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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 05/01/1996

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)
COMMUNITY OPTIONS INC.

16 FARBER ROAD
PRINCETON, NJ 08540

2b Employer Identification Number (EIN)
22-2964056

2c Plan Sponsor's telephone number
609-951-9900

2d Business code (see instructions)
624200

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.	06/26/2026	DEVON RICHARDSON
	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**	3650
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)**	3650
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4131
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4131
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 4G 4H 4L

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 8
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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

1 Coverage Information:

(a) Name of insurance carrier
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0144607	62049	E4726634	636	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
134714	9008

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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
38254			3

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

ANDREW SILBERT
2 DUNKIRK DRIVE
PARSIPPANY, NJ 07054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
32284			3

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

VARIOUS SEE ATTACHED FOR ADDITIONAL

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
24129	5997	FEES	3

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

MITCHELL KATCHEN
674 US HIGHWAY 202/206
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21563			3

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

WENDY MADONNA
4758 MACGREGOR DRIVE
SCHWENKSVILLE, PA 19473

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8071	385	FEES	3

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

CALVIN NATHANIEL EASON
8 W LEXTON ROAD
NEW CASTLE, DE 19720

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6512			3

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

GARY DAVIS
1 ARCTURUS DRIVE
SEWELL, NJ 08080

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3901	2626	FEES	3

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] Other (specify) ▶ GROUP ACCIDENT, CANCER, MEDICAL BRIDGE

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	637349
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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 NJ, 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
22-1896118	55085	09366	1572	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
93759	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

PHILLIP E LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93759			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [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)**	987259		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	-50		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**	0		
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	987209
b Benefit charges (1) Claims paid	**9b(1)**	722773		
(2) Increase (decrease) in claim reserves	**9b(2)**	9136		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	731909
(4) Claims charged			**9b(4)**	731909
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	93759		
(B) Administrative service or other fees	**9c(1)(B)**	118659		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	0		
(E) Taxes	**9c(1)(E)**	0		
(F) Charges for risks or other contingencies	**9c(1)(F)**	9872		
(G) Other retention charges	**9c(1)(G)**	0		
(H) Total retention			**9c(1)(H)**	222290
(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)**	
(2) Claim reserves			**9d(2)**	57220
(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**	
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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
THE PAUL REVERE 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
04-1590994	67598	E4726634	60	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
12204	764

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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3412			3

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

ANDREW SILBERT
2 DUNKIRK DR
PARSIPPANY, NJ 07054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2717			3

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

MITCHELL KATCHEN
674 US HWY 202 206
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2000			3

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

AIKEN ENTERPRISES
341 GILLIGAN ROAD
HUDSON, NJ 07054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1875	64	FEES	3

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

VARIOUS ADDITIONAL SEE ATTACHED

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
992	527	FEES	3

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

PAMELA SUSAN LEVY
150 50TH AVE APT 3109
LONG ISLAND CITY, NY 11101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
830	107	FEES	3

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

GARY D DAVIS
1 ARCTURUS DRIVE
SEWELL, NJ 08080

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
378	66	FEES	3

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] Other (specify) ▶ GROUP ACCIDENT, CANCER, MEDICAL BRIDGE

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	70197
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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
PRE-PAID LEGAL SERVICES, INC. DBA LEGALSHIELD

(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
73-1016728	00000	48655	567	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
22112	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

DAVID SPANGLER JR
31 MARIE DRIVE
QUARRYVILLE, PA 17566

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21503			4

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

MARK C SPESSARD
3004 PECKOVER CT
RALEIGH, NC 27615

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
255			4

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

OVION FINANCIAL SERVICES

7611 LITTLE RIVER TPKE
SUITE 104W
ANNANDALE, VA 22003

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
160			4

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

IBRAHIM B ABDELHADI

6910 HART LANE
APT 601
AUSTIN, TX 78731

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
84			4

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

MELISSA D TRIESTER

240 ROCHELLE AVE
PHILADELPHIA, PA 19128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
67			4

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

ALFREDA PEARSON

2545 NORTHCUTT RD
HARTSVILLE, SC 29550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
22			4

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

CLAUDE GIBBS III

22432 DARK STAR WAY
LEXINGTON PARK, MD 20653

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21			4

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

ALFREDA PEARSON

2545 NORTHCUTT RD
HARTSVILLE, SC 29550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
			4

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned (**(1)** + **(2)** - **(3)**)		9a(4)	
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add **(1)** and **(2)**)		9b(3)	
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	102061
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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
SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	955329	4131	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
140484	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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
112387			3

