

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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 RESOURCING EDGE WELFARE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 507
1c	Effective date of plan 01/01/2019
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) RESOURCING EDGE I, LLC 1309 RIDGE RD STE 200 ROCKWALL, TX 75087-4219
2b	Employer Identification Number (EIN) 46-3045894
2c	Plan Sponsor's telephone number 877-703-8010
2d	Business code (see instructions) 541990

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.	07/15/2026	MATT KINNEAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	5514
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	5514
		6a(2)	8775
		6b	6624
		6c	
		6d	15399
		6e	
		6f	15399
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☐ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 14
- (4) ☐ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code 175451273

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	236219	61	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid 30083	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TCTK SERVICES
1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30083	0		3

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	606248
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ►	507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

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.
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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	TS05910154	728	03/01/2025	09/30/2025

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

(a) Total amount of commissions paid 37740	(b) Total amount of fees paid 9025
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CENTRO BENEFITS RESEARCH LLC	24500 CHAGRIN BLVD. STE. 365 BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3298	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CENTRO BENEFITS RESEARCH LLC	24500 CHAGRIN BLVD. STE. 365 BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7533	0	BASE COMMISSIONS	3

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

TCTK SERVICES

1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30207	5727	BASE COMMISSIONS AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	209252
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNITED HEALTHCARE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2739571	79413	1487101	20668	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid 4352665	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TCTK SERVICES
1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4352665	0		3

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	87852124
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE WASHINGTON

(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
91-0511770	95672	2512800	0	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions 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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(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
93-0798039	95540	25225	0	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions 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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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.
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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	5347647	30096	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid 2206787	(b) Total amount of fees paid 403125
---	---

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
CENTRO BENEFITS RESEARCH LLC
24500 CHAGRIN BLVD.
STE. 365
BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	163461	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CENTRO BENEFITS RESEARCH LLC
24500 CHAGRIN BLVD
STE. 365
BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
490381	10	BASE COMMISSIONS AND NON-MONETARY COMPENSATION	3

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

TCTK SERVICES

1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1716406	239654	BASE COMMISSIONS AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	16236032
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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.
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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	0251158	4262	08/01/2024	07/31/2025

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 266468	(b) Total amount of fees paid 21311
--	--

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	
CENTRO BENEFITS RESEARCH LLC	24500 CHAGRIN BLVD. STE. 365 BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	8679	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CENTRO BENEFITS RESEARCH LLC	24500 CHAGRIN BLVD. STE. 365 BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38067	10	BASE COMMISSIONS AND NON-MONETARY COMPENSATION	3

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

TCTK SERVICES

1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
228401	12622	BASE COMMISSIONS AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	806024
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

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.
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1 Coverage Information:

(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN OF COLORADO
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0591617	95669	47295	17	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions 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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	124859
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	607731	91	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid 59164	(b) Total amount of fees paid 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
TCTK SERVICES
1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59164	0	BASE COMMISSIONS	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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	1840434
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894	

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF GEORGIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-1592076	96237	10699	16	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5979	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
TCTK SERVICES
1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5979	0	BASE COMMISSIONS	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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	126817
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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.
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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	0251157	9205	08/01/2024	07/31/2025

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 245316	(b) Total amount of fees paid 19456
--	--

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	
CENTRO BENEFITS RESEARCH LLC	24500 CHAGRIN BLVD. STE. 365 BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid 0	Fees and other commissions paid		(e) Organization code 3
	(c) Amount 7960	(d) Purpose SUPPLEMENTAL COMPENSATION	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CENTRO BENEFITS RESEARCH LLC	24500 CHAGRIN BLVD. STE. 365 BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid 35045	Fees and other commissions paid		(e) Organization code 3
	(c) Amount 10	(d) Purpose BASE COMMISSIONS AND NON-MONETARY COMPENSATION	

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

TCTK SERVICES

1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
210271	11486	BASE COMMISSIONS AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	747221
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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.
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1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF ALABAMA

(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
63-0103830	55433	0096826	72	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
0	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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions 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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	446006	
(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)		446006
b Benefit charges (1) Claims paid	9b(1)	539012	
(2) Increase (decrease) in claim reserves	9b(2)	4100	
(3) Incurred claims (add (1) and (2))	9b(3)		543112
(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)	36796	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	2230	
(F) Charges for risks or other contingencies	9c(1)(F)	9768	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		48794
(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)		41200
(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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ► 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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.
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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
13-5582829	65978	TS05910154	1024	10/01/2024	02/28/2025

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 50104	(b) Total amount of fees paid 10142
---	--

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
CENTRO BENEFITS RESEARCH LLC
325 N. KIRKWOOD RD.
STE. 300
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	6916	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CENTRO BENEFITS RESEARCH LLC
325 N. KIRKWOOD RD.
STE. 300
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10374	10	BASE COMMISSIONS AND NON-MONETARY COMPENSATION	3

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

TCTK SERVICES

1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39730	3216	BASE COMMISSIONS AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	387647
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A Name of plan RESOURCING EDGE WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCING EDGE I, LLC	D Employer Identification Number (EIN) 46-3045894

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.
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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	0251159	5949	08/01/2024	07/31/2025

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 419932	(b) Total amount of fees paid 33430
--	--

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
CENTRO BENEFITS RESEARCH LLC
24500 CHAGRIN BLVD.
STE. 365
BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	13914	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CENTRO BENEFITS RESEARCH LLC
24500 CHAGRIN BLVD.
STE. 365
BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59990	10	BASE COMMISSION AND NON-MONETARY COMPENSATION	3

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

TCTK SERVICES

1309 RIDGE ROAD
STE 200
ROCKWALL, TX 75087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
359942	19506	BASE COMMISSIONS AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	1250747
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

