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
FIRST COMMUNITY BANKSHARES, INC MEDICAL & DENTAL CARE PLAN

1b Three-digit plan number (PN) ▶ 504

1c Effective date of plan 09/01/1988

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)
FIRST COMMUNITY BANKSHARES, INC.

PO BOX 989
BLUEFIELD, VA 24605

PO BOX 989
BLUEFIELD, VA 24605

2b Employer Identification Number (EIN)
55-0694814

2c Plan Sponsor's telephone number
276-326-9000

2d Business code (see instructions)
522110

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.	10/14/2026	MELISSA BAILEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	611
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)**	595
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	470
b	Retired or separated participants receiving benefits	**6b**	12
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	482
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **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
FIRST COMMUNITY BANKSHARES, INC MEDICAL & DENTAL CARE PLAN

B Three-digit plan number (PN) ▶ 504

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

D Employer Identification Number (EIN)
55-0694814

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
BERKSHIRE HATHAWAY SPECIALTY 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
63-0202590	22276	47-MSL-000428-0	390	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [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)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	801692
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
FIRST COMMUNITY BANKSHARES, INC MEDICAL & DENTAL CARE PLAN

B Three-digit plan number (PN) ▶ 504

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

D Employer Identification Number (EIN)
55-0694814

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	54822	129	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
9782	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

BANKERS INSURANCE LLC
4490 COX ROAD
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8649			3

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

LAYNE FINANCIAL INC
3009 WILMINGTON RD, SUITE 100
NEW CASTLE, PA 16105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
983			3

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

ASHLEY ROBERT LYNN
410 W.MAIN STREET
ABINGDON, VA 24210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
74			3

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

ASHLEY ROBERT L
410 W.MAIN STREET
ABINGDON, VA 24210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
58			3

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

WALLER DOROTHY C
640 8TH STREET NE
PULASKI, VA 24301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18			3

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	76834
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.**

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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
FIRST COMMUNITY BANKSHARES, INC MEDICAL & DENTAL CARE PLAN

B Three-digit plan number (PN) ▶ 504

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

D Employer Identification Number (EIN)
55-0694814

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	97254	62	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
5022	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

BANKERS INSURANCE LLC
4490 COX ROAD
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
5022			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	25110
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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
FIRST COMMUNITY BANKSHARES, INC MEDICAL & DENTAL CARE PLAN

B Three-digit plan number (PN) ▶ 504

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

D Employer Identification Number (EIN)
55-0694814

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HEALTHGRAM, INC

56-1449504

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	205118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CIGNA CORPORATION

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	81255	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CAREOPERATIVE, LLC

20-8981027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	8189	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
FIRST COMMUNITY BANKSHARES, INC MEDICAL & DENTAL CARE PLAN

B Three-digit plan number (PN) ▶ 504

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

D Employer Identification Number (EIN)
55-0694814

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	71398	74746
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	51908	30842
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	145985	18538
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	95216	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	364507	124126
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	364507	124126

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3501297	
(B) Participants	2a(1)(B)	1887216	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5388513
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	9548	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9548
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5398061
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4435405	
(2) To insurance carriers for the provision of benefits	2e(2)	905976	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5341381
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	294562	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2499	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		297061
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5638442
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-240381
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP **(2)** EIN: 30-1506626

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
Bluefield, Virginia

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Board of Directors and Management
First Community Bankshares, Inc.
Medical and Dental Care Plan
Bluefield, Virginia

Opinion

We have audited the financial statements of the First Community Bankshares, Inc. Medical and Dental Care Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2025, respectively, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Crowe LLP

Crowe LLP

New York, New York
October 14, 2026

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investment at fair value	$ 18,538	$ 145,985
Cash	74,746	71,398
Receivables:		
Stop loss refund receivable	30,842	51,908
Total receivables	30,842	51,908
Other assets:		
Prepaid administrative fees	-	28,216
Prepaid stop loss premium	-	67,000
Total other assets	-	95,216
Total assets	124,126	364,507
NET ASSETS AVAILABLE FOR BENEFITS	$ 124,126	$ 364,507

See accompanying notes to the financial statements.

