSIN COUNTRY CLUB	92-3774197
FORBES LAND CORPORATION	FORBES LAND CORPORATION	76-0446281
AGEIS COASTAL PROVISIONS INC.	AGEIS COASTAL PROVISIONS INC.	82-5133498
SHANE'S RIB SHACK LLC	SHANE'S RIB SHACK LLC (CORP)	26-3964489

FEI DALLAS CHAPTER	FEI DALLAS CHAPTER	75-6038085
R.E.E. CONSULTING, LLC	R.E.E. CONSULTING, LLC	20-3613349
SENIOR HOUSING HEALTH CARE, INC.	SONOMA HOUSE	20-3308829
AGILIX LABS INC.	AGILIX LABS INC.	87-0681905
IGNITION, INC.	IGNITION, INC.	20-8160636
POST SUNSHINE RANCH ENTERPRISES, INC	POST SUNSHINE RANCH ENTERPRISES, INC	20-0209191
AMADOR RESIDENTIAL CARE INC	AMADOR RESIDENTIAL CARE INC	68-0260479
MARCUS SAMUELSSON RESTAURANT GROUP LLC	MARCUS SAMUELSSON RESTAURANT GROUP LLC	88-1794633
AMORET FARMS, INC.	AMORET FARMS, INC.	39-1904034
ADAIR CONCEPTS, LLC	ADAIR CONCEPTS	81-0790465
NAV-TECH INC	NAV-TECH INC	76-0778700
KUSHLAN PRODUCTS, LLC	KUSHLAN PRODUCTS, LLC	27-1484286
BLUEWATER BUILDERS CONSTRUCTION SERVICES, LLC	BLUEWATER BUILDERS CONSTRUCTION SERVICES, LL(	92-0360769
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE AT CASTLE HILLS IL	81-2312232
DISCOVERY XT EMPLOYER LLC	CONSERVATORY AT ALDEN BRIDGE	81-2312232
WYOMING COMMUNITY FOUNDATION	WYOMING COMMUNITY FOUNDATION	83-0287513
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE AT TWIN CREEKS	81-2312232
OVERTYME, INC.	HATCH TOYOTA	20-5481570
MILLENNIUM AUTOMOTIVE EQUIPMENT	MILLENNIUM AUTOMOTIVE EQUIPMENT	59-3544508
INSIGHT WEALTH GROUP	INSIGHT WEALTH GROUP	45-4556907
FLANAGAN LAW FIRM, LLC	FLANAGAN LAW GROUP, PLLC	27-1785837
TREADMILLDOCTOR.COM, INC	TREADMILL DOCTOR	62-1805253
ISL EMPLOYEES, INC.	CREEKSIDE VILLAGE ASSISTED LIVING	13-4212788
EWC AUSTIN CENTRAL LLC	EWC AUSTIN CENTRAL LLC	84-1986862
CABRETTA CAPITAL CORPORATION	CABRETTA CAPITAL CORPORATION	47-2749873
COMMERCIAL FINANCE GROUP WEST LLC	COMMERCIAL FINANCE GROUP WEST LLC	36-4752877
ALLERGY AND ASTHMA PHYSICIANS OF ARLINGTON, P.A.	ALLERGY AND ASTHMA CENTRES OF THE METROPLEX	75-2898403
ORTHO OFC LLC	PODIATRY ASSOCIATES OF PALM BEACH GARDENS	87-3264819
ADAIR CONCEPTS, LLC	THE TRUEHEART HOTEL	81-0790465
SCLB 46TH STREET LLC	SPRINGHILL SUITES BY MARRIOTT	83-3857204
VELOCITY AUTOMOTIVE HOLDINGS HICKORY NC, LLC	MEINEKE CAR CARE HICKORY	93-3968246
SPECIALIZED THERAPY ASSOCIATES, LLC	SPECIALIZED THERAPY ASSOCIATES, LLC	22-3483707
RICHLAND MANAGEMENT, INC	RICHLAND MANAGEMENT, INC	65-0242971

