

SUMMARY ANNUAL REPORT FOR TRANSFORM HEALTH AND WELFARE PLAN

This is a summary of the annual report of the Transform Health and Welfare Plan, a welfare plan providing health, life insurance, dental, vision, temporary disability, long-term disability, severance pay and death benefits (Employer Identification Number 83-3374195, Plan Number 501), for the plan year 01/01/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Transform Midco LLC has committed itself to pay certain claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Kaiser Foundation Health Plan of Colorado, Metropolitan Life Insurance Company, Blue Cross Blue Shield of Illinois, Kaiser Foundation Health Plan, Inc., Kaiser Foundation Health Plan of Washington, CIGNA Health and Life Insurance Company, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Kaiser Health Plan of Georgia, Eyemed, New York Life Group insurance Company of NY, Triple-S Salud, Inc., Netcare Life & Health Insurance, Life Insurance Company of North America, Kaiser Foundation Health Plan of the Northwest, Life Insurance Company of North America, and Hawaii Medical Service Association to pay certain Health, HMO, Life insurance, Accidental Death and Dismemberment, Accidental Injury, Vision, Temporary Disability, Dental, Prescription Drug, PPO, Major Medical, organ and Tissue Transplant, Long-term disability, and Voluntary Critical Illness claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were \$30,834,630.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2024, the premiums paid under such "experience-rated" contracts were \$22,946,985 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$21,938,184.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the plan administrator, at:

Transform Midco LLC
5407 Trillium Boulevard, Suite B120
Hoffman Estates, IL 60192

Or by telephone: (847) 286-2500

You also have the legally protected right to examine the annual report at the main office of the plan, at:

Transform Midco LLC
5407 Trillium Boulevard, Suite B120
Hoffman Estates, IL 60192

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.