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2025

ADDITIONS		
Investment income:		
Interest	$	9,548
Contributions:		
Participant		1,887,216
Employer		3,501,297
Total contributions		5,388,513
Total additions		5,398,061
DEDUCTIONS		
Claims paid, net		4,435,405
Stop loss insurance premiums		801,095
Insurance premiums		104,881
Administrative expenses		297,061
Total deductions		5,638,442
Net decrease		(240,381)
Net assets available for benefits, beginning of year		364,507
Net assets available for benefits, end of year	$	124,126

See accompanying notes to financial statements.

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
STATEMENTS OF BENEFIT OBLIGATIONS
December 31, 2025 and 2024

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 381,508	$ 337,255
Postretirement benefit obligation, net of amounts currently payable		
Current retirees	544	2,387
Total benefit obligations	$ 382,052	$ 339,642

See accompanying notes to financial statements.

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
For the year ended December 31, 2025

Amounts currently payable, at beginning of year	$	337,255
Claims and premiums reported and approved for payment and claims incurred but not reported		5,385,634
Claims and premiums paid, net		(5,341,381)
Net increase		44,253
Amounts currently payable, at end of year		381,508
Postretirement benefit obligation, net of amounts currently payable, at beginning of year		2,387
Benefits paid		(1,843)
Net decrease		(1,843)
Postretirement benefit obligation, net of amounts currently payable, at end of year		544
Total benefit obligations	$	382,052

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of First Community Bankshares, Inc. (the "Company") Medical and Dental Care Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General: The Plan is an employee welfare benefits plan. The Plan allows eligible employees to choose among various benefits to be purchased on their behalf by the employer or, alternatively, to receive cash in lieu of benefits. Certain Plan assets are held in a voluntary employees’ beneficiary association (“VEBA”) trust. First Community Bank serves as the trustee of the Plan (the “Trustee”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Benefits: The Plan provides health benefits (medical, hospital, surgical, dental, and vision), including nutritional counseling and allergy testing and treatment, prescription drug benefits, as well as cancer, critical illness, accident, and hospital indemnity insurance coverage to full-time participants and to their beneficiaries and covered dependents. A full-time participant is an employee who works at least 30 hours per week. Part time employees and their dependents of the Company with at least 20 hours each week as of December 31, 2013, are grandfathered into the Plan. Part-time employees hired January 1, 2014, and after are eligible for dental benefits as well as cancer, critical illness, accident, and hospital indemnity. Employees are eligible to participate in the plan on the first day of hire. The Plan provides coverage for any eligible employee who is taking an unpaid leave pursuant to the Family and Medical Leave Act. Certain retired employees who retired on or before December 31, 2010, are entitled to similar health benefits (in excess of Medicare coverage). The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (“COBRA”).

Stop Loss Coverage: The Plan maintains stop loss insurance to limit its exposure for self-insured benefits to losses on any one individual of $200,000 in a year and unlimited over a lifetime on any one individual. Premiums paid for stop loss insurance were $801,095 for the year ended December 31, 2025.

Self-Insured Benefits: Substantially all Plan benefits are self-insured. Health claims of participants and their covered dependents are processed by the health claims administrator, Healthgram, Inc. (“Healthgram”). The responsibility for payments to providers is retained by the Plan.

Contributions: In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The Company makes contributions to the Plan as needed to fund claims in excess of participants' contributions. Any deficiency of the Plan's net assets over benefit obligations is funded by the Company on a pay-as-you-go basis. The costs of the post-retirement benefit plan are shared by the Company and retirees. The retirement rates vary due to various incentives offered when the participant retired.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred but not reported (“IBNR”), claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Payment of Benefits: Claim payments are recorded when paid by the third-party processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statement of net assets available for benefits.

Stop Loss Premiums and Refunds: Premiums for stop loss insurance are included in stop loss insurance premiums in the accompanying statement of changes in net assets available for benefits. Stop loss refunds totaling $943,719 for the year ended December 31, 2025 have been netted with health claims in the accompanying statement of changes in net assets.

Administrative Expenses: The Plan's administrative expenses are paid by the Plan's trust, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

Post-Retirement Benefit Obligations: The Plan has adopted a split-rate contribution structure. The costs of the post-retirement benefit plan are shared by the Company and certain retirees. The retirement rates vary due to various incentives offered when the participant retired. The post-retirement benefit obligations represent the calculated present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2025. Post-retirement benefits include future benefits to be paid for retired employees and dependents. The Company prepared the present value calculation. The Company assumed the 2-year US Treasury discount rate of 3.47% and a life expectancy based on the annual period life tables published in the Social Security Administration's annual Trustees Report. These assumptions were applied to the current annual premium expense for each retiree to estimate the present value.