ADELGLASS LLC	ADELGLASS LLC	83-1183480
RAJA HOSPITALITY LLC	HOLIDAY INN EXPRESS KINSTON	82-1730211
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT BELLINGHAM	81-2312232
CASTRO PETERSEN, INC.	CREATIVE PRODUCTIONS	33-0936528
ORTHO ONN LLC	RICHARD SELLERS, MD	82-2406659
RI BEACH, LLC	RUNAWAY ISLAND BAR AND GRILL	37-1696738
P FAMILY INSURANCE SERVICES LLC	TRILITH INSURANCE	86-3837722
THE VICTORY CENTER, INC.	THE VICTORY CENTER, INC.	65-0968171
VILLAGE OF OAKCREEK ASSOCIATION	VILLAGE OF OAKCREEK ASSOCIATION	86-0259271
HERITAGE GROUP, LLC	HERITAGE GROUP, LLC	43-1961449
RED COACH TEXAS, LLC	RED COACH TEXAS, LLC	87-2141271
TPD RIVERVIEW, LLC	RIVERVIEW SENIOR LIVING	85-0777877
CONCERT RENAISSANCE, LLC.	THE CLUB AT RENAISSANCE	88-3373770
KIRK A. SPECHT, DDS	CENTRAL COAST ORTHODONTICS	94-2986840
285 MASSMUTUAL TRI STATE	285 MASSMUTUAL TRI STATE	00-0000000
BEHAVIORAL HEALTH SECURITY SERVICES	BEHAVIORAL HEALTH SECURITY SERVICES, INC.	47-2879980
MICHAEL L COX INSURANCE AGENCY	MICHAEL L COX INSURANCE AGENCY	33-1181018
KALAMA EXPORT COMPANY LLC	KALAMA EXPORT COMPANY LLC	47-0811182
FLYING DOG ENTERPRISES, INC	FLYING DOG ENTERPRISES, INC	33-0313310
BUHLER THOMAS LAW, P.C.	BUHLER THOMAS LAW, P.C.	45-3552298
DANVILLE MUTUAL TELEPHONE COMPANY	DANVILLE MUTUAL TELEPHONE COMPANY	42-0207390
SWINE HEALTH INFORMATION CENTER	SWINE HEALTH INFORMATION CENTER	47-3408746
SENIOR HOUSING HEALTH CARE, INC.	GOODHUE SENIOR LIVING	20-3308829
RIVIERA DENTAL CARE PC	RIVIERA DENTAL CARE PC	63-1271237
JANE HEALTHCARE SERVICES, INC.	INTERIM HEALTHCARE OF COLUMBIA	84-3511474
CASEY D. SHOMO, PA	CASEY D. SHOMO, PA	20-1080235
GRAPESEED MEDIA LLC	GRAPESEED MEDIA	46-4946355
RENOTECH INTERIORS, INC	RI GROUP	11-3020297
326 BINKLEY SOLDOTNA ASPEN, LLC	ASPEN SOLDOTNA	33-2644738
VC5 PARTNERS LLC	VC5 PARTNERS, REKRUITERS, DEVVELOPERS	45-3762101
SIGMA SURVEILLANCE INC	STS 360	59-2452322
J BAR J, INC	SMOK'N PIT BAR B Q	65-0880238
CARUSO FINANCIAL GROUP LLC	CARUSO FINANCIAL GROUP LLC	45-5424534