Multiple-Employer Welfare Plan Participating Employer Information
Resourcing Edge Welfare Benefit Plan, EIN: 46-3045894; PN: 507

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
93-1776235	191 Lafayette Rd Dispensary Company LLC				0.05%
26-3868057	2727 Kirby Condominiums Association				0.21%
83-2482932	405 Magazine				0.08%
81-1845254	5366 Logistics Corp				0.02%
88-3196677	55 West LLC	2.52%			
27-1392355	89A Dental Care PLLC		1.12%		
76-0640350	9 YARDS/ARCON ARCHITECTS, INC				0.03%
86-0355641	A&M Nut and Bolt Inc		1.29%		
87-3368644	ABCO Group				0.05%
27-0658949	ABCO Medical Supply				0.02%
86-0764716	Aberdeen Mgmt & Development		0.83%		
76-0129822	ABL USA, Inc.				2.18%
43-0718799	Academy of Science - St. Louis				0.15%
88-3795019	ACEXR, LLC				0.26%
93-3559408	AcutePet Urgent Care				1.74%
34-1909104	ADAMS WEALTH MANAGEMENT GROUP				0.11%
37-2094828	Adaptix US Inc				0.01%
20-0940793	ADL Solutions		0.85%		
36-3207129	Adlake	1.76%			
46-2607994	Advanced Program Analytics, LLC				0.17%
47-4458686	ADVANCED ROOFING SOLUTIONS				0.03%
87-3498428	AFC of East Mesa PLLC		0.06%		
46-1693648	AFC of Peoria PLLC		0.14%		
86-3261982	AFC of Surprise PLLC		0.28%		
81-4814518	AFC of Tempe PLLC		0.22%		
30-0736090	AFC Physical Medicine of Desert Ridge		0.55%		
45-3743842	AFC Physical Medicine of Gilbert		0.35%		

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
45-4722663	AFC Physical Medicine of Mesa		0.43%		
45-3790199	AFC Physical Medicine of San Tan Valley		0.39%		
46-4871149	AFCPM of Phoenix		0.26%		
86-0324400	Affiliated Eye Surgeons LTD		1.08%		
27-3656097	AFI Property Management, LLC				0.01%
47-2334001	Agility Closing & Title Services, Inc.				0.12%
81-5413308	Airos				0.92%
81-3809212	Akel Building Group LLC				1.07%
20-4639707	Alexander Forrest Investments, LLC				0.19%
56-1704469	ALEXANDER ROSSITCH D.D.S, PA				0.10%
87-4146657	All Arizona Heating & Cooling		0.35%		
88-2934297	All Star Fire, Inc				0.07%
74-3035891	All Things Metal		1.97%		
93-4163020	Allen 3D, LLC				0.12%
46-2271001	Alliance Virtual Offices				0.45%
92-1786758	Alloy Mansfield				0.00%
99-0728519	Alloy Overland Park				0.05%
99-1458722	Alloy Pasadena				0.04%
93-2310826	Alloy Personal Training				0.24%
93-3506783	Alloy Personal Training - Commack				0.01%
92-2968640	Alloy Personal Training Cedar Park				0.05%
93-4101906	Alloy Personal Training Cool Springs				0.02%
99-3787221	Alloy Personal Training Palos Verdes				0.01%
92-2690340	Alloy Personal Training Riverside				0.01%
99-2456829	Alloy Personal Training Towson				0.00%
82-3331500	Allwork Space News Corp				0.06%
57-1153631	Allwyn Corporation				0.12%
58-1943490	ALS United of Georgia, Inc.				0.04%
26-2443663	ALTERNATIVE RISK UNDERWRITING, LLC				0.64%
84-3881273	Alterra Energy LLC				1.83%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
46-2522889	Amanda Hope Rainbow Angels		0.28%		
32-0669400	Amber Services NA, LLC				0.23%
87-3686444	American Family Care			0.57%	0.01%
36-3297265	AMERICAN JEBCO CORPORATION				0.13%
23-7376679	American Mutual Share Insurance Corporation				0.74%
86-1014949	American Solar & Roofing		0.53%		
99-2962447	Amplified Healthcare			0.43%	0.07%
47-4393886	Amuze Products II Inc				0.17%
20-3652046	Anatomical Worldwide, LLC				0.11%
35-2159025	Anesthesia Pain Consultants	0.52%			
35-2159025	Anesthesia Pain Consultants - Dr. Ratzman	0.21%			
27-0714626	Angel Ridge Properties				0.10%
84-1922519	APEX Connect	2.34%			
81-1342781	Apex Level Holdings LLC				0.01%
82-1443757	Applied Research Institute	10.66%			
42-4622633	Apply Synergies, LLC				0.12%
99-1470258	APT Flower Mound, LLC				0.03%
33-2771840	APT Prestige Worldwide, LLC				0.00%
31-1413248	ARCHITECTURE OHIO INC.				0.07%
20-3551465	ARDSLEY REALTY ASSOCIATES LLC				0.11%
43-1885987	Argos Capital Partners, LLC				0.35%
26-1427459	Argos Family Office, LLC				0.71%
27-1519767	Arizona Digestive Center		0.06%		
86-0709979	Arizona Sun Electrical Contractors		0.27%		
36-4717481	Arizona Urban Youth Ministries		0.11%		
45-3456191	Arouet Foundation Inc		1.35%		
38-4026498	ARSENAL CONTEMPORARY ART NY LLC				0.01%
46-1577827	Ascent 121 Inc				0.04%
84-3851194	Aspen Auto Clinic LLC				0.19%
81-3805492	Aspen Corporation Inc		2.52%		