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

KATCHEN FINANCIAL GROUP
674 RTE 202 206 N
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
28097			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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [X] 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** [X] Other (specify) ▶ AD&D

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	1576897
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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
SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	955331	1782	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
76103	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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60882			3

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

KATCHEN FINANCIAL GROUP
674 RTE 202 206 N
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15221			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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [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)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	771338
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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
SUN LIFE AND HEALTH INSURANCE COMPANY (US)

(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
06-0893662	80926	955330	533	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
4234	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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3387			3

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

KATCHEN FINANCIAL GROUP
674 RTE 202 206 N
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
847			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**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [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** [X] Other (specify) ▶ PAID FAMILY LEAVE

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	95528
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
COMMUNITY OPTIONS INC. EMPLOYEE HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY OPTIONS INC.

D Employer Identification Number (EIN)
22-2964056

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	036688	2458	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
15144	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

PHILIP LIAN
7 HODGE ROAD
PRINCETON, NJ 08540

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15144			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [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)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	127636
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. ▶

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

Colonial Life

Community Options Inc
Attn: Devon Richardson
16 Farber Rd
Princeton, NJ 08540

000540 E4726634000000 016 000

February 12, 2026

Re: Information Schedule A (Form 5500)
BCN: E4726634

Dear Devon Richardson:

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

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

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

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

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department

Insurance Data for Schedule A Form 5500

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

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

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Community Options Inc
Billing Control Number: E4726634
Plan Year Date Range: 01/01/2025 - 12/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium:	$118,804.83
Amount for After Tax Paid Premium:	$518,544.47
Total Paid Premium:	$637,349.30

APPROXIMATE NUMBER OF PERSONS COVERED IN DECEMBER 2025: 636

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Scott L Eells 5050 E Grant Road Apt 222 Tucson AZ 85712	$18.60	$18.12	$36.72	$25.90
Kimberly J Morgan 228 Apache Dr Summerville SC 29483	$0.00	$29.28	$29.28	$0.00
Custom Insurance Specialists Inc 886 E 3200 N Kamas UT 84036	$0.84	$0.00	$0.84	$0.00
Christopher Manzi 400 Colonial Dr Unit 66 Ipswich MA 01938	$0.00	$0.36	$0.36	$0.14