RHCSC DOUGLAS AL HOLDINGS LLC	THE LANDINGS OF DOUGLAS	82-4699292
SOUTHERN STAR RESTAURANT MANAGEMENT, INC	ORLANDO - DUNKIN DONUT	45-5353023
HORIZON CASUAL INC.	HORIZON CASUAL INC.	59-3681979
CENTER FOR PHYSICAL MEDICINE AND REHABILITATION F	CENTER FOR PHYSICAL MEDICINE AND REHABILITATIOI	86-0779878
DISCOVERY XT EMPLOYER LLC	SOLSTICE AT SANDY	81-2312232
COHEN ZIFFER FRENCHMAN AND MCKENNA LLP	COHEN ZIFFER FRENCHMAN AND MCKENNA LLP	85-3462372
ADAM PLUS COMPANY LLC	ADAM PLUS COMPANY LLC	46-1891425
MILLER RETIREMENT GROUP LLC	MILLER RETIREMENT GROUP LLC	81-5479509
URDANG & COMPANY, LLC	URDANG & COMPANY, LLC	20-2907242
FORMATION ENVIRONMENTAL LLC	FORMATION ENVIRONMENTAL LLC	27-0884869
GOLF MAINTENANCE SOLUTIONS 1E, LLC	MYAKKA PINES GOLF COURSE	27-0532583
GLASSHOUSE PRODUCTS, LLC	GLASSHOUSE PRODUCTS, LLC	92-3566883
AMAZING DALLAS HOTEL LLC	HAMPTON INN AND SUITES PLANO CENTRAL	84-1792430
PGN VILLAGE INN INC	PGN FUN VILLAGE	36-3775050
JIMMY CAROL BRADLEY	BRADLEY INSURANCE AGENCY	75-1488234
DESIGNED MAINTENANCE SERVICES, INC.	DESIGNED MAINTENANCE SERVICES, INC.	58-2282743
TPPJ WOODLAND HILLS, INC.	TOMATO PIE PIZZA JOINT	85-1333343
KUBAT PHARMACY, LLC	KUBAT PHARMACY, LLC	47-0490912
DISCOVERY PENNSYLVANIA EMPLOYER LLC	HIDDEN MEADOWS ON THE RIDGE	47-5629412
PSL ASSOCIATES, LLC	THE LEGACY AT FALCON POINT	83-1427127
MASON INSURANCE AND FINANCIAL SERVICES INC	MASON INSURANCE AND FINANCIAL SERVICES INC	33-3172980
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT DEERWOOD	81-2198145
GRIDMARKET, LLC	GRIDMARKET, LLC	47-3566581
SEA FAIR USA LLC	SEA FAIR USA LLC	27-5102329
NAVION SOUTHPOINTE OPERATIONS LLC	THE LEGACY AT SOUTHPOINTE	84-2797475
MERCHANTS ADVANCE LLC	MERCHANTS ADVANCE LLC	20-1743518
FREDERICKSBURG RTO, LLC	FREDERICKSBURG RTO, LLC	47-3904293
HOMETOWN FINANCE LLC	HOMETOWN FINANCE LLC	92-0736379
DISCOVERY FLORIDA EMPLOYER LLC	DISCOVERY VILLAGE AT STUART	81-2198145
CHICOWINGS, INC.	HANGAR PUB & GRILL - SOUTH HADLEY	47-4828516
TAPPER AND COMPANY PROPERTIES MANAGEMENT, INC.	TAPPER AND COMPANY PROPERTIES MANAGEMENT, IN	59-3735900
BEAUTY SOLUTIONS LLC	BEAUTY SOLUTIONS LLC	71-1028334
NEVADA FERTILITY ASSOCIATES - DUKE, PLLC	NEVADA FERTILITY ASSOCIATES	81-1396798