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
81-1497840	ASPYR				0.36%
81-4159608	Assured Data Protection			1.78%	0.92%
85-3740683	ATHENAEUM CENTER FOR THOUGHT & CULTURE				0.27%
58-1027114	Atlantic American Corporation				0.35%
58-0658963	Atlantic American Corporation Bankers Fidelity				1.30%
84-3294385	ATOMIC-6, INC.				0.18%
31-1422929	AURORA EXHIBIT SOLUTIONS, INC.				0.30%
85-0980364	Austin Orthopedic Institute				0.29%
74-1187555	AUSTIN WHITE LIME COMPANY, LTD.				0.21%
58-1438143	Automax Rent-A-Car, Inc.				0.28%
84-4352224	Avalo, Inc				0.36%
82-5297143	Averdant, Inc.			0.23%	0.01%
46-4535633	AVO Services Corporation				0.18%
86-0939084	AZ Desert Orthopedic Cent		0.16%		
99-4656788	Azra Investments LLC				0.01%
11-3420154	B&H Customs Services, Inc.				0.09%
46-4448301	BAB ENTERPRISES LLC				
81-2520878	BabyQuip, Inc.				0.14%
62-1052567	BAIKOWSKI INTERNATIONAL CORPORATION INC				0.17%
52-2331252	BAIKOWSKI MALAKOFF INC				0.59%
31-0866119	BAKER SERVICES, INC.				0.29%
88-1377719	Bar Partners Operating LLC				0.90%
88-2258452	Base Distributing, Inc.				0.17%
82-3264355	BaseCamp Equity Management LLC		0.60%		
41-2217656	Bellemare Transport Inc				0.06%
27-0662052	BENZINGA				0.74%
41-2256094	BERTOLINO LLP				0.05%
31-1409312	BEST SERVICE HEATING AND COOLING				0.28%
26-3849125	Bey & Associates LLC				0.48%
84-1721763	BGA Truck & Trailer Repair		0.00%		