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Jennifer E Lubelsky 80 John St Apt 11c New York NY 10038	$69.20	$908.83	$978.03	$182.24
Ira Edenbaum 17978 Cherished Loop Bradenton FL 34211	$28.26	$802.56	$830.82	$0.00
Elizabeth Hernandez 245 W 72nd St Apt 6c New York NY 10023	$1.20	$4.56	$5.76	$0.00
Arthur Joseph Liggio 135 Avocet Ln West Deptford NJ 08086	$39.12	$1,787.48	$1,826.60	$39.94
Salathiel Maldonado 504 E Boyds Rd Carmel NY 10512	$0.00	$0.03	$0.03	$0.00
Walter Thomas Bonilla 9 Longleaf Ln Medford NY 11763	$7.60	$90.69	$98.29	$32.63
Charlene Alpay 606 W 116th St New York NY 10027	$15.84	$24.00	$39.84	$0.00
Jacqueline E Forbes-Clarke 27 Hudson Ave Mount Vernon NY 10553	$0.00	$0.72	$0.72	$0.00
Philip E Lian 7 Hodge Rd Princeton NJ 08540	$4,752.09	$33,502.37	$38,254.46	$0.00
Jeanette A Champion 223 Saint James Pl Northfield NJ 08225	$8.13	$16.71	$24.84	$0.00
Gary D Davis 1 Arcturus Dr Sewell NJ 08080	$655.30	$3,245.21	$3,900.51	$2,625.66
Cynthia M Angel 1532 Tanglewood Dr Allen TX 75002	$3.84	$7.08	$10.92	$0.00
Barbara Ann Kennedy 122 E Water St Muncy PA 17756	$27.63	$29.63	$57.26	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Lorenzo V Cutaia 123 Azalea Ln Egg Harbor Township NJ 08234	$402.07	$2,808.30	$3,210.37	$2,866.54
Morgan Perri 23 Vom Eigen Dr Morristown NJ 07960	$0.00	$48.21	$48.21	$0.00
Juan Moreno 21 Vicari Way Little Egg Harbor Twp NJ 08087	$0.00	$5.28	$5.28	$0.00
John Daniel Flynn 116 S Raleigh Ave Apt 8d Atlantic City NJ 08401	$44.67	$540.25	$584.92	$370.28
Harry Lore 4 Glanford Xing Medford NJ 08055	$4.57	$0.00	$4.57	$0.62
Jeff M Newman 1007 E Shore Dr Unit B Brigantine NJ 08203	$10.08	$0.00	$10.08	$1.76
Greg W Woolley 15492 Cliffview Dr Montclair VA 22025	$0.00	$6.00	$6.00	$0.52
Michelle Dartee Po Box 274 Sparta NJ 07871	$2.40	$1.44	$3.84	$0.00
Mitchell L Katchen 674 Us Highway 202 206 Bridgewater NJ 08807	$2,929.57	$18,633.25	$21,562.82	$0.00
Jacqueline Charmane 371 Sun Blvd Bear DE 19701	$2.64	$4.32	$6.96	$0.00
Jason C Shapiro 53 Wild Dunes Way Old Orchard Beach MA 04064	$0.00	$7.72	$7.72	$1.23
Lisa A Perri 775 Route 70 E Ste F100 Marlton NJ 08053	$1.68	$13.98	$15.66	$0.00
James H Crouthamel 1308 Cushmore Rd Southampton PA 18966	$0.00	$1.20	$1.20	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Douglas Robert Borland 658 Ashley Hill Rd Mansfield PA 16933	$62.45	$546.22	$608.67	$0.00
Pamela J Walker 7457 Prairie Rd Ne Albuquerque NM 87109	$286.92	$524.20	$811.12	$0.00
Alfred Sanford 6425 Drexel Rd Philadelphia PA 19151	$0.00	$8.62	$8.62	$0.00
David J Mcclellan 118 Royal Horse Way Reinholds PA 17569	$0.00	$2.16	$2.16	$0.00
John E Lanzetta 3272 Katie Way Mechanicsburg PA 17055	$43.69	$164.92	$208.61	$0.00
Sara Marie Bryer 1201 Claridge Elliott Rd Jeannette PA 15644	$0.47	$1.22	$1.69	$0.00
Brian R Madtes 1308 James Cook Windcrest TX 78239	$0.48	$0.24	$0.72	$0.00
Wendy Madonna 4758 Macgregor Dr Schwenksville PA 19473	$1,489.66	$6,581.68	$8,071.34	$384.56
Edward P Dougherty Inc 4550 Prestwick Dr Reading PA 19606	$8.92	$0.00	$8.92	$1.74
Mullaney Enterprises Llc 5501 Twin Knolls Rd Ste 106 Columbia MD 21045	$0.43	$38.59	$39.02	$30.57
Stephen M Henss Llc 6 Chisel Creek Dr Landenberg PA 19350	$9.26	$9.56	$18.82	$4.76
Timothy J Slater 466 Carnegie Dr Pittsburgh PA 15243	$34.89	$230.06	$264.95	$42.59
Barbara Baxter Dejohn 1154 Tidewood Dr Bethel Park PA 15102	$316.22	$2,163.15	$2,479.37	$207.31