MENDOCINO REDWOODS RV RESORT, LP	MENDOCINO REDWOODS RV RESORT, LP	83-2417008
MYSICA PROGRESSIVE COMPANY, L.L.C.	THE BURGESS HOTEL	58-2236597
KYMA SHIP MANAGEMENT, INC.	KYMA SHIP MANAGEMENT, INC.	06-1505775
J & J MACKEY INC	SERVICEMASTER FIRE AND WATER RESTORATION	36-4543344
PINSTRIPE VENTURES ROUND ROCK, LLC	ROOSTERS MENS GROOMING CENTER	81-1102371
BY DESIGN LANDSCAPES, INC.	BY DESIGN LANDSCAPES, INC.	20-2665349
SONDER MEDICINE INCORPORATED	SONDER RESEARCH X	83-4118466
KAVA INSURANCE & FINANCIAL SERVICES CORP	KAVA INSURANCE AND FINANCIAL SERVICES CORP	26-1264088
OPPENHEIMER EYE CLINIC, PLLC	OPPENHEIMER EYE CLINIC, PLLC	59-2171030
HG CAPITAL MANAGEMENT LLC	HG CAPITAL MANAGEMENT LLC	27-4355469
JAEJ GROUP LLC	JAEJ GROUP LLC	92-0391782
ISL EMPLOYEES, INC.	SPRING CYPRESS AL AND MC	13-4212788
UPTOWN AMBRUS INVESTMENTS, LLC	UPTOWN AMBRUS INVESTMENTS, LLC	83-2822628
GOOD PEOPLE BREWING COMPANY, LLC	GOOD PEOPLE BREWING COMPANY, LLC	20-5029632
REDDING 278 LP	THE REDWOODS MHP	93-4204173
DISCOVERY XT EMPLOYER LLC	GATEWAY VILLAS AND GATEWAY GARDENS	81-2312232
THE 2100 CONDOMINIUM ASSOCIATION INC	THE 2100 CONDOMINIUM ASSOCIATION INC	59-2027931
RECOVERY ALLY, LLC	RECOVERY ALLY, LLC	36-4938776
PULLMAN FP LLC	PULLMAN FP	84-2160420
JOHN K PAGE	JOHN K PAGE	75-2904758
BEACON AUTO REPAIR LLC-S SERIES 11	MEINEKE CAR CARE DES PLAINES	99-3973728
INNOVATIONS EDUCATIONAL SERVICES INC	INNOVATIONS EDUCATIONAL SERVICES INC	27-2517148
ICON BUSINESS BANK	ICON BUSINESS BANK	92-0719694
OLD GRINGO BOOT STORE #1, LLC	OLD GRINGO BOOT STORE	87-2229166
ETF AUTO 7 LLC	MEINEKE CAR CARE CENTER	93-2477458
ILVENTO LAW, P.A.	ILVENTO LAW, P.A.	26-0111600
C-ACCRUE, LLC	C-ACCRUE, LLC	87-4112205
PALMIERI HOLDINGS, INC.	INTERIM HEALTHCARE	27-2867873
CAREFREE MOBILE HOME PARK, LLC	CAREFREE MOBILE HOME PARK, LLC	81-2562637
INTERNATIONAL SCHOOL OF EXCELLENCE, INC.	VICTORY CHARTER OF TAMPA	47-3786587
INTEGRATED CONSULTING SERVICES, LLC.	INTEGRATED CONSULTING SERVICES, LLC.	27-1680258
PARAMOUNT COUNTRY CLUB, LLC	PARAMOUNT COUNTRY CLUB, LLC	26-4785048
AMER - BEASLEY & COWLEY	AMER - BEASLEY & COWLEY	50-1844149

