

**SUMMARY ANNUAL REPORT FOR
SONSRAY HEALTH AND WELFARE PLAN
PLAN NUMBER 501**

This is a Summary Annual Report of the *Sonsray Health and Welfare Plan* (the Plan), Employer Identification Number 95-3950647, for the Plan Year February 1, 2024 through January 31, 2025. The annual report has been filed with the Employee Benefits Security Administration (EBSA) as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sonsray, Inc. has committed itself to paying all the UnitedHealthcare medical and prescription drug claims incurred under the terms of the Plan.

INSURANCE INFORMATION

The Plan has insurance contracts with UnitedHealthcare Insurance Company and United of Omaha Life Insurance Company to pay all dental, vision, life insurance and accidental death & dismemberment, voluntary term life and voluntary long-term disability claims incurred under the terms of the Plan. The total premiums paid for the Plan Year ending January 31, 2025 was \$704,814.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full report, or any part thereof, on request. This report lists insurance information including any commissions paid by the insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Sponsor and Plan Administrator:

Sonsray, Inc.
23935 Madison Street
Torrance, CA 90505
(323) 585-1271

You also have the legally protected right to examine the annual report at the main office of Sonsray, Inc. indicated above and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor. 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, DC 20210

The annual report is also available online at the Department of Labor website www.efast.dol.gov.