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
47-4087305	BIA Charter School, Inc				0.12%
82-3564098	Bichler Concrete and Gravel				0.33%
59-3490413	Big Creek Plantation, Inc.				0.18%
51-0353553	Bioplate, Inc				0.46%
83-1235813	BL Curtis Contractors LLC		0.35%		
27-2895198	BLACK DIAMOND BUILDERS LLC				0.09%
45-2341486	Blackhawk Capital Partners LLC		0.71%		
85-4345218	Blinded Light Productions LLC			0.43%	
99-3881121	Blingie Buckhead				0.00%
87-3362423	BLOOM BROTHERS				
20-0778982	Blooming Desert Construction		1.23%		
33-2500750	Blue Tree Logistics LLC	0.14%			
04-3430578	BNBA				0.83%
45-1500012	Board Brothers Inc		0.20%		
99-2869623	Boise River Home Services, LLC				0.05%
43-1608290	Bond Architects Inc				0.07%
47-1187516	Boone Brands				0.40%
27-2440154	Bootjack Ranch LLC				0.06%
47-5011192	Boreal Contractors LLC		0.21%		
20-7500706	Brendel & Associates LLC		1.00%		
32-0078898	Brevard Health Care, LLC				0.03%
77-0331185	Broadway Management Company, LLC			24.83%	0.25%
46-3101420	Bron, LLC			1.34%	0.09%
47-3045437	Build Technology Group				0.88%
81-3913025	BULLET & BARREL LLC				0.04%
30-1380873	Bumble Bee Blinds of Fairfield County				0.01%
99-3456544	Bumble Bee Blinds of Johns Creek				0.01%
93-3714766	Bumble Bee Blinds of Northeast Austin				0.00%
99-4967914	Bumble Bee Blinds of NW Arkansas				0.02%
99-2202920	Bumble Bee Blinds of NW San Antonio				0.11%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
93-1996521	Bumble Bee Blinds of South Houston				0.08%
93-3526308	Bumble Bee Blinds of Southwest Denver				0.00%
99-2620105	Bumble Bee Blinds of Waco and Temple TX				0.04%
47-4353662	BURN BOOT CAMP				0.05%
81-4981374	BURN BOOT CAMP CHAPEL HILL LLC				0.01%
85-1209704	Burtin Polymer Innovations, LLC				0.32%
26-2484630	Burtin Racing, LLC				0.20%
65-0398823	C & E CONSTRUCTION COMPANY				0.17%
84-4048136	C&F HOLDINGS GROUP, LLC				0.03%
81-4628087	Cain Center for the Arts				0.15%
20-5827656	Caliber Metal Buildings LLC		1.01%		
61-1411655	CALIFORNIA COMMUNICATIONS ACCESS FOUNDATION				0.48%
84-1907300	Calverde Naturals LLC				0.09%
26-4394757	Camden and Meridew P.C.	0.19%			
99-5041219	Campus Stream LLC		0.01%		
35-1902427	Cancer Support Community Indiana Inc	0.90%			
38-3798953	CANDLEWOOD SUITES PENSACOLA				0.03%
31-0868417	Capitol South Community Urban Redevelopment				0.77%
84-2117777	Capture Collective Inc.				0.10%
84-3726150	Car Capital Corporation				1.53%
86-0838599	Caribbean Pools and Spas Inc		0.86%		
56-1632916	CARLSON-FARMER INC				0.00%
83-0375572	CAROLINA RETIREMENT SOLUTIONS INC				0.11%
76-0233468	Carpet Giant Houston, Inc.				0.15%
45-5584655	Cassidy Consulting Group, Inc				0.18%
37-1803254	Catalytic Solutions			0.46%	0.02%
88-3849527	Cater Logistics LLC		0.85%		
54-1251090	Catholic International University				0.18%
47-5135452	CAULDER & VALENTINE LAW FIRM PLLC				0.13%
62-1497210	CB ELECTRIC LLC				0.05%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
56-1906788	CBC GRADING & HAULING INC				0.02%
93-3783200	CBR Resources LLC - Asset		1.82%		
93-3783200	CBR Resources LLC Enterprises		19.74%		
84-3992454	CCA LLC				0.13%
32-0059684	CELMARK DEVELOPMENT GROUP, INC				0.01%
13-4271375	Celtic Cartage, INC				0.20%
86-3659334	Central Cargo North America				0.40%
20-0037866	Central Phoenix Eyecare PLLC		0.29%		
20-2012491	CEO FORUM, INC.				0.44%
93-3246003	Cerberus Improvements, Inc				0.05%
46-2781407	Certa Pro Controls, LLC				0.05%
85-4285907	Champion Benefit Advisors, LLC				0.03%
84-1388331	ChangeLine				0.47%
26-0517113	CHARLESTON LABORATORIES INC				0.09%
56-1153212	Charlies Soap				0.19%
20-8185875	CID Capital II Inc	0.58%			
56-1321784	Cii Technology Solutions, Inc.				0.03%
20-2259554	City Communications Integrated				
26-4573361	CKZ Holdings LLC		0.10%		
81-1117803	Clarify360				0.11%
85-1172990	Clarion Management, Inc			17.31%	0.36%
88-2915334	Clark Engineering LLC				0.12%
45-2591214	Clear Capital, LLC			2.77%	0.16%
82-4940237	Clear Water Distilling Company LLC				0.11%
56-0841233	Clegg's Termite & Pest Control, LLC				0.30%
61-1444684	Clients First Business Solutions				0.39%
46-0743073	CoachRami.com				0.03%
81-2270305	Cold Spring School	3.42%			
88-2242113	Colony House Motor Lodge, LLC				0.03%
27-1457212	Columbus Consulting International LLC				0.14%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
27-1457212	COLUMBUS CONSULTING INTERNATIONAL, LLC				0.78%
20-2939184	Comfort & MainStay Suites				0.00%
04-3753048	COMFORT INN PENSACOLA				0.01%
62-1542808	COMFORT SUITES - KNOXVILLE				0.00%
83-2865375	Commercial Realty Services				0.11%
34-1785525	Community Behavioral Health Center				0.41%
83-0578296	Community Growth Partners Holdings Inc				0.09%
56-2281157	COMMUNITY PROPERTIES OF OHIO				1.08%
86-0378101	Compass Christian Church		6.66%		
46-1475381	CompTeam, LLC				0.04%
85-4389277	Conjet				0.03%
99-0378192	Connected Manufacturing				0.16%
45-4318762	CONSTRUCTION EQUIPMENT SALES & RENTALS				0.02%
76-0237825	Construction Masters of Houston Inc.				0.41%
45-3613803	Contemporary Energy Solutions, LLC				0.33%
47-2520293	Contextant				0.12%
58-2515045	Control Resources, Inc.				0.86%
86-0497165	Cook Bros Cleaning		0.00%		
45-3555036	Cool and Cobb Engineering Company				0.05%
84-1677086	Cooper-Global Chauffeured Transportation, Inc				0.03%
20-3527737	Copeland Contracting Company, LLC				0.09%
84-2535554	Corazon AZ		0.35%		
82-1583396	Core Access Surgical Technologies, Inc.				0.54%
45-4788427	Cornerstone Hospitality LLC				0.08%
35-1869905	Cornerstone Information Systems	11.25%			
52-1356557	COUNCIL OF DEVELOPMENT FINANCE AGENCIES				0.05%
56-2342901	Craddock Terry Hotel, Waterstone Pizza, Shoemakers American Grille				0.19%
74-1342461	Cranford X-Ray Company				0.23%
46-5011763	Craters and Freighters of Las Vegas				0.04%
86-1038681	Creative Environments Maint		0.05%		

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
86-0695089	Creative Leather Furniture		1.47%		
92-0307754	Croft Technology Inc.	0.44%			
46-3173734	Crossover Touring, LLC				0.22%
38-4186232	Crowded Technologies, Inc.				0.05%
35-2622114	Crown Electric LLC		0.52%		
27-4472305	Crowned Heads LLC				0.25%
13-4214593	CRU Cattle Company, Inc.		0.16%		
32-0366967	CT Electric				0.08%
47-5498088	CTL MEDICAL CORPORATION				0.67%
33-1854137	CUE Holdings HVAC, LLC				0.05%
81-5274409	Curative Sound LLC	1.47%			
92-2567222	Curtis Family Enterprises Inc.			0.92%	0.00%
46-1772224	Dariam Group	0.40%			
82-4788948	Datalog Geological Services, LLC				0.47%
27-2155845	Dave Watson & Associates LLC				0.20%
33-0995376	DAWSEY CO.,LPA				0.10%
84-1535138	Deaf Overcoming Violence Through Empowerment (DOVE)				0.08%
85-1442170	Decimal Technologies Inc.	2.86%			
35-2112834	Decision Tree Resources Inc	0.57%			
75-2445108	Decorative Concrete Supply Inc				0.31%
86-0193883	Delivering Dreams of Arizona		0.53%		
85-4022542	Delta Beverages, Inc				0.29%
20-4227095	Delta Performance Products, LLC				0.64%
84-0580762	Deltech Furnaces			12.55%	
47-3400480	DemandJump Inc	0.12%			
11-1111111	Demo Company				
26-4735790	Denali ATV LLC				0.05%
46-0564592	Denali Jeep LLC				0.01%
81-2938433	Denali Park Adventures LLC				0.02%
47-4245697	Denali Park Zipline LLC				0.01%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
46-1994178	Densborn Blachly LLP	1.03%			
48-1293358	Desert Datacom Inc		0.41%		
86-0796627	Desert Stages, Inc.		0.15%		
75-3066885	Design Galleria				0.51%
87-1608290	Dialysis Vascular				0.22%
46-4457450	Digestive Health and Wellness		0.18%		
26-1845094	DirectiveGroup, Inc				0.07%
87-2459963	Disaster Recovery Restoration LLC		0.36%		
59-2223786	DIXIE POOLS AND SPAS, INC				0.30%
82-4419100	Dobinsky Wholesale LLC				0.19%
87-1471784	Dogwood Green, Inc.				0.01%
85-4314201	Dogwood Therapeutics, Inc.				0.35%
86-1019656	Dollarhide Financial Group LLC		0.00%		
65-0720209	DOMINGO E GALLIANO JR PA				0.05%
33-2014686	Dooley Wealth Management, LLC				0.03%
90-1022046	Door Closing Systems, LLC		0.03%		
92-0911546	Doubletree Ventures LLC		1.55%		
46-4380687	Duncan Capital Management, Inc.				0.28%
26-1849216	Duvín International Clothing Company, LLC				0.10%
46-4580687	Dynasty Pest LLC				0.06%
46-4882722	Eagle's Nest Academy				0.12%
92-3535354	Earth RepAIR Global, Inc.				0.14%
93-4050088	East Carolina Recovery				0.10%
46-3482101	EAST CAROLINA TOWING & RECOVERY, LLC				0.06%
88-0826557	Eastbound Collective LLC				0.05%
23-7275283	ECHO, INC				0.35%
27-3041085	Ecoverde LLC		0.18%		
26-2227783	EcoWater Systems of Central Florida				0.32%
74-1506093	ECP Solutions				0.57%
81-4684220	Edison School of the Arts Inc.	6.40%			