The present value of benefit obligations is reported based on certain assumptions pertaining to interest rates and employee demographics, both of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Claims Incurred but not Reported: Plan obligations at December 31, 2025 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrator. These amounts are paid by the Plan only if claims are submitted and approved for payment.

The Plan's benefit obligations are reported based on certain assumptions pertaining to claims reporting lag times and payment history, both of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions, in the near term, would be material to the financial statements.

Cash: Cash consists of monies held in non-interest-bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to $250,000. At December 31, 2025 and 2024, the Plan's cash did not exceed federally insured limits.

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NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events: The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in these methodologies used at December 31, 2025 and 2024.

Government Obligations Funds: The fair value of these investments is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

The following table set forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2025:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Government obligations funds	$ 18,538	$ -	$ -	$ 18,538
Total assets at fair value	$ 18,538	$ -	$ -	$ 18,538

(Continued)

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following table set forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2024:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Government obligations funds	$ 145,985	$ -	$ -	$ 145,985
Total assets at fair value	$ 145,985	$ -	$ -	$ 145,985

NOTE 4 – PARTY IN INTEREST

Healthgram is the health claims administrator and network access provider under the Plan and serves as the medical and dental claims processor and also performs administrative and clerical functions related to the Plan's Health Care Coverage Continuation provisions of COBRA and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Fees paid by the Plan's trust to this third-party administrator were $297,061 for the year ended December 31, 2025. All other administrative expenses, such as professional fees, are paid by the Company on behalf of the Plan.

NOTE 5 – TERMINATION OF THE PLAN

Although it has not expressed the intent of doing so, the Company has the right under the Plan to modify the benefits provided to employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of Plan's participants. If the Plan terminated, the participants are not entitled to benefits after the effective date of termination. Any such termination shall not affect a participant's right to benefits for claims incurred prior to termination.

NOTE 6 – TAX STATUS

The VEBA trust established under the Plan to hold the Plan's assets obtained its latest determination letter on July 9, 2001, in which the Internal Revenue Services ("IRS") stated that the trust, as then defined, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). However, as a result of the Plan's funding policy, from time to time the trust may be subjected to income taxes. For the year ended December 31, 2024, the Trust did pay unrelated business income tax of $8,137.

In addition, the Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Company believes that the trust continues to qualify and operate in accordance with applicable provisions of the IRC, and therefore, believes that the related trust is tax-exempt.

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NOTE 6 – TAX STATUS (Continued)

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be substantiated upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The value of benefit obligations is reported based on certain assumptions pertaining to past loss experience and employee demographics, which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 8 – FUNDING POLICY

Plan funding is monitored by the plan administrator. Claim payments, stop-loss insurance premiums, retention, and administrative fees and expenses are paid by the Plan's trust. Contributions to the Plan are deposited directly into the trust.

SUPPLEMENTAL SCHEDULES

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Plan Sponsor's Name: First Community Bankshares, Inc.
EIN: 55-0694814
Plan Number: 504

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Federated Investors	Government Obligations Fund	$ 8,844	$ 8,844
	Federated Investors	Government Obligations Income Fund	9,694	9,694
				$ 18,538

See Independent Auditor's Report.

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

Plan Sponsor's Name: First Community Bankshares, Inc.
EIN: 55-0694814
Plan Number: 504