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Ronald Oliano 9 London Ct Newtown PA 18940	$22.32	$7.20	$29.52	$0.00
Kay Ellen Pomroy 145 N Griffiths Ln Manchester PA 17345	$24.96	$102.35	$127.31	$0.00
Timothy Birdsong 302 Fieldbrook Dr Washington PA 15301	$0.00	$11.64	$11.64	$3.11
Kimberly Ferguson 168 Ridgewood Dr Oakland MD 21550	$0.21	$0.66	$0.87	$0.00
Frank M Dartee 2 Quincy Dr Oak Ridge NJ 07438	$5.04	$0.00	$5.04	$0.00
Karen Linder-Staubs 2510 Proctor Ln Baltimore MD 21234	$5.46	$26.34	$31.80	$0.00
Tanya Wishard Po Box 307 Codorus PA 17311	$117.16	$107.54	$224.70	$39.66
Pamela Gregg 15001 Saint Thomas Church Rd Upper Marlboro MD 20772	$0.00	$278.77	$278.77	$99.25
Brown & Brown Metro Llc 56 Livingston Ave Roseland NJ 07068	$5.52	$0.00	$5.52	$0.00
Margaret M Graham 200 Crooked Creek Dr Oneida TN 37841	$0.00	$3.45	$3.45	$0.00
Emlyn Marsteller Iv 412 Sugarland Meadow Dr Herndon VA 20170	$0.00	$128.80	$128.80	$10.10
James J Phares 2037 Azalee Ln Summerville SC 29483	$17.32	$330.38	$347.70	$74.99
Calvin Nathaniel Eason 8 W Lexton Rd New Castle DE 19720	$1,021.46	$5,490.64	$6,512.10	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Katrina Sweet 1501 Nunamaker Dr Columbia SC 29210	$0.00	$22.52	$22.52	$0.00
Michelle Rene Walker 25 Dovecreek Columbia SC 29229	$0.00	$386.14	$386.14	$17.11
Lori L Dickerson 109 Rochester Rd Easley SC 29640	$0.00	$2.90	$2.90	$0.00
Romeo Tyrone Gainey 608 Traditions Way Columbia SC 29229	$0.00	$20.89	$20.89	$0.22
Teresa M Campbell 106 Renaissance Cir Mauldin SC 29662	$0.91	$7.36	$8.27	$0.60
Steven P Moore 500 Bear Dr Greenville SC 29605	$0.00	$112.80	$112.80	$0.00
Pamela E Jones 55 Shoreline Dr Columbia SC 29229	$85.83	$229.05	$314.88	$0.00
William T Miller 2908 Otranto Rd Lot 48 North Charleston SC 29406	$6.24	$87.12	$93.36	$0.00
Carla Stiner Reel 12322 Mallard Bay Dr Knoxville TN 37922	$300.48	$1,805.43	$2,105.91	$333.38
William Ernest Dobson 15099 Verdot Ct San Diego CA 92127	$0.00	$0.72	$0.72	$0.00
J King Insurance Inc The Enrollment Network East Greenwich RI 02818	$0.00	$0.36	$0.36	$0.19
Cambridge Financial & Insurance Gro 88 Villa Rd Greenville SC 29615	$0.00	$12.04	$12.04	$1.29
Benefits At Work Llc 3908 Parkman Dr Columbia SC 29206	$0.98	$7.72	$8.70	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
