Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
KREBER GRAPHICS INC. EMPLOYEE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1994

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)
KREBER GRAPHICS
KREBER

2580 WESTBELT DR
COLUMBUS, OH 43228-3827

2580 WESTBELT DR
COLUMBUS, OH 43228-3827

2b Employer Identification Number (EIN)
31-4364062

2c Plan Sponsor's telephone number
614-529-5702

2d Business code (see instructions)
541400

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.	07/30/2026	CINDY MICHAELS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2026	CINDY MICHAELS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	100
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	100
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	89
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	91
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	91
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
KREBER GRAPHICS INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
KREBER GRAPHICS

D Employer Identification Number (EIN)
31-4364062

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
TOKIO MARINE HCC

(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
35-1817054	92711		58	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
11464	

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

STEALTH PARTNER GROUP LLC
18700 NORTH HAYDEN ROAD
SUITE 405
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11464			

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [X] 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	229272
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
KREBER GRAPHICS INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
KREBER GRAPHICS

D Employer Identification Number (EIN)
31-4364062

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
COMMUNITY 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
31-1440175	10345	W42777	58	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

REDTAIL LTD
9999 BREWSTER LANE
SUITE 100
POWELL, OH 43065

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] 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	34681
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
KREBER GRAPHICS INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
KREBER GRAPHICS

D Employer Identification Number (EIN)
31-4364062

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
GUARDIAN

(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
13-5123390	64246	00474450	89	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
1576	1808

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

REDTAIL LTD
9999 BREWSTER LANE
SUITE 100
POWELL, OH 43065

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1576	1808		

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(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	76326
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
KREBER GRAPHICS INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
KREBER GRAPHICS

D Employer Identification Number (EIN)
31-4364062

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
EYEMED VISION CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	97438241001	46	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
601	

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

THE JAMES B OSWALD COMPNY
1100 SUPERIOR AVENUE
SUITE 1500
CLEVELAND, OH 44114

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

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

CORNERSTONE BROKER INSURANCE SVCS
2101 FLORENCE AVENUE
CINCINNATI, OH 45206

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
200			

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

RONAL S MOONEY DBA RHK GROUP

5960 VENTURE DRIVE #B
DUBLIN, OH 43017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
175			

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	3989
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
KREBER GRAPHICS INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
KREBER GRAPHICS

D Employer Identification Number (EIN)
31-4364062

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
AFLAC

(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
82-2723296	60380	H9745	25	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
2830	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
SEVERAL OTHERS (SEE AFLAC ATTACHED)

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1301			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TIMOTHY SAWYER
841 CEDAR CREEK ROAD
MOCKSVILLE, NC 27028

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1529			

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	23919
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
KREBER GRAPHICS INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
KREBER GRAPHICS

D Employer Identification Number (EIN)
31-4364062

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
GUARDIAN

(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
13-5123390	64246	00501836	22	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
1107	193

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
LIFETIME FINANCIAL GROWTH

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
REDTAIL LTD
9999 BREWSTER LANE
SUITE 100
POWELL, OH 43065

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1098	193		

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
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	9549
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

Tokio Marine HCC – A&H Group

Schedule A (Form 5500) Information

Kreber Graphics, Inc.

Report Range: 1/2025 through 12/2025

MSL Last Reported Employee Count 58

Policy: HCL41127

Premium Applied		Carrier	Federal Id #	NAIC #
Medical	229,272.02	HCC Life Insurance Company 225 TownPark Drive, Suite 350 Kennesaw, GA 30144-5509	35-1817054	92711
Other Override Payments		**Override Recipient**		
Medical	11,463.61	Stealth Partner Group, LLC 18700 N. Hayden Road Suite 405 Scottsdale, AZ 85255		

Anthem Blue Cross and Blue Shield
Mail Drop: OH3403-A266
3075 Vandercar Way
Cincinnati, Ohio 45209

KREBER GRAPHICS INC
2580 WESTBELT DRIVE
COLUMBUS , OH 43228

03/13/2026
Customer ID: W42777
DCN: F5500202603130905717

Attention: Human Resource Manager

Attention Plan Administrator:

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

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

Other items to note:

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

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

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

Sincerely,



Jeannette St Pierre
Dir Financial Ops Dept

Information For Completion of ERISA 5500 Schedule A

Name of Plan : KREBER GRAPHICS INC
For Period : 01/01/2025 - 12/31/2025
Customer ID : W42777

Part I Information concerning Insurance Contract Coverage, Fees and Commissions

1. Coverage Information			
a.Name of Carrier(s)	**b.EIN**	**c.NAIC Code**	**Coverages**
Community Insurance Company (G1728)	31-1440175	10345	Health PPO

*see part III for enrollment detail

2 and 3. Insurance Fee and Commission information		
Broker	***Sales and Base Commission Paid***	***Fees Paid****
-	-	-

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

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

Part III Welfare Benefit Contract Information

Non Experience Rated Contracts:

8. Type	8.Benefit	10a. Premium	Approximate Enrollment (Subscribers/ Members)
a/k	Health PPO	.	
a/j	Health HMO	.	
b	Dental	.	
c	Vision	.	
d	Life Insurance*	.	
e	STD	.	

8. Type	8.Benefit	10a. Premium	Approximate Enrollment (Subscribers/ Members)
f	LTD	.	
g	Supp Unemployment	.	
h	Prescription Drug	.	
j	Stop loss	.	
a/l	Health Indemnity	.	
m	EAP/Other	.	

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

Information For Completion of ERISA 5500 Schedule C

Name of Plan : KREBER GRAPHICS INC
For Period : 01/01/2025 - 12/31/2025
Customer ID : W42777

Part I Service Provider Information

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

In early 2010, [Community Insurance Company (G1728),EIN-31-1440175] provided your plan additional disclosure or clarification of eligible indirect compensation received by itself, its affiliates and vendors utilized in connection with subrogation, recovery, network access, negotiated savings and float. To the extent your plan has access to the BlueCard network, this disclosure also provided information regarding any payments for BlueCard made to other Blue Cross and/or Blue Shield plans for network access and services. This disclosure supplements the information contained in your administrative services agreement. Any other Indirect Compensation for which disclosure was not provided is listed below.

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

3a-e. Service Provider Information

Community Insurance Company (G1728) EIN-31-1440175

Service Codes	Direct Compensation	Other Direct Compensation	Indirect Compensation	Source	Source EIN	Description
12, 13, 15, 49, 62	$16,874	$17,807	$0	NA	NA	The services, and fees, as set forth in the administrative agreement.[1]
12, 13, 15, 62	$0	$0	$59,230	CarelonRx, Inc.	82-3062245	Prescription Drug Rebates and related administration fees[2]
.	.	.	.	.	.	.

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

1 Administration fees are based on enrollment at a given point in time and may vary based on timing of enrollment adjustments. Other direct compensation includes access fees and negotiated savings fees billed to your plan, as part of the claim costs. To the extent your plan has access to the Blue Card network, and depending upon the terms of your agreement, your plan may be billed and we may receive Blue Card access fees, local access fees and administrative expense allowance fees. For additional information on the fees, if any, billed in connection with your plan, please contact your account administrator.

The following footnotes are applicable only if listed above.

2 Prescription Drug Rebates and related administrative fees if applicable are estimated for the reporting period based on a historical average of rebates received by the service provider, divided by the total number of units of all prescription drugs claims (including those drugs that may not be subject to a drug rebate program) incurred by plans or policies administered by that service provider over that period, to arrive at an average rebate for each drug claim unit. This average, times the plan's actual units of 52116.400 for the period, results in the estimated amount of rebates received by the service provider in connection with the plan. Estimated rebates do not take into consideration any rebate revenue returned to the plan or used as an offset to administrative fees; see your administrative services agreement for additional information.

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

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

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

The undersigned company,(ies), hereby certify that the foregoing statement furnished to 29 C.F.R 2520 103-5(c) is complete and accurate.