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
46-1124727	EHS Support LLC				0.50%
45-3642134	EJ Smith Construction, LLC				0.64%
26-2218455	ELAINE STERLING INSTITUTE				0.25%
83-4497352	Elate Inc.	0.61%			
81-2111126	Elevate New England		2.26%		
90-0451740	Elevate Phoenix Inc		2.61%		
83-2623406	Elevate Savannah		1.05%		
93-3039370	Elevated Pathology, PLLC				0.17%
83-1934461	Elite Facility Services LLC	1.81%			
31-1312285	ELITE HOME REMODELING, INC.				0.08%
33-3553521	Elite Performance Training LLC				0.04%
46-3592780	Elm City Montessori School				0.54%
82-4555585	Elmore Companies Inc	1.36%			
93-2239713	Embark Truck Driving Schools		0.27%		
92-2491088	Embassy Data Logistics Inc				0.02%
30-1292198	Ember Enterprises LLC				0.25%
16-1713267	Empire Metal Products		2.73%		
58-2116337	ENGINEERED TECHNICAL SERVICE, LLC				-0.01%
35-2773848	Ensto North America				0.09%
26-3914475	Epic Party Team		0.61%		
87-0796570	Essential Therapy Solutions, LLC		0.33%		
30-0985828	Eteros Technologies USA, Inc.				0.01%
13-4004027	Ethis Communications, Inc				0.28%
27-0893719	Ethos Construction Services		0.36%		
47-4125942	European Autohaus				0.02%
88-1131554	EverNest Financial Advisors LLC	1.16%			
86-2423535	EverSource CID, LLC				0.08%
87-4003183	EverSource Services Company, Inc.				0.32%
81-5028704	EverSource Wealth Advisors, LLC				0.18%
86-2606249	Evolve Clinical Research LLC		0.06%		

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
93-3495166	Evolve to You Corporation				0.12%
20-8485067	ExactHire	0.67%			
81-1433461	Exceptional Healthcare Inc.				2.96%
83-2589207	Exceptional Physicians Group				0.10%
99-4264981	Exceptional SS Fencing LLC				0.01%
35-2012389	Exhibit House				
20-0453080	Exloc Instruments Inc.				0.32%
47-4592258	Express Employment Professionals				0.05%
82-1929945	Express Employment Professionals II				0.04%
81-1521848	EYES ON TOWNE LAKE				0.05%
88-0881071	EZ Waste Services Inc.				0.07%
35-1733228	Fabricated Steel Corporation	0.23%			
83-2357116	FACT Industries, LLC		0.24%		
45-2857889	FAIRFIELD INN ATHENS				0.02%
26-3148910	Falcron Solutions		1.64%		
06-1610467	Family Practice of Suntree and Viera, P.A.				0.18%
93-4419716	Farah Service Enterprises				0.01%
90-0101228	FARNSWORTH LOGISTICS INC.				0.07%
84-4234558	Fast Oil LLC		0.02%		
88-1640533	Faulkner Island Development LLC		0.26%		
99-0525729	Faulkner Island East LLC		0.04%		
01-0353129	Ferris Music Service, Inc.				0.07%
01-0746782	Filecontrol Partners, LTD.				0.06%
20-1665958	Fine Line Concrete Cutting LLC		0.21%		
86-0385117	Finley Hibbert Investments		0.16%		
45-4555884	Firm Foundation Youth Homes		1.42%		
46-1722227	First Place AZ		2.45%		
84-2218655	Five Counties Ranch LLC				0.04%
85-3847708	Flagship Aerospace, LLC				0.14%
92-1865508	Flex Nine Exteriors LLC				0.08%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
83-2831107	FlexTC				0.40%
26-4203518	Fly the Whale				0.93%
84-2317461	Forest Homes LLC				0.04%
86-0227526	Forrest Anderson		0.55%		
27-2309536	Forshee, PLLC				0.01%
27-1839558	Fortitude, Inc				0.03%
27-1247932	Founders Properties LLC				0.58%
86-3964294	Fourcore Capital, Inc.				0.12%
88-4211822	Freedom Brands Payroll LLC		1.38%		
26-2050488	Fuels, LLC				0.17%
87-0882463	Full G Capital				0.05%
83-2454860	Full Harvest Moonz, Inc.				0.12%
45-3674347	Fuse Lenses				0.30%
38-3939788	Fuse Project, LLC			6.47%	0.45%
45-4775458	Fusion Chemical Corporation				0.09%
47-1780520	FUSMobile, Inc.				0.27%
82-2168782	G3 Mechanical LLC		0.00%		
47-4354921	Gaelic Leasing Inc				0.03%
35-1856286	Gant Travel Ltd	10.27%			
47-3178799	GATEWAY FILM CENTER				0.13%
33-1746788	Gatsby Glass of Alpharetta				0.01%
99-4821457	Gatsby Glass of Glendale				0.01%
93-4814057	Gatsby Glass Of Miami				0.01%
99-1291809	Gatsby Glass of NW Indianapolis				0.08%
93-4051980	Gatsby Glass of Palm Beach				0.00%
93-4636332	Gatsby Glass of South Austin				0.10%
99-1063949	Gatsby Glass of South Raleigh				0.10%
46-3643707	GCS Glass & Mirror		0.16%		
87-3285298	GCS Glass Austin LLC		0.09%		
82-4193131	GCS Glass LLC		0.06%		