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year						
Federated Investors	Government Obligations Fund	$ 484,987	$ -	$ 484,987	$ 484,987	$ -
Federated Investors	Government Obligations Fund	423,149	-	423,149	423,149	-
Federated Investors	Government Obligations Fund	233,722	-	233,722	233,722	-
Federated Investors	Government Obligations Fund	220,970	-	220,970	220,970	-
Federated Investors	Government Obligations Fund	212,067	-	212,067	212,067	-
Federated Investors	Government Obligations Fund	211,848	-	211,848	211,848	-
Federated Investors	Government Obligations Fund	211,283	-	211,283	211,283	-
Federated Investors	Government Obligations Fund	211,195	-	211,195	211,195	-
Federated Investors	Government Obligations Fund	211,042	-	211,042	211,042	-
Federated Investors	Government Obligations Fund	210,624	-	210,624	210,624	-
Federated Investors	Government Obligations Fund	210,608	-	210,608	210,608	-
Federated Investors	Government Obligations Fund	210,354	-	210,354	210,354	-
Federated Investors	Government Obligations Fund	209,688	-	209,688	209,688	-
Federated Investors	Government Obligations Fund	209,113	-	209,113	209,113	-
Federated Investors	Government Obligations Fund	202,826	-	202,826	202,826	-
Federated Investors	Government Obligations Fund	198,851	-	198,851	198,851	-
Federated Investors	Government Obligations Fund	198,391	-	198,391	198,391	-
Federated Investors	Government Obligations Fund	159,432	-	159,432	159,432	-
Federated Investors	Government Obligations Fund	142,818	-	142,818	142,818	-
Federated Investors	Government Obligations Fund	110,290	-	110,290	110,290	-

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FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year						
Federated Investors	Government Obligations Fund	$ 100,000	$ -	$ 100,000	$ 100,000	$ -
Federated Investors	Government Obligations Fund	73,347	-	73,347	73,347	-
Federated Investors	Government Obligations Fund	73,172	-	73,172	73,172	-
Federated Investors	Government Obligations Fund	73,171	-	73,171	73,171	-
Federated Investors	Government Obligations Fund	71,398	-	71,398	71,398	-
Federated Investors	Government Obligations Fund	69,829	-	69,829	69,829	-
Federated Investors	Government Obligations Fund	58,156	-	58,156	58,156	-
Federated Investors	Government Obligations Fund	52,718	-	52,718	52,718	-
Federated Investors	Government Obligations Fund	39,305	-	39,305	39,305	-
Federated Investors	Government Obligations Fund	37,529	-	37,529	37,529	-
Federated Investors	Government Obligations Fund	35,345	-	35,345	35,345	-
Federated Investors	Government Obligations Fund	34,650	-	34,650	34,650	-
Federated Investors	Government Obligations Fund	33,127	-	33,127	33,127	-
Federated Investors	Government Obligations Fund	33,043	-	33,043	33,043	-
Federated Investors	Government Obligations Fund	29,106	-	29,106	29,106	-
Federated Investors	Government Obligations Fund	23,510	-	23,510	23,510	-
Federated Investors	Government Obligations Fund	20,635	-	20,635	20,635	-
Federated Investors	Government Obligations Fund	-	293,609	293,609	293,609	-
Federated Investors	Government Obligations Fund	-	235,537	235,537	235,537	-
Federated Investors	Government Obligations Fund	-	227,267	227,267	227,267	-
Federated Investors	Government Obligations Fund	-	219,666	219,666	219,666	-
Federated Investors	Government Obligations Fund	-	208,320	208,320	208,320	-
Federated Investors	Government Obligations Fund	-	194,667	194,667	194,667	-
Federated Investors	Government Obligations Fund	-	176,255	176,255	176,255	-
Federated Investors	Government Obligations Fund	-	175,259	175,259	175,259	-