Jeannette St Pierre
Dir Financial Ops Dept
Date: 03/13/2026

Life and disability products underwritten by Anthem Life Insurance Company in all of the states listed below. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc., HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri excluding 30 counties in the Kansas City area: RightCHOICE® Managed Care, Inc. RIT, Healthy Alliance® Life Insurance Company HALIC, and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc., HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.: Anthem Health Plans of Virginia, Inc., HMO products underwritten by HealthKeepers, Inc., Peninsula Health Care, Inc. and Priority Health Care, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation Compcare or Wisconsin Collaborative Insurance Company WCIC; Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

To: Plan Administrator
From: Anthem Blue Cross and Blue Shield
Date: February 12, 2026
Re: Disclosure regarding indirect compensation Anthem Blue Cross and Blue Shield, its affiliates and subcontractors may receive in connection with your group's plan

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

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

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

Recovery Services

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

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

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

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

Savings On Non-Contracted Providers

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

BlueCard Access

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

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

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

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

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

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

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

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

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

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

divided by

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

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

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

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

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

Transaction Fee	2025 / 2026 Fee (USD)
Medical Assistance	
General inbound calls	29.37/29.84 per call
Provider search (non-medical situation)	23.07/23.44 per call
Cashless access/Guarantee of Payment (GOP)	115.37/117.22 per GOP
Telephone translation	65.55/66.60 per call
Fulfilment	9.96/10.12 per call
Provider/medical assistance information provided by nurse	99.63/101.22 per call
Misrouted calls	23.07 per call
Medical Monitoring	304.14/309.01 per case
Claims Support	
Claim preparation, processing and/or payment (includes translation, coding, currency conversion)	40.89/41.54 per transaction
Misrouted claim (e.g., domestic)	9.96/10.12 per claim
Claim status inquiry	23.07/23.44 per call / ID
Medical records translation	At Cost
Currency conversion gains/losses	At Cost
Wire/ACH Fees	At Cost
Additional Services	
Medical evacuation coordination	1310.97/1331.95 per case
Medical repatriation coordination	1310.97/1331.95 per case
Repatriation of remains coordination	629.26/639.33 per case
Medical travel coordination	304.14/309.00 per case
Assistance Partner Engagement (limited to ONLY countries where vendor is restricted from conducting business)	Ranging from $101.6-$508 per Direct Pay Letter

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

• **AFHC Membership Fees:** AFHC membership fees are billed at the rate of $.04 per-member-per-year (PMPY), based on the total number of HMO members enrolled in the participating HMO.

• **AFHC Transaction Fees:** The transaction fee will be billed at a rate of $7.30 per transaction.

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

Float

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

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

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

Medical Pharmacy Rebates:

Anthem receives payments from certain drug manufacturers (primarily Johnson & Johnson,Genentech,Regeneron and Amgen) in connection with certain drugs utilized when a plan participant may be receiving other medical benefits; for example, a drug or injection administered in a physician's office. Anthem provides each contracted manufacturer with de-identified drug utilization information. From October 1, 2024 to September 30, 2025, Anthem received an average of $1.46 per member per month, when averaged across all fully-insured and self-funded medical plans which Anthem insures or administers.

Diabetes Prevention Program Compensation:

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

This disclosure describes the indirect compensation arrangements as of the date of this disclosure and is intended for plan years commencing on or after January 1, 2026. The arrangements discussed above are subject to change in the future, in which case we will update you of material changes affecting the possible indirect compensation Anthem may receive. However, the arrangement discussed herein may be different from the arrangements in the past. As a result, depending on when your group's plan year begins, the reconciliation and payment under these arrangements may not occur in your current plan year.

10 Hudson Yards
New York, NY 10001
guardianlife.com

MR STEPHEN KRON
KREBER
2580 WESTBELT DR
COLUMBUS, OH 43228

June 15, 2026

Plan Number : 00474450
Anniversary Date : 1/1/26

To help you with the preparation of your form 5500 (Annual Return / Report of Employee Benefit Plan ERISA) for filing with the Department of Labor, we are providing the following information.

You are required to transfer the information from this form to the appropriate schedule, forming Part of the 5500 form furnished by the United States Department of Labor. You will also need Guardian's Tax ID (EIN) and NAIC numbers, which are as follows :

EIN : 13-5123390

NAIC: 64246

A copy of this form should be retained for your records.