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
92-1408636	GCS Glass Santa Cruz		0.02%		
81-3240985	Genesee A&B, LLC				0.52%
35-2226617	GENNIS GROUP INC				0.37%
58-2480194	GEORGIA VISION CENTER				0.07%
87-3936699	Glass Meadows Inc				0.57%
45-3779609	Global Appearance Partners, LLC				0.17%
84-3257221	Global Precision Imaging				0.02%
93-3200094	Global Rewards Group, LLC				0.17%
99-2967519	GNB Doors of Texas Inc				0.01%
36-4916111	GNB Global Inc.				0.61%
27-1571440	Gold Emblem Produce		0.47%		
20-1352249	GoldenWest Management Inc		0.73%		
85-2648667	Good Feels, Inc.				0.24%
47-1325838	GOOD OLE BOYS BBQ II LLC				0.03%
46-0812595	GOOD OLE BOYS BBQ LLC				0.02%
85-0598199	Grasshopper Farms				0.08%
68-0676379	Grayson Thermal Systems	0.47%			
61-1897653	Green Meadows Farm, LLC				0.48%
74-2770837	GRGA Development Group, Inc.		0.19%		0.01%
92-1920445	Griffith Urology, PLLC				0.11%
91-0747595	Grimm Collections		0.62%		
33-4675374	Groovy Hues Painting of Youngsville				0.01%
52-2398700	GTECHSERV				0.07%
33-0859004	Guardian Storage Centers LLC		1.94%		
33-0859004	Guardian Storage LLC Corporate		0.12%		
88-4289346	GUD Community Management LLC		0.55%		
76-0602416	Gulfstream Legal Group LLC				0.73%
87-3988905	Halonon PLLC		0.11%		
81-1728448	HAMMOND STEEL COMPONENTS LLC				0.05%
85-3411757	Hammoq Inc		1.24%		

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
20-8087098	HAMPTON INN & SUITES ALEXANDRIA				0.02%
20-2939184	Hampton Inn & Suites Madisonville				0.02%
86-1770146	Hampton Inn & Suites Pensacola				0.02%
84-2278851	Hampton Inn Madison				0.02%
93-2379482	Hampton Inn Springfield, TN				0.01%
26-0629663	HAND-CARTER INC				0.01%
86-2386258	Harbor Anesthesia PLLC		0.07%		
47-3247215	Hark General Contracting LLC		0.73%		
27-0250769	Harvest Compassion Center		0.60%		
65-0531333	HAZARD CONTROL TECHNOLOGIES INC				0.29%
82-4750832	Healing Hearts Residential		0.59%		
47-1153095	HealthCare Tech Services				0.05%
06-0866691	Hematology Oncology, P.C.				0.23%
83-4199895	HENNEP CULTIVATION LLC				0.08%
84-3516170	HERB SOCIAL				0.00%
86-1035663	Hernandez Family Law		0.15%		
93-3244618	Heroes Lawn Care of Mesa				0.02%
88-1882685	Heronwood Holdings, LLC				0.06%
85-6232143	HG Clay Foundation				0.01%
58-1834486	HIAWASSEE ANIMAL HOSPITAL INC				0.02%
88-3531124	Hilton Garden Inn Texarkana				0.23%
20-2939184	Hilton Garden Inn Trussville				0.03%
43-1562688	Hire Heroes USA				4.79%
46-0649747	HistoWiz, Inc				0.23%
20-2939184	Holiday Inn Express & Suites - Madisonville				0.02%
82-4366426	Holiday Inn Express & Suites Nashville Metrocenter				0.06%
20-2889410	HOLIDAY INN EXPRESS ATHENS				0.01%
45-4236920	HOLIDAY INN EXPRESS DESTIN				0.03%
26-4189333	HOLIDAY INN EXPRESS MADISON				0.02%
99-1256581	Home Services of Greater Des Moines				0.07%