G Zubia Enterprises Inc 2417 Montana Ave El Paso TX 79903	$1.63	$8.16	$9.79	$0.00
Brylin Employee Benefits Llc 37 Pondview Dr Allentown NJ 08501	$0.00	$5.05	$5.05	$0.00
Mark Christopher Motz 85 Epernay Ave Pataskala OH 43062	$0.00	$1.15	$1.15	$0.00
Jeffrey Luxenberg 307 Longtree Ln Logansport IN 46947	$0.00	$7.14	$7.14	$0.00
Andrea Rene Williams 3033 E 6th St Apt F1 Tucson AZ 85716	$71.30	$367.44	$438.74	$201.74
Elizabeth Louise Fender 335 S Emerson Ave Indianapolis IN 46219	$0.00	$169.07	$169.07	$12.28
Kpw Inc 312 Rainbow Cir El Paso TX 79912	$0.95	$12.99	$13.94	$11.16
Paul Stanley Jr 5264 International Blvd North Charleston SC 29418	$1.00	$22.73	$23.73	$7.66
Seaman Enterprises Inc 221 N Kansas St El Paso TX 79901	$2.16	$5.66	$7.82	$0.00
Inspired Inc 50 Lagoshen Dr Moscow TN 38057	$0.24	$0.96	$1.20	$0.00
Timothy Cobb 11086 Nw County Road 1370 Barry TX 75102	$9.55	$62.61	$72.16	$213.47
Leigh L Armstrong 2500 Crossings Blvd Bowling Green KY 42104	$13.44	$0.00	$13.44	$0.00
Mary Daugherty Po Box 119 Rocky Top TN 37769	$61.92	$96.09	$158.01	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Victoria L Flynn 7009 Fairview Rd Corryton TN 37721	$30.32	$370.49	$400.81	$9.06
J Austin Baker 159 Augusta Ave Pleasant View TN 37146	$0.24	$0.96	$1.20	$0.00
Melissa Dawn Bullard 2520 Mount Vernon Rd Chapel Hill TN 37034	$3.12	$1.90	$5.02	$0.00
Max Martin Lindsay 724 Wildflower Ln Chattanooga TN 37419	$0.00	$0.72	$0.72	$0.00
Sheila A Shell 413 Moss Trl Goodlettsville TN 37072	$0.00	$8.16	$8.16	$0.00
Frederick Aaron Chambers 500 Skyline Dr Apt 94 Mcminnville TN 37110	$0.96	$0.69	$1.65	$0.00
Daniel James Perkins 9655 Brunswick Dr Brentwood TN 37027	$1.52	$12.54	$14.06	$0.00
Byron N Hancock 222 County Road 148 Bono AR 72416	$0.00	$36.95	$36.95	$221.01
Finda Marie Robertson 119 W Canal St Luxora AR 72358	$0.00	$351.55	$351.55	$10.76
John David Bodker 11415 Sprightly Ln Ste 118 San Antonio TX 78254	$0.00	$0.48	$0.48	$0.00
Ashley Renee Cunningham 6400 Nw 163rd Pl Edmond OK 73013	$14.28	$30.08	$44.36	$18.17
Kayla Wall 609 N Chisholm Trail Way Mustang OK 73064	$261.63	$583.34	$844.97	$118.83
Glady R Rowan 202 W Louisiana St Ste 109 Mckinney TX 75069	$0.48	$1.24	$1.72	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Andres Lopez 11713 Sierra Morena Dr El Paso TX 79936	$30.40	$99.87	$130.27	$0.00