Certified to be correct

The Guardian Life Insurance Company of America.

1-800-627-4200

Guardian

Name of Plan : **KREBER**

Plan Number : **00474450**

Data for Period From : **1/1/25** To : **12/31/25**

The approximate number of employees covered at the end of the plan year : 89

Group Insurance coverage(s) included under this Plan :

AD&D, Dental (Insured), Life, Long Term Disability

The following figure represents commissions that are to be reported on Schedule A, Line 3, Element (b):

Contract Identification	Name and Address of Recipient of Commissions	
000GE892	REDTAIL LTD 9999 BREWSTER PLACE #100 POWELL	OH 43065
	Group Insurance Coverage(s) For Above Contract	**Commissions Paid**
	Long Term Disability	1,575.63
	Total For Contract:	**1,575.63**
	Total Commissions Paid On Plan:	**1,575.63**

The following figure represents fees that are to be reported on Schedule A, Line 3, Element (c):

Contract Identification	Name of Recipient of Fees	Amount
0009L838	REDTAIL LTD	$1,807.80
	Total Fees Paid	**$1,807.80**

However, the compensation listed above is not charged to your case in calculating new rates.

Recipient of One Time Reimbursement	Amount Paid
Total Fees Paid:	

Group Insurance Coverage(s) For Above Contract	Gross Premium Paid
AD&D	1,078.48
Dental (Insured)	53,958.19
Life	10,784.70

Long Term Disability	10,504.20
Totals:	**76,325.57**
Premium due and unpaid at the end of plan year:	**0**

Name of Plan: ***KREBER***

Plan Number: **00474450**

The following figure represents Indirect Compensation to be reported on Schedule C, Part 1, 3, Elements (a & c)

Contract Identification (a)	Name and Address of Recipient of Indirect Compensation (a)	Amount (c)
	Total Indirect Compensation Paid:	

The following is for Indirect Compensation information to be reported on Schedule C, Part 1, 3, Elements (b, d & e)

Service Code (b)	Name and Address (d)	Indirect Compensation (e)

***Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.**
****Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.**

SCHEDULE A EARNINGS REPORT

Group Number	Total Premium Collected	Group Covered Count
H9745	$23,918.98	25

Group Address	Name of Insurance Carrier
KREBER GRAPHICS	AFLAC
2580 WESTBELT DR	1932 WYNNTON ROAD
2580 WESTBELT DR	COLUMBUS, GA 31999
COLUMBUS, OH 00004	**PLAN YEAR 01/01/2025-12/31/2025**
CONTRACT NUMBER	**NAIC CODE**
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
TIMOTHY D SAWYER 841 CEDAR CREEK RD MOCKSVILLE, NC 27028	$1,528.60	$0.00
JOHN D ARIANSEN 3602 TURNBERRY LN GREENSBORO, NC 27410	$606.93	$0.00
JAMES S BELL 4526 ALAMANCE CHURCH RD LIBERTY, NC 27298	$125.03	$0.00
GREGORY E MEYER 5005 BODIE LN GREENSBORO, NC 27455	$115.51	$0.00

ERICA J LEONHARDT 1685 DICKSON DR MARYSVILLE, OH 43040	$92.03	$0.00
JEREMY MICHAEL HASKELL 136 TOCCOA AVE RALEIGH, NC 27603	$78.35	$0.00
ANTHONY P MOSCHETTI 905 OLD WINSTON RD HIGH POINT, NC 27265	$50.42	$0.00
- CHUCK MARTIN & ASSOC INC 2008 SMOKERIDGE LN GREENSBORO, NC 27407	$34.97	$0.00
ROBERT A BROWN 304 SHADOW VALLEY RD HIGH POINT, NC 27262	$26.37	$0.00
C HARVEY KING 1024 BENNINGTON DR CHARLESTON, SC 29492	$22.30	$0.00
JAMES WALTER MICHAEL 11276 CHERRY GROVE RD REIDSVILLE, NC 27320	$17.03	$0.00
AMBER D STEIN 14966 ROBINS RD JOHNSTOWN, OH 43031	$16.64	$0.00
BRANDON HARVEY 4529 TREEBARK LN HIGH POINT, NC 27265	$15.86	$0.00
TALMADGE L SOLOMON 1237 MASTEN DR APT 100 KERNERSVILLE, NC 27284	$14.56	$0.00
TRACI R BATTEN 375 HARBOUR COVE DR APT 323 SPARKS, NV 89434	$11.96	$0.00
J MICHAEL BUTLER 1090 13TH AVE NW HICKORY, NC 28601	$9.02	$0.00