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82-4869805	Homefield Apparel, Inc.	2.25%			
92-2636202	Homestead Communities				0.07%
88-0874742	Hook and Hock, LLC				0.01%
86-0673988	Hot Shot Delivery Inc		0.68%		
85-3481447	Hotel Elkhart				0.29%
56-2031464	HUDSON POOL DISTRIBUTORS, INC				0.28%
38-3903954	Hustle PHX		0.56%		
83-1218849	HYATT PLACE-NASHVILLE AIRPORT				0.01%
87-2098485	Hybrid Retirement Solutions		0.77%		
46-4539201	Idaho Sunfresh		1.09%		
47-3886160	Idaho Sunfresh Transportation		0.20%		
85-4228689	ILE Homes				0.14%
36-3723603	ILLINOIS JUNIOR GOLF ASSOCIATION				0.26%
35-2334171	ILLINOIS SCIENCE AND TECHNOLOGY COALITION				0.14%
47-4842039	IMG Venture Group, Inc.				0.10%
82-2804955	In Order Business Development Solutions, Inc				0.08%
14-2011097	INDEPENDENT FINANCIAL SERVICES				0.12%
81-3390359	Indian River Energy Services, LLC				0.03%
88-4181393	Indiana Democracy Collective Inc	0.72%			
35-1956068	Indiana Oral & Maxillofacial Surgery Associates	7.26%			
35-1909230	Indianapolis Neighborhood Resource Center	0.24%			
20-2005004	Indianapolis Theatre Fringe Festival Inc.	0.09%			
85-4214247	INDT, LLC				0.88%
86-0857160	Industrial Electrical Solutions		1.12%		
33-2302912	Indy Economic Development	0.67%			
45-4833492	Indy Hunger Network Inc.	0.85%			
73-1455518	INEX				0.07%
46-5166461	Infinity Insurance Partners		0.48%		
93-3852485	Inflection Point Ventures INC				0.00%
36-2531124	Inglot Electronics Corporation				0.08%

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83-0429940	Innovative Primary Care, LLC				0.17%
82-2057305	Inovium, LLC				0.06%
27-2964043	Insight Restoration, LLC				0.35%
87-2207696	Integrated Project Solutions				0.07%
27-3534088	IntegriBuilt Roofing LLC				0.04%
75-2293385	Intelinet Systems Inc.				0.22%
81-2384056	Intermountain Wall Systems		0.55%		
31-1524776	INTERNATIONAL MKTG CONCEPTS				0.13%
71-1034064	Intralink America				0.29%
31-0995844	INvestEd	3.98%			
46-4645330	Iron Oaks LLC				0.19%
81-1105119	IRVIN LAW GROUP, PLLC				0.12%
88-2972381	Italian Herbs LLC				0.02%
86-0944536	ITM Trading Inc		1.18%		
35-1990726	IU Ventures	0.66%			
45-4204972	JAN-PRO of St Louis and Central MO				0.08%
82-3114639	Jason P. Brown M.D. LLC				0.06%
47-3906966	JBS CP LLC		0.16%		
56-1863246	JBS LIBERTY SECURITIES INC				0.06%
45-0414597	JCT Limited Partnership, LLC				0.00%
86-0965061	Jerry M Burns DDS PC		0.18%		
82-3391750	Jerry M Burns DDS PC II		0.43%		
87-3442070	Jerry M Burns DDS PC III		0.06%		
75-3221239	Jet RVSM Services, LLC			0.70%	0.16%
87-4091415	JLJ Group, LLC		0.17%		
58-0960515	JOHN BLEAKLEY FORD, Inc.				0.05%
86-0540978	Johnson Goff, PLLC		0.78%		
27-1146655	JXN HOUSING LLC				0.01%
82-5260571	KaliVerde Holdings, Inc.				0.06%
36-3132360	KAMMES AUTO & TRUCK REPAIR, INC.				0.38%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
84-4249591	Kamper Estrada PLLC		0.12%		
26-4646019	Kelley Executive Education Foundation Inc.	1.02%			
88-3115121	Kestrel Service Corp				0.33%
31-1122074	Keytel Systems				0.33%
39-2844119	Killara Outdoors Inc				0.17%
88-3440734	Killingly JV, LLC				0.02%
20-5852852	King Tiger Tae Kwon Do				0.08%
85-1646239	Kirch Equity Investments LLC	0.28%			
46-1982573	Kite Hill			8.86%	0.17%
26-1146497	KM BRIGGS LLC				0.01%
40-0000660	Koivisto and Koivisto PC		0.11%		
87-3006025	Kor Fab LLC		0.08%		
46-2824752	LA Creole Hospitality 1, LLC				0.01%
84-2763473	LAB Quantitative Strategies, LLC				0.15%
20-2687467	Lakeside Home Furniture				0.06%
88-0677160	Lakeview Point, LLC				0.01%
87-1877810	Lansing Crossing LLC				0.02%
75-2756151	Latham Stairs & Millworks Inc.				0.08%
47-2189990	Lazarus Naturals				0.33%
81-1200568	LazerCat				0.24%
31-0855540	LEADERSHIP COLUMBUS				0.13%
23-1931514	Lectrix Group				0.12%
47-5152257	Legacy Fire Protections Services LLC	2.33%			
99-4451785	Legends Site and Underground Development, LLC				0.48%
30-0742170	Leinster Financial, Inc.				0.01%
20-5094871	Lending Science DM, Inc.				0.16%
31-1298651	LENNONHEADS SALON AND SPA				0.35%
82-4047070	Level Up Holding Co Inc		1.77%		
83-2345157	Levesque Plastic Surgery				0.05%
27-1702426	Liccar Fund Services				0.90%