Palmetto Benefit Solutions Llc 5264b Intnl Blvd Ste 200 North Charleston SC 29418	$1.74	$1.17	$2.91	$5.72
Capital Financial Strategies Inc 7008 Salem Avenue Suite 106 Lubbock TX 79424	$0.24	$0.00	$0.24	$0.00
Kelly Melissa Rushing 725 River Bluff Dr Lytle TX 78052	$0.00	$0.48	$0.48	$0.00
Lori Lynn Pierce 5909 Cinnamon Oaks Dr Corpus Christi TX 78414	$189.34	$1,184.46	$1,373.80	$0.00
Nohelia Posada Mccrann 4639 Corona Dr Ste 37 Corpus Christi TX 78411	$1.47	$3.30	$4.77	$0.00
Steven Wood 25635 Weigela San Antonio TX 78261	$9.13	$60.64	$69.77	$51.31
Jared Colby 1119 N 750 W Orem UT 84057	$31.68	$0.00	$31.68	$1.29
Treasure Nicole Gaines 30384 Cloud View Dr Bulverde TX 78163	$11.79	$16.53	$28.32	$0.00
Rene Adrian Rodriguez 1814 E Bell Rd Apt 2009 Phoenix AZ 85022	$11.04	$44.38	$55.42	$0.86
Kimberly Bridgette Vecchio-Walker 11011 Arabian Palm San Antonio TX 78254	$0.00	$10.32	$10.32	$0.00
Paula Gail Neal 604 Fm 41 Lubbock TX 79423	$4.08	$0.00	$4.08	$0.00
Christopher Alan Darwin 4512 Leeds Dr Mckinney TX 75070	$0.48	$1.24	$1.72	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Thomas Snyder 10539 Dedeke Dr New Braunfels TX 78132	$1.20	$3.02	$4.22	$0.00
Darin Potts 100 Detering St Apt 2128 Houston TX 77007	$0.00	$0.34	$0.34	$0.00
Juan Jose Macias 457 Las Palomas Horizon City TX 79928	$93.72	$619.34	$713.06	$129.94
C & K Benefits Llc 106 Renaissance Cir Mauldin SC 29662	$0.91	$7.36	$8.27	$0.69
Joel Keith Stradinger 2514 N 69th St Omaha NE 68104	$8.64	$22.54	$31.18	$2.42
Bishop Insurance Llc 113 Homestead Drive Boiling Springs SC 29316	$21.84	$177.73	$199.57	$0.00
Rogle Inc 7460 Lantern Rd Indianapolis IN 46256	$0.00	$10.29	$10.29	$4.04
Empire Benefit Solutions Llc 117 Arlington Ave Lakewood NJ 08701	$18.86	$0.00	$18.86	$0.23
Mark Joseph Weishaar 12 Anthony Dr Malvern PA 19355	$0.00	$3.12	$3.12	$0.00
Julia Moore 9208 C Anderson Dr Nw Albuquerque NM 87114	$0.00	$3.15	$3.15	$0.00
Advanced Benefit System Inc 145 River Landing Dr Unit 203 Daniel Island SC 29492	$9.49	$71.62	$81.11	$28.19
Adam Harrison Roth 3520 N Pantano Rd Tucson AZ 85750	$11.02	$44.10	$55.12	$106.21
Ron Rosenstein 1575 Belvidere St Apt 140 El Paso TX 79912	$59.14	$231.67	$290.81	$25.94