ADRIENNE ALICE MENCHACA HOLBROOK 5491 SANDY DR LEWIS CENTER, OH 43035	$7.67	$0.00
ARMIN G LEONHARDT 1685 DICKSON DR MARYSVILLE, OH 43040	$7.28	$0.00
JORDAN LYNN FUNK 917 COUNTY ROAD 100 N THOMPSONVILLE, IL 62890	$7.15	$0.00
JOSHUA K HOPPE 85076 MAJESTIC WALK CIR FERNANDINA BEACH, FL 32034	$6.11	$0.00
CHRIS E BIALKA 5510 SENTINEL OAK DR MASON, OH 45040	$5.33	$0.00
CAMERON D CARRILLO 288 FRONTENAC PL WORTHINGTON, OH 43085	$4.63	$0.00
SCOTT ALLEN SMITH 6340 SUGARLOAF PKWY STE 200 DULUTH, GA 30097	$4.55	$0.00
BRUCE E MEYER 10800 WINCHCOMBE DR DUBLIN, OH 43016	$4.36	$0.00
DEBORAH A WITHEY 2149 6TH ST NW HICKORY, NC 28601	$3.12	$0.00
KATRINA D AIKEN 2511 JUDITH ST LYNCHBURG, VA 24501	$3.12	$0.00
BRIAN J DAY 3645 W CLARK RD UNIT 40 DEWITT, MI 48820	$2.52	$0.00

ALVIN J LILLEY 1011A NYE DR ALEXANDRIA, LA 71303	$1.56	$0.00
FRANKLIN T BLACK 5981 WOODFIELD DR KERNERSVILLE, NC 27284	$1.30	$0.00
JOHN C RASCHELLA 20521 TAHITIAN BLVD ESTERO, FL 33928	$1.17	$0.00
MARKUS MUELLER 7665 FIELDSTONE RANCH SQ VERO BEACH, FL 32967	$1.17	$0.00
RUSSELL W TINNEY 3440 TORRINGTON WAY APT 7 STE 101 FAYETTEVILLE, NC 28314	$0.78	$0.00
ELIZABETH CUSHING 3989 PINEHURST DR LOMPOC, CA 93436	$0.65	$0.00
MEGHAN M MILLER 149 MALIBU RD MOORESVILLE, NC 28117	$0.65	$0.00
JAMES D DUDLEY 1355 LYNNFIELD RD STE 259 MEMPHIS, TN 38119	$0.52	$0.00
DANIELLE C DUNN 185 S COLUMBIA AVE COLUMBUS, OH 43209	$0.39	$0.00
RANDY M SOMERMAN 6819 NEWARK RD NASHPORT, OH 43830	$0.39	$0.00
MICHAEL J QUINN 8580 MAJORCA LN NAPLES, FL 34114	$0.20	$0.00
Sum:	$2,830.20	$0.00



10 Hudson Yards
New York, NY 10001
guardianlife.com

CINDY MICHAELS
KREBER
2580 WESTBELT DRIVE
COLUMBUS, OH 43228

July 23, 2026

Plan Number : 00501836
Anniversary Date : 1/1/26

To help you with the preparation of your form 5500 (Annual Return / Report of Employee Benefit Plan ERISA) for filing with the Department of Labor, we are providing the following information.

You are required to transfer the information from this form to the appropriate schedule, forming Part of the 5500 form furnished by the United States Department of Labor. You will also need Guardian's Tax ID (EIN) and NAIC numbers, which are as follows :

EIN : 13-5123390

NAIC: 64246

A copy of this form should be retained for your records.