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82-2968965	Liepold Harrison & Associates PLLC				0.23%
93-1536971	Life Wise Planning Group, LLC				
35-0869056	LifeSmart Youth	0.05%			
27-0562858	Lighthouse Escrow, Inc				0.04%
82-3366732	Lighthouse Sciences				0.05%
87-2531963	Limit Break, Inc.			12.49%	1.66%
33-1514945	LKB Engineering				0.24%
81-2152585	Lockard & Wechsler, LLC				1.98%
74-1678671	Lodge Lumber Company Inc				0.98%
83-2567805	Lone Tree Holdings, LLC				0.06%
85-2895836	Los Magos Spirits International Inc				0.11%
20-8273948	Los Valles Ranch				0.13%
26-0444815	LuCorp Marketing LLC		0.10%		
90-0783910	Lumina Geo				1.32%
92-2298876	Lynx Roofing LLC				0.03%
85-2669452	LYS Beauty LLC				0.56%
92-2326458	M3 Fort Worth Real Estate, LLC				0.01%
36-4841431	Macrium Software, Inc				0.07%
64-0719803	MADCAAP				0.05%
88-1230416	MAG Partners Operations LLC				0.16%
88-1580875	MAG-MacFarlane BP Employer LLC				0.11%
93-2823964	Major League Tribes LLC				0.06%
31-0870863	Management Performance Intl				0.06%
26-3430827	Marana Mortuary & Cemetery Properties LLC		0.53%		
82-3355101	Markins Enterprise LLC		0.56%		
45-4067740	Marrs Construction Inc		0.55%		
27-0696868	MARSHALL FINANCIAL PLANNING, LLC				0.01%
74-2449420	Marshall-Harrison County Health District				0.09%
23-7415846	Martin Luther King Multi - Service Center Indianapolis Incc	3.24%			
92-3235731	Marvelous				0.07%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
47-5634363	Marzano Academies	1.51%			
83-3814149	Marzano Research				0.09%
26-2730032	Marzano Resources	5.13%			
01-0948991	Mast Auto Transport LLC				0.21%
92-2821728	Mast Trucking, LLC				0.01%
83-2820884	Master Mastic LLC				0.08%
20-3409799	MAVERICK CONSTRUCTORS LLC				0.23%
81-3657053	Maverick Management Company LLC				0.05%
75-2434817	MD On Call, PA				0.28%
26-3834068	MDT Financial Advisors, LLC				0.19%
46-1957579	Medical Plaza Family & Geriatric Physicians				0.09%
38-4126132	Medicem Inc.				0.10%
27-4095255	Mednick Associates	1.24%			
83-3104809	Mellow Fellows LLC				0.00%
88-0894999	MEMBRANE LABS INC				0.42%
86-0865368	MentorKids USA		0.36%		
56-2198689	Meridian Automation and Communication				0.02%
27-1297330	Meridian Piano Movers LLC	0.18%			
27-4059881	MERINO & ASSOCIATES LLC				
84-4094480	Merit Advisors Management, Inc				0.21%
20-5965155	Merit Advisors, LLC				2.14%
75-2468683	Merritt Capital, Inc.				0.26%
33-2108955	META Landscape Architecture LLC				0.01%
83-1498138	META Planning and Design LLC				0.13%
92-2143164	META Planning and Design Management, LLC				0.09%
20-1792717	Metro Centre, LP				0.09%
84-4332856	Metropolitan Technologies, LLC				0.11%
85-2598586	MEZO				0.04%
36-4334646	Michael B. Marcus DDS, LTD				0.23%
31-1042948	Microcom Corporation				0.27%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
20-8815652	MIDWAY STRUCTURAL PIPE AND SUPPLY INC				0.14%
82-4122590	Midwest Battery LLC				0.22%
26-4835361	Midwest Business Funding Inc	0.04%			
85-1221746	Midwest Design Group LLC	1.94%			
35-6055409	Midwest Political Science Association	0.42%			
38-4225964	Mighty Dog Roofing of Novi				0.07%
88-2685437	Mighty Dog Roofing of Western Connecticut				0.03%
63-0956001	MILTON ROAD RESIDENCE				0.04%
92-0359825	Mindsprint Inc.				1.20%
45-3562695	MINERAL TECH LLC - TX PAYROLL				1.12%
34-2036660	Miracle Ear			1.22%	0.05%
20-2430687	Mirasol Development LLC		0.48%		
99-4765269	Mission Increase				0.05%
72-1341927	MISSISSIPPI IRON WORKS				0.27%
46-1665288	Mitch Daniels Leadership Foundation Inc	0.20%			
82-3695052	MNAT, Inc			1.09%	
93-2764331	Model Health LLC	0.35%			
46-4502684	Model Technology Solutions, LLC				0.09%
88-1156395	Mogollon Water Management LLC	0.32%			
56-2105946	Moore Insurance Services				0.24%
59-1732897	MORGAN REAL ESTATE INC				0.17%
77-0672274	Mortgage Assets Management LLC				0.03%
81-4315862	Mountain Insurance				0.03%
83-3131957	Mountain Insurance of Blue Ridge				0.05%
83-2387296	MP King George, LLC				0.04%
27-2575908	MRO Supply LLC	0.67%			
82-2245580	Muddy Creek(PEO)Energy Services, LLC				0.65%
46-2921508	MULTIPLE, INC.				0.04%
87-2735150	MuniQuip LLC		2.81%		
93-4758278	Murieta Matters LLC			5.55%	0.14%

	CLIENT NAME	Anthem IN %	BCBS AZ %	Kaiser %	UHC %
45-4715920	MVA Recovery, Inc.				0.09%
86-3756079	MVAR				0.09%
84-3368045	My Place Hotel - Jacksonville/Camp Lejeune, NC				0.01%
92-2744029	MY PLACE HOTEL - RANDOLPH VT				0.04%
92-1472019	Mythic Talent Management Inc				0.10%
47-3653292	MyWorkDoc Technologies, LLC				0.31%
45-2050571	NATURAL GREEN SCAPES LLC				0.05%
	GRAND TOTAL	100.00%	100.00%	100.00%	100.00%