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FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year						
Federated Investors	Government Obligations Fund	$ -	$ 169,437	$ 169,437	$ 169,437	$ -
Federated Investors	Government Obligations Fund	-	163,446	163,446	163,446	-
Federated Investors	Government Obligations Fund	-	156,735	156,735	156,735	-
Federated Investors	Government Obligations Fund	-	145,427	145,427	145,427	-
Federated Investors	Government Obligations Fund	-	140,175	140,175	140,175	-
Federated Investors	Government Obligations Fund	-	135,783	135,783	135,783	-
Federated Investors	Government Obligations Fund	-	135,194	135,194	135,194	-
Federated Investors	Government Obligations Fund	-	130,823	130,823	130,823	-
Federated Investors	Government Obligations Fund	-	129,046	129,046	129,046	-
Federated Investors	Government Obligations Fund	-	123,597	123,597	123,597	-
Federated Investors	Government Obligations Fund	-	119,630	119,630	119,630	-
Federated Investors	Government Obligations Fund	-	112,435	112,435	112,435	-
Federated Investors	Government Obligations Fund	-	105,704	105,704	105,704	-
Federated Investors	Government Obligations Fund	-	97,816	97,816	97,816	-
Federated Investors	Government Obligations Fund	-	97,329	97,329	97,329	-
Federated Investors	Government Obligations Fund	-	92,300	92,300	92,300	-
Federated Investors	Government Obligations Fund	-	91,529	91,529	91,529	-
Federated Investors	Government Obligations Fund	-	91,157	91,157	91,157	-
Federated Investors	Government Obligations Fund	-	90,377	90,377	90,377	-
Federated Investors	Government Obligations Fund	-	89,628	89,628	89,628	-
Federated Investors	Government Obligations Fund	-	85,575	85,575	85,575	-
Federated Investors	Government Obligations Fund	-	78,905	78,905	78,905	-
Federated Investors	Government Obligations Fund	-	78,553	78,553	78,553	-
Federated Investors	Government Obligations Fund	-	76,818	76,818	76,818	-
Federated Investors	Government Obligations Fund	-	76,609	76,609	76,609	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year						
Federated Investors	Government Obligations Fund	$ -	$ 74,923	$ 74,923	$ 74,923	$ -
Federated Investors	Government Obligations Fund	-	67,623	67,623	67,623	-
Federated Investors	Government Obligations Fund	-	66,109	66,109	66,109	-
Federated Investors	Government Obligations Fund	-	65,164	65,164	65,164	-
Federated Investors	Government Obligations Fund	-	64,518	64,518	64,518	-
Federated Investors	Government Obligations Fund	-	63,902	63,902	63,902	-
Federated Investors	Government Obligations Fund	-	51,963	51,963	51,963	-
Federated Investors	Government Obligations Fund	-	47,721	47,721	47,721	-
Federated Investors	Government Obligations Fund	-	47,191	47,191	47,191	-
Federated Investors	Government Obligations Fund	-	47,159	47,159	47,159	-
Federated Investors	Government Obligations Fund	-	42,957	42,957	42,957	-
Federated Investors	Government Obligations Fund	-	40,404	40,404	40,404	-
Federated Investors	Government Obligations Fund	-	40,142	40,142	40,142	-
Federated Investors	Government Obligations Income Fund	-	34,671	34,671	34,671	-
Federated Investors	Government Obligations Fund	-	31,759	31,759	31,759	-
Federated Investors	Government Obligations Fund	-	30,833	30,833	30,833	-
Federated Investors	Government Obligations Fund	-	27,095	27,095	27,095	-
Federated Investors	Government Obligations Fund	-	26,361	26,361	26,361	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (iii) - Series of transactions in excess of 5% of the fair value of plan assets						
Federated Investors	Government Obligations Fund	$ 5,359,701	$ -	$ 5,359,701	$ 5,359,701	$ -
Federated Investors	Government Obligations Fund	-	5,462,024	5,462,024	5,462,024	-
Federated Investors	Government Obligations Income Fund	9,547	-	9,547	9,547	-
Federated Investors	Government Obligations Income Fund	-	34,671	34,671	34,671	-

See Independent Auditor's Report.

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
FIRST COMMUNITY BANKSHARES, INC MEDICAL & DENTAL CARE PLAN

1b Three-digit plan number (PN) ▶ 504

1c Effective date of plan 09/01/1988

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)

FIRST COMMUNITY BANKSHARES, INC.

PO BOX 989
BLUEFIELD VA 24605

PO BOX 989
BLUEFIELD VA 24605

2b Employer Identification Number (EIN) 55-0694814

2c Plan Sponsor's telephone number 276-326-9000

2d Business code (see instructions) 522110

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	Melissa Bailey	10/14/26	MELISSA BAILEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	611
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)**	595
a(2) Total number of active participants at the end of the plan year	**6a(2)**	470
b Retired or separated participants receiving benefits	**6b**	12
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	482
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	(1) [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4) [ ]	General assets of the sponsor	(4) [ ]	General assets of the sponsor

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

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) [ ] **DCG** (Individual Plan Information) – Number Attached _____

(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] **A** (Insurance Information) – Number Attached 3

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

4Q = Accident, Cancer, Critical Illness, Heart/Stroke, Hospital Indemnity

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

Plan Sponsor's Name: First Community Bankshares, Inc.
EIN: 55-0694814
Plan Number: 504