Certified to be correct

The Guardian Life Insurance Company of America.

1-800-627-4200

Guardian

Name of Plan : **KREBER**

Plan Number : **00501836**

Data for Period From : **1/1/25** To : **12/31/25**

The approximate number of employees covered at the end of the plan year : 22

Group Insurance coverage(s) included under this Plan :

Long Term Disability, Optional Life

The following figure represents commissions that are to be reported on Schedule A, Line 3, Element (b):

Contract Identification	Name and Address of Recipient of Commissions	
0009L838	REDTAIL LTD 9999 BREWSTER PLACE #100 POWELL	OH 43065
	Group Insurance Coverage(s) For Above Contract	**Commissions Paid**
	Optional Life	619.37
	Total For Contract:	**619.37**

Contract Identification	Name and Address of Recipient of Commissions	
000GE20	LIFETIME FINANCIAL GROWTH CO O	
	Group Insurance Coverage(s) For Above Contract	**Commissions Paid**
	Long Term Disability	9.57
	Total For Contract:	**9.57**

Contract Identification	Name and Address of Recipient of Commissions	
000GE892	REDTAIL LTD 9999 BREWSTER PLACE #100 POWELL	OH 43065
	Group Insurance Coverage(s) For Above Contract	**Commissions Paid**
	Long Term Disability	478.46
	Total For Contract:	**478.46**
	Total Commissions Paid On Plan:	**1,107.40**

Guardian

The following figure represents fees that are to be reported on Schedule A, Line 3, Element (c):

Contract Identification	Name of Recipient of Fees	Amount
0009L838		$192.65
	Total Fees Paid	**$192.65**

However, the compensation listed above is not charged to your case in calculating new rates.

Recipient of One Time Reimbursement	Amount Paid
Total Fees Paid:	

Group Insurance Coverage(s) For Above Contract	Gross Premium Paid
Long Term Disability	4,784.59
Optional Life	4,764.37
Totals:	**9,548.96**
Premium due and unpaid at the end of plan year:	**0**

Name of Plan: ***KREBER***

Plan Number: **00501836**

The following figure represents Indirect Compensation to be reported on Schedule C, Part 1, 3, Elements (a & c)

Contract Identification (a)	Name and Address of Recipient of Indirect Compensation (a)	Amount (c)
	Total Indirect Compensation Paid:	

The following is for Indirect Compensation information to be reported on Schedule C, Part 1, 3, Elements (b, d & e)

Service Code (b)	Name and Address (d)	Indirect Compensation (e)

Vision Insurance Information For Form 5500

Information Compiled By: EyeMed Vision Care on behalf of the Fidelity Security Life Insurance Company

Report Start Date	Report End Date
1/1/25	12/31/25

Report Generated: 7/23/26

Payments Received by carrier from plan or plan sponsor:

Name of Plan	Contract or ID #	Enrollment Group	Approximate number of subscribers covered at end of policy or contract year:	Approximate number of subscribers and dependents covered at end of policy or contract year:	EIN	NAIC		Amount
KREBER	97438241001	KREBER	46	74	430949844	71870		$3,975.40
			46	**74**			**Total:**	**$3,975.40**

Commissions or fees paid by carrier to agents, brokers or other persons:

Payee Name	Contract or ID #	Address Line 1	City	State	Zip Code		Amount
Cornerstone Broker Insurance Svcs - Cinc	97438241001	2101 Florence Avenue	Cincinnati	OH	45206		$200.40
Ronald S Mooney dba RHK Group	97438241001	5960 Venture Drive #B	Dublin	OH	43017		$174.75
The James B Oswald Company - Columbus, O	97438241001	1100 Superior Ave, Ste. 1500	Cleveland	OH	44114		$226.04
						Total:	**$601.19**

Note: Payments and applicable fees or commissions related to the plan or plan sponsor, which are not paid and posted within the date range provided above, are not included in this report. Instead, such payments will be included in prior or subsequent Schedule A reporting, as appropriate. Payments and applicable fees or commissions may vary from the carrier's billed amounts.