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Marjorie Torman 4191 N 3750 E Eden UT 84310	$13.71	$0.00	$13.71	$0.00
Jennifer Christine Eskina Po Box 92828 Austin TX 78709	$0.00	$45.09	$45.09	$0.00
Jessica Erin Bennett 140 Galley Rd Canonsburg PA 15317	$0.00	$114.24	$114.24	$93.76
William Richard Kyzer 8211 Gordon Ln Hermitage TN 37076	$4.08	$0.00	$4.08	$0.00
Wendy Dawn Pack 16109 Watt Way Ramona CA 92065	$0.18	$0.01	$0.19	$0.00
Michael J Minney Po Box 365 Poway CA 92074	$0.00	$0.72	$0.72	$0.00
Andrew M Silbert 2 Dunkirk Dr Parsippany NJ 07054	$4,808.53	$27,475.08	$32,283.61	$0.00
Alfred James Clifford 862 Cleveland Ave Unit A Chico CA 95928	$0.00	$0.21	$0.21	$0.00
Kerwin Vaughn Brown 7329 N 11th St Phoenix AZ 85020	$0.48	$3.12	$3.60	$0.00
Evelyn Garcia 421 E 82nd St Bsmt A New York NY 10028	$0.24	$0.96	$1.20	$0.00
Ernesto Mckenzie Jr 9210 Toms Trl Laurel MD 20723	$1.52	$19.98	$21.50	$0.00
Robert P Barbati 1078 N Shadow Dr Mt Pleasant SC 29464	$0.76	$15.05	$15.81	$0.00
Shannon Pierce 1051 Trappers Cv Cordova TN 38018	$6.24	$27.60	$33.84	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Maria Veronica Jarque 542 Hosmer St El Cajon CA 92020	$4.68	$0.26	$4.94	$0.00
Daniel Rojas 6680 Cabana Del Sol El Paso TX 79911	$5.50	$30.78	$36.28	$31.74
Omar Mendoza 26326 Rockwall Pkwy New Braunfels TX 78132	$4.51	$0.05	$4.56	$0.00
Manuel Fuentes 63 Mariposa Pkwy W Boerne TX 78006	$4.51	$0.05	$4.56	$0.00
Thorsen Group Inc 210 Rush Ln Ambler PA 19002	$0.00	$0.24	$0.24	$0.00
The Clark Group Of Sc 898 Roper Rd Laurens SC 29360	$4.89	$20.57	$25.46	$0.00
Be Insurance Partners Llc 2900 Speegleville Rd Woodway TX 76712	$0.00	$2.26	$2.26	$1.91
Corcoran & Hoyt Llc 3905 Tampa Road Oldsmar FL 34677	$0.24	$3.42	$3.66	$0.00
O'Neill Voluntary Benefit Services 109 Ballfield Court Hockessin DE 19707	$0.77	$0.55	$1.32	$0.00
Roth Voluntary Benefit Services Inc 9 Dearborn Ln Bear DE 19701	$0.53	$0.55	$1.08	$0.00
Core Enrollment Solutions 1319 Old Mill Ln Mt Pleasant SC 29464	$1.74	$1.17	$2.91	$0.00
Boncher Benefits Inc 288 Cold Spring Dr Jim Thorpe PA 18229	$40.74	$688.14	$728.88	$0.00
Lvi Benefits Services Llc 2985 Surrey Ridge Rd Clarksville TN 37043	$1.20	$3.31	$4.51	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
D&I International Partners Inc 449 El Camino Dr El Paso TX 79912	$5.50	$30.78	$36.28	$17.16
Jm Tamer & Co 6500 Papermill Dr Ste 201 Knoxville TN 37919	$4.24	$38.13	$42.37	$0.02
Moore Advising Group Llc 5210 Cottonwood Creek Ln League City TX 77573	$0.00	$7.28	$7.28	$0.00
Paramount Enrollment Solutions Inc 1754 55th Street Brooklyn NY 11204	$18.00	$0.00	$18.00	$0.00
Leitz Insurance Agency Llc 3505 Tomocomo Drive Hammonton NJ 08037	$0.76	$2.91	$3.67	$0.00
Hovie Agency Llc 11261 Wright Circle Omaha NE 68144	$0.76	$1.83	$2.59	$1.12
Harmony Benefits Llc 17 Midbridge Dr Medford NJ 08055	$43.68	$195.59	$239.27	$0.00
Merki Benefits Administration Llc 652 Wind River Ave El Paso TX 79932	$27.28	$48.73	$76.01	$201.42
Vc Benefits Llc 62 N Montrose Ln Saratoga Springs UT 84043	$3.96	$0.00	$3.96	$3.20
Bridge Benefit Group Llc 9713 Flooded Field Dr Ladson SC 29456	$29.42	$19.67	$49.09	$0.00
Corner Bear Inc 15904 Kennard Street Hacienda Heights CA 91745	$0.43	$0.00	$0.43	$0.00
Ingle Benefits Llc 1840 Lariat Trail Celina TX 75009	$5.04	$6.96	$12.00	$0.00
Parks Benefits & Enrollment Llc 504 Litchfield Ln Lexington SC 29072	$0.00	$0.72	$0.72	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Maxhannah Llc 686 E 234th St Apt A3 Bronx NY 10466	$0.00	$5.76	$5.76	$0.00
National Enrollment Partners Llc C/O Natl Enrollment Partners Cranston RI 02920	$7.92	$1.86	$9.78	$0.00
Benefoundry Inc 3013 Large Hop Ln Antioch TN 37013	$26.29	$165.99	$192.28	$77.64
Rocket Benefits Inc 2104 Granite Hill Dr. Leander TX 78641	$6.46	$0.00	$6.46	$0.00
Grand Totals	$18,968.35	$115,745.46	$134,713.81	$9,007.84