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year						
Federated Investors	Government Obligations Fund	$ 484,987	$ -	$ 484,987	$ 484,987	$ -
Federated Investors	Government Obligations Fund	423,149	-	423,149	423,149	-
Federated Investors	Government Obligations Fund	233,722	-	233,722	233,722	-
Federated Investors	Government Obligations Fund	220,970	-	220,970	220,970	-
Federated Investors	Government Obligations Fund	212,067	-	212,067	212,067	-
Federated Investors	Government Obligations Fund	211,848	-	211,848	211,848	-
Federated Investors	Government Obligations Fund	211,283	-	211,283	211,283	-
Federated Investors	Government Obligations Fund	211,195	-	211,195	211,195	-
Federated Investors	Government Obligations Fund	211,042	-	211,042	211,042	-
Federated Investors	Government Obligations Fund	210,624	-	210,624	210,624	-
Federated Investors	Government Obligations Fund	210,608	-	210,608	210,608	-
Federated Investors	Government Obligations Fund	210,354	-	210,354	210,354	-
Federated Investors	Government Obligations Fund	209,688	-	209,688	209,688	-
Federated Investors	Government Obligations Fund	209,113	-	209,113	209,113	-
Federated Investors	Government Obligations Fund	202,826	-	202,826	202,826	-
Federated Investors	Government Obligations Fund	198,851	-	198,851	198,851	-
Federated Investors	Government Obligations Fund	198,391	-	198,391	198,391	-
Federated Investors	Government Obligations Fund	159,432	-	159,432	159,432	-
Federated Investors	Government Obligations Fund	142,818	-	142,818	142,818	-
Federated Investors	Government Obligations Fund	110,290	-	110,290	110,290	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year						
Federated Investors	Government Obligations Fund	$ 100,000	$ -	$ 100,000	$ 100,000	$ -
Federated Investors	Government Obligations Fund	73,347	-	73,347	73,347	-
Federated Investors	Government Obligations Fund	73,172	-	73,172	73,172	-
Federated Investors	Government Obligations Fund	73,171	-	73,171	73,171	-
Federated Investors	Government Obligations Fund	71,398	-	71,398	71,398	-
Federated Investors	Government Obligations Fund	69,829	-	69,829	69,829	-
Federated Investors	Government Obligations Fund	58,156	-	58,156	58,156	-
Federated Investors	Government Obligations Fund	52,718	-	52,718	52,718	-
Federated Investors	Government Obligations Fund	39,305	-	39,305	39,305	-
Federated Investors	Government Obligations Fund	37,529	-	37,529	37,529	-
Federated Investors	Government Obligations Fund	35,345	-	35,345	35,345	-
Federated Investors	Government Obligations Fund	34,650	-	34,650	34,650	-
Federated Investors	Government Obligations Fund	33,127	-	33,127	33,127	-
Federated Investors	Government Obligations Fund	33,043	-	33,043	33,043	-
Federated Investors	Government Obligations Fund	29,106	-	29,106	29,106	-
Federated Investors	Government Obligations Fund	23,510	-	23,510	23,510	-
Federated Investors	Government Obligations Fund	20,635	-	20,635	20,635	-
Federated Investors	Government Obligations Fund	-	293,609	293,609	293,609	-
Federated Investors	Government Obligations Fund	-	235,537	235,537	235,537	-
Federated Investors	Government Obligations Fund	-	227,267	227,267	227,267	-
Federated Investors	Government Obligations Fund	-	219,666	219,666	219,666	-
Federated Investors	Government Obligations Fund	-	208,320	208,320	208,320	-
Federated Investors	Government Obligations Fund	-	194,667	194,667	194,667	-
Federated Investors	Government Obligations Fund	-	176,255	176,255	176,255	-
Federated Investors	Government Obligations Fund	-	175,259	175,259	175,259	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year						
Federated Investors	Government Obligations Fund	$ -	$ 169,437	$ 169,437	$ 169,437	$ -
Federated Investors	Government Obligations Fund	-	163,446	163,446	163,446	-
Federated Investors	Government Obligations Fund	-	156,735	156,735	156,735	-
Federated Investors	Government Obligations Fund	-	145,427	145,427	145,427	-
Federated Investors	Government Obligations Fund	-	140,175	140,175	140,175	-
