# SUMMARY ANNUAL REPORT FOR THE

**STRATACACHE INC. HEALTH AND WELFARE PLAN**

This is a summary of the annual report of the Stratacache Inc. Health and Welfare Plan, Plan Number 501, Employer Identification Number 31-1493023, for the plan year period beginning January 1, 2023 and ending December 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

## UNINSURED COMPONENTS

The plan sponsor, Stratacache Inc., has committed itself to pay certain medical, prescription drug, vision, healthcare flexible spending account and health reimbursement account claims under the terms of the plan.

## INSURED COMPONENTS - INSURANCE INFORMATION

The plan had contracts with insurance carriers to pay certain claims incurred under the terms of the plan. The type of benefit provided, name of the insurer, and premiums paid for each component are set forth in the table below. The total amount of premiums paid for contract years that ended during the 2023 plan year were $684,786.

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| **Type of Benefit** | **Name of Insurer** | **Premiums****Paid** |
| Dental (PPO) | Delta Dental of Pennsylvania | $276,327 |
| Vision | EyeMed Vision Care (Fidelity Security Life Insurance Company) | $64,361 |
| Pre-Paid Legal | Countrywide Enterprises, Inc. | $8,745 |
| Life Insurance, Accident Injury Employee Assistance Program Critical Illness, Hospital IndemnityAccidental Death and DismembermentShort -Term Disability, Long-Term Disability | Life Insurance Company of North America | $335,353 |

Because all components of the plan are unfunded and insured, the plan did not have any reportable plan assets and did not earn any income during the plan year.

## YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. Insurance information, including sales commissions paid by the insurance carriers, is included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Lori Johnson, who is a representative of the plan administrator, Stratacache Inc., 40 North Main Street, Suite 2600, Dayton, OH, 45423, 937-224-0485. The charge to cover copying costs will be $.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: Stratacache Inc., 40 North Main Street, Suite 2600, Dayton, OH, 45423 (or at any other location where the report is available for examination), 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.