SEAHAVEN LLC	SEAHAVEN, LLC	26-0085058
SGM E BUSCH INC	SGM E BUSCH INC	88-1933536
DARREN FORD	DARREN FORD	54-0049112
LJ RIVERFRONT MANAGEMENT, LLC	MEETINGHOUSE AT RIVERFRONT	99-2323344
AEGIS POWER SYSTEMS, INC.	AEGIS POWER SYSTEMS, INC.	56-1915802
EMERGENCY PHYSICIANS OF CENTRAL FLORIDA, LLP	EMERGENCY PHYSICIANS OF CENTRAL FLORIDA, LLP	59-3474034
JND HOLDINGS, LLC	JND HOLDINGS, LLC	81-1404874
MISTY KITE FEZELL INSURANCE AGENCY	MISTY KITE FEZELL INSURANCE AGENCY	47-1285011
RENTPROS, INC.	RENTPROS PROPERTY MANAGEMENT	02-0648851
DISCOVERY XT EMPLOYER LLC	PARKVIEW IN ALLEN	81-2312232
1818 SPETE OPCO LLC	THE GOLDTON AT ST. PETERSBURG	83-4534978
DYNAMIX WEB DESIGN, LLC	DYNAMIX WEB DESIGN, LLC	45-3322618
SALEM'S MANAGEMENT CO, LLC	SALEM'S MANAGEMENT CO, LLC	46-3326394
CONNOLLY MUSIC COMPANY, INC.	CONNOLLY MUSIC COMPANY, INC.	11-2210582
ELECT-A-VAN SERVICE, L.L.C.	EVS SUPPLY	75-1426567
SG SOUTH B, INC	SG SOUTH B, INC	45-2712980
INTERIOR WOODS INC	INTERIOR WOODS INC	56-2208001
AMICORP SERVICES LTD	AMICORP SERVICES LTD	13-4137718
DISCOVERY XT EMPLOYER LLC	DISCOVERY VILLAGE AT CASTLE HILLS	81-2312232
BREAKTHRU PSYCHIATRIC SOLUTIONS, LLC	BREAKTHRU PSYCHIATRIC SOLUTIONS, LLC	87-1764620
COPPER PLACE PROPERTY MANAGEMENT LLC	COPPER PLACE PROPERTY MANAGEMENT LLC	92-0362921
STICKY CACTUS, LLC	STICKY CACTUS, LLC	27-3441919
KYLE NOLEN INSURANCE AGENCY	KYLE NOLEN INSURANCE AGENCY	47-4851470
SUPER DUPER SPOT, LLC	SUPER DUPER SPOT	84-3824885
KDC HOME HEALTH CARE SERVICES CORP	INTERIM HEALTHCARE	87-3079748
ISL EMPLOYEES, INC.	VALAGE	13-4212788
OZ SAFEROOMS TECHNOLOGIES, INC	OZ SAFEROOMS TECHNOLOGIES, INC	27-3701910
MAINSTAY BUSINESS SERVICES, LLC	MAINSTAY BUSINESS SERVICES, LLC	82-3023306
QUINTILLION SUBSEA OPERATIONS, LLC	QUINTILLION SUBSEA OPERATIONS, LLC	47-4362675
RSS EAGLE'S POINTE MANAGER, LLC	EAGLE'S POINTE	99-4573847
ORTHO JDD LLC	JON D DONSHIK MD PA	88-1366253
SILVER STATE RV PARK, LLC	SILVER STATE RV PARK, LLC	83-1635532
COLUMBUS HOSPITALITY, LLC.	QUALITY GUEST LINEN SERVICE (Internal Use Only)	31-1751326