Federated Investors	Government Obligations Fund	-	135,783	135,783	135,783	-
Federated Investors	Government Obligations Fund	-	135,194	135,194	135,194	-
Federated Investors	Government Obligations Fund	-	130,823	130,823	130,823	-
Federated Investors	Government Obligations Fund	-	129,046	129,046	129,046	-
Federated Investors	Government Obligations Fund	-	123,597	123,597	123,597	-
Federated Investors	Government Obligations Fund	-	119,630	119,630	119,630	-
Federated Investors	Government Obligations Fund	-	112,435	112,435	112,435	-
Federated Investors	Government Obligations Fund	-	105,704	105,704	105,704	-
Federated Investors	Government Obligations Fund	-	97,816	97,816	97,816	-
Federated Investors	Government Obligations Fund	-	97,329	97,329	97,329	-
Federated Investors	Government Obligations Fund	-	92,300	92,300	92,300	-
Federated Investors	Government Obligations Fund	-	91,529	91,529	91,529	-
Federated Investors	Government Obligations Fund	-	91,157	91,157	91,157	-
Federated Investors	Government Obligations Fund	-	90,377	90,377	90,377	-
Federated Investors	Government Obligations Fund	-	89,628	89,628	89,628	-
Federated Investors	Government Obligations Fund	-	85,575	85,575	85,575	-
Federated Investors	Government Obligations Fund	-	78,905	78,905	78,905	-
Federated Investors	Government Obligations Fund	-	78,553	78,553	78,553	-
Federated Investors	Government Obligations Fund	-	76,818	76,818	76,818	-
Federated Investors	Government Obligations Fund	-	76,609	76,609	76,609	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (i) - Single transactions in excess of 5% of the fair value of plan assets at the beginning of the year						
Federated Investors	Government Obligations Fund	$ -	$ 74,923	$ 74,923	$ 74,923	$ -
Federated Investors	Government Obligations Fund	-	67,623	67,623	67,623	-
Federated Investors	Government Obligations Fund	-	66,109	66,109	66,109	-
Federated Investors	Government Obligations Fund	-	65,164	65,164	65,164	-
Federated Investors	Government Obligations Fund	-	64,518	64,518	64,518	-
Federated Investors	Government Obligations Fund	-	63,902	63,902	63,902	-
Federated Investors	Government Obligations Fund	-	51,963	51,963	51,963	-
Federated Investors	Government Obligations Fund	-	47,721	47,721	47,721	-
Federated Investors	Government Obligations Fund	-	47,191	47,191	47,191	-
Federated Investors	Government Obligations Fund	-	47,159	47,159	47,159	-
Federated Investors	Government Obligations Fund	-	42,957	42,957	42,957	-
Federated Investors	Government Obligations Fund	-	40,404	40,404	40,404	-
Federated Investors	Government Obligations Fund	-	40,142	40,142	40,142	-
Federated Investors	Government Obligations Income Fund	-	34,671	34,671	34,671	-
Federated Investors	Government Obligations Fund	-	31,759	31,759	31,759	-
Federated Investors	Government Obligations Fund	-	30,833	30,833	30,833	-
Federated Investors	Government Obligations Fund	-	27,095	27,095	27,095	-
Federated Investors	Government Obligations Fund	-	26,361	26,361	26,361	-

(Continued)

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(f) Current Value of Asset on Transaction Date	(g) Net gain or (loss)
Category (iii) - Series of transactions in excess of 5% of the fair value of plan assets						
Federated Investors	Government Obligations Fund	$ 5,359,701	$ -	$ 5,359,701	$ 5,359,701	$ -
Federated Investors	Government Obligations Fund	-	5,462,024	5,462,024	5,462,024	-
Federated Investors	Government Obligations Income Fund	9,547	-	9,547	9,547	-
Federated Investors	Government Obligations Income Fund	-	34,671	34,671	34,671	-

See Independent Auditor's Report.

FIRST COMMUNITY BANKSHARES, INC.
MEDICAL AND DENTAL CARE PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Plan Sponsor's Name: First Community Bankshares, Inc.
EIN: 55-0694814
Plan Number: 504

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
	Federated Investors	Government Obligations Fund	$ 8,844	$ 8,844
	Federated Investors	Government Obligations Income Fund	9,694	9,694
				$ 18,538

See Independent Auditor's Report.