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	Schedule C	(Form 5500)	202
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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)

SOVOS COMPLIANCE, LLC

## 46-1379693

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee			include eligible indirect		provider give you a
		,	compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required disclosures?	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?
					(f). If none, enter -0	
					(.)	
49	NONE	0			144332	
			Yes X No	Yes No X		Yes No X

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

## ZELIS PAYMENT HOLDINGS, LLC

## 84-3069529

(b) Service Code(s)	Relationship to employer, employer organization, or person known to be a party-in-interest		(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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	formula instead of an amount or estimated amount?
49	NONE	0	Yes X No	Yes No 🛚	(f). If none, enter -0	Yes No X

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

ALLIANT INSURANCE SERVICES, INC.

## 33-0785439

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect compensation	Enter total indirect	Did the service
Code(s)	employer, employee			include eligible indirect	compensation received by	
	,	, ,	compensation? (sources		service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you	
					answered "Yes" to element	
					(f). If none, enter -0	
22 53	NONE	0			105467	
			Yes X No	Yes No X		Yes No X