FUSE INTEGRATION, INC.	FUSE INTEGRATION, INC.	27-3803258
INDEPENDENT COMMUNITY BANKERS OF COLORADO	INDEPENDENT COMMUNITY BANKERS OF COLORADO	84-0647721
VIPEX CONSOLIDATORS, INC	VIPEX CONSOLIDATORS, INC	65-0932879
AARON J EVANS OD PA	BOCAVIEW OPTICAL	27-0475251
ALCATRAZ EAST, LLC	ALCATRAZ EAST, LLC	81-1787135
MOUNTAIN VIEW MHC LLC	MOUNTAIN VIEW MHC LLC	85-3059346
IOWA AGRICULTURE LITERACY FOUNDATION	IOWA AGRICULTURE LITERACY FOUNDATION	31-1672416
PINPOINT IT SERVICES, LLC	PINPOINT IT SERVICES, LLC	20-3138073
KNOTT, EBELINI, HART, P.A.	KNOTT EBELINI HART	59-2228541
HELU PAVLOVA, LLC	RESTAURANT 432	83-4646265
HEART HEALTH CENTER, LLC	HEART HEALTH CENTER, LLC	47-3280746
BMG MONEY, INC.	BMG MONEY, INC.	27-1246641
MADISON WHITE ENTERPRISES LLC	MADISON WHITE ENTERPRISES LLC	45-3602353
PURELY VAPOR L.L.C	PURELY VAPOR	46-2444919
ORTHO ZAV LLC	DELRAY ORTHOPAEDIC CENTER	83-0647123
SUNNYSIDE PHYSICAL AND SPORTS THERAPY PLLC	SUNNYSIDE PHYSICAL AND SPORTS THERAPY PLLC	87-0743798
DISCOVERY XT EMPLOYER LLC	CROWN COVE	81-2312232
RADIANT SERVICES CORP.	RADIANT SERVICES CORP.	95-4492100
CAPITAL PACIFIC HOLDINGS INC	CAPITAL PACIFIC HOLDINGS INC	95-2956559
SOUTHEASTON SYSTEMS, LLC	SOUTHEASTON SYSTEMS	45-1693244
AUGUSTA AUTO SALES, INC	CENTRAL MAINE POWERSPORTS	57-1175978
UNION GOSPEL MISSION OF DALLAS	UNION GOSPEL MISSION OF DALLAS	75-6003612
PROGRESSIVE LABORATORIES, INC	PROGRESSIVE LABORATORIES, INC	75-1464885
HACB, LLC	BROAD BROOK BREWING	99-1545982
NTOS PLLC	NORTH TEXAS ORTHOPAEDIC AND SPINE CENTERS	46-1915169
AEL AMERICAS INC	AEL AMERICAS INC	46-3980146
OSL PORT ORANGE LLC	REFLECTIONS MEMORY CARE OF PORT ORANGE	88-1503703
FRYE CONSTRUCTION INC	FRYE CONSTRUCTION INC	86-0720655
REDHAWK F & B MANAGEMENT, LLC	HAWK'S LANDING	47-4847229
TRADENET ENTERPRISE INC	VANTAGE LED	95-4647111

January 21, 2026

Public Documents Room, EBSA Room
N-1513, U.S. Department of Labor 200
Constitution Avenue, N.W.
Washington, DC 20210

RE: Oasis Outsourcing Holdings, Inc. Employee Welfare Benefit Plan Dear

Sir/Madam:

Enclosed is a completed 2025 Form M-1 for the Oasis Outsourcing Holdings, Inc. Employee Welfare Benefit Plan (the "Plan").

Oasis Outsourcing Holdings, Inc. is the plan sponsor of the Plan. The preamble to the final rule regarding reporting by multiple employer welfare arrangements ("MEWAs") specifically addresses the application of the Form M-1 filing requirement to PEOs.

This Form M-1 will be filed by Oasis Outsourcing Holdings, Inc. as a protective filing. Oasis Outsourcing Holdings, Inc. does not believe, and therefore does not admit, that the Plan is a MEWA. The filing is made solely to avoid the assertion of non-compliance with the required reporting pursuant to Form M-1 in the event that the Department of Labor disagrees with the determination by Oasis Outsourcing Holdings, Inc. that its employee welfare benefit plan is not a MEWA. The filing of the Form M-1 should not lead to any inference by the Department of Labor, any state insurance regulating authority, or any judicial tribunal, and shall not constitute an admission that any employee benefit plan of Oasis Outsourcing Holdings, Inc. is a MEWA. Nothing herein shall constitute a waiver or estoppel of Oasis Outsourcing Holdings, Inc.'s right to assert that any employee welfare benefit plan sponsored or maintained by Oasis Outsourcing Holdings, Inc. is not a MEWA.

Sincerely,

Patricia C. Gagne
Oasis Outsourcing Holdings, Inc.
Manager, Health and Welfare Benefit Plans
and Compliance