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Certification Statement

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

Ben Quick
AVP of Sales Compensation

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The Paul Revere Life Insurance Company
P O Box 1365
Columbia, S 29202-32

Colonial Voluntary Benefits℠

Community Options Inc
Attn: Devon Richardson
16 Farber Rd
Princeton, NJ 08540

000548 E4726634000000 004 000

February 12, 2026

Re: Information Schedule A (Form 5500)
BCN: E4726634

Dear Devon Richardson:

The Paul Revere Life Insurance Company is pleased to certify the enclosed Schedule A information on your Paul Revere insurance products.

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

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

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

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department

Insurance Data for Schedule A Form 5500

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

Name of Carrier: The Paul Revere Life Insurance Company
P O Box 1365
Columbia, S 29202-32

Carrier EIN: 04-1590994
Carrier NAIC Code: 67598

Account Name: Community Options Inc
Billing Control Number: E4726634
Plan Year Date Range: 01/01/2025 - 12/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium:	$14,377.00
Amount for After Tax Paid Premium:	$55,820.05
Total Paid Premium:	$70,197.05

APPROXIMATE NUMBER OF PERSONS COVERED IN DECEMBER 2025: 60

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Lorraine Rhodes 4a Kensington Ct Clifton Park NY 12065	$1.10	$0.84	$1.94	$0.00
Jennifer E Lubelsky 80 John St Apt 11c New York NY 10038	$0.00	$209.72	$209.72	$27.62
Salathiel Maldonado 504 E Boyds Rd Carmel NY 10512	$0.00	$0.96	$0.96	$0.00
Kevin Edwards 8332 Moyer Carriage Cicero NY 13039	$32.66	$55.83	$88.49	$274.31

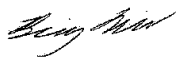
Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Meagan M Martin 8034b Marlin Dr Clay NY 13041	$30.98	$49.02	$80.00	$89.19
Walter Thomas Bonilla 9 Longleaf Ln Medford NY 11763	$0.00	$22.61	$22.61	$16.34
Jacqueline E Forbes-Clarke 27 Hudson Ave Mount Vernon NY 10553	$1.21	$0.02	$1.23	$0.00
Pamela Susan Levy 150 50th Ave Long Island City NY 11101	$151.85	$678.38	$830.23	$106.77
Philip E Lian 7 Hodge Rd Princeton NJ 08540	$874.92	$2,536.58	$3,411.50	$0.00
Brian Mclauchlan 8214 Cicero Mills Rd Cicero NY 13039	$0.00	$1.08	$1.08	$0.00
Gary D Davis 1 Arcturus Dr Sewell NJ 08080	$107.54	$270.73	$378.27	$66.41
Lorenzo V Cutaia 123 Azalea Ln Egg Harbor Township NJ 08234	$40.42	$119.38	$159.80	$76.74
Mitchell L Katchen 674 Us Highway 202 206 Bridgewater NJ 08807	$530.98	$1,468.61	$1,999.59	$0.00
Jacqueline Charmane 371 Sun Blvd Bear DE 19701	$2.19	$6.02	$8.21	$0.00
Calvin Nathaniel Eason 8 W Lexton Rd New Castle DE 19720	$63.15	$201.72	$264.87	$0.00
Jeffrey Luxenberg 307 Longtree Ln Logansport IN 46947	$0.00	$3.96	$3.96	$0.00
Elizabeth Louise Fender 335 S Emerson Ave Indianapolis IN 46219	$0.00	$41.48	$41.48	$0.06

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Picturestone Enterprises Llc 135 Cadillac St Syracuse NY 13208	$2.55	$10.32	$12.87	$0.00
Aiken Enterprises Llc 341 Gilligan Rd Hudson NY 12534	$640.29	$1,235.00	$1,875.29	$63.97
Ronald Martin Bildstein 135 Cadillac St Syracuse NY 13208	$1.68	$6.88	$8.56	$0.00
Andrew M Silbert 2 Dunkirk Dr Parsippany NJ 07054	$676.95	$2,040.16	$2,717.11	$0.00
Mco Partners Llc 549 Borden Avenue #9j Long Island City NY 11101	$16.01	$67.87	$83.88	$42.53
Zebest Inc 2055 Reston Cir Royal Palm Beach FL 33411	$0.58	$0.94	$1.52	$0.00
Michael L O'Donnell And Associates 133 Hazelhurst Ave North Syracuse NY 13212	$0.00	$0.24	$0.24	$0.00
National Enrollment Partners Llc C/O Natl Enrollment Partners Cranston RI 02920	$0.24	$0.72	$0.96	$0.00
Grand Totals	$3,175.30	$9,029.07	$12,204.37	$763.94

Certification Statement

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



Ben Quick
AVP of Sales Compensation