Nelson Mullins Riley & Scarborough LLP
October 12, 2026

With office locations in California | Colorado | District of Columbia | Florida | Georgia | Illinois | Maryland | Massachusetts | Minnesota | New York | North Carolina | Ohio | Pennsylvania | South Carolina | Tennessee | Texas | Virginia | West Virginia

2027 Annual Notices Booklet

Nelson Mullins

If you have any questions, contact the Human Resources Department in Columbia at:

Nelson Mullins Riley & Scarborough LLP
Human Resources Department
P.O. Box 11070
Columbia, SC 29211
Ph: 803-799-2000 or 1-800-237-2000

4932-6381-1796 v.1

Annual Notices Booklet

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NOTICE OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Jan Berger / Benefits Administrator
Human Resources Department
1320 Main Street, 17th Floor, Columbia, South Carolina 29201
803-255-9314
jan.berger@nelsonmullins.com

Children's Health Insurance Program (CHIP)
Offer Free Or Low-Cost Health Coverage To Children And Families

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS-NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444 EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

State – Program	Contact Information
ALABAMA – Medicaid	Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid	Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: customerservice@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS - Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA - Medicaid	Health Insurance Premium Payment (HIPP) Program Website http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

State – Program	Contact Information
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA – Medicaid	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162 ext 2131
INDIANA – Medicaid	Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Phone 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	Website: *Iowa Medicaid | Health & Human Services* Medicaid Phone: 1-800-338-8366 Hawki Website: https://hhs.Iowa.gov HIPP website: https://hhs.Iowa.gov HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	Website: http://chfs.ky.gov Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	Website: http://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	Website: http://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3739
MISSOURI – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	Website: https://dhcfp.nv.gov Phone: 1-800-992-0900

State – Program	Contact Information
NEW HAMPSHIRE – Medicaid	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurnace-premiums-program Phone: 603-271-5218 HIPP program: 1-800-852-3345, ext 5218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 TTY: 711
NEW YORK – Medicaid	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	Website: http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	Website: http://www.gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Email: upp@utah.gov Phone: 1-888-222-2542
VERMONT– Medicaid	Website: https://dvha.vermont.gov/members/Medicaid/hipp-program Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	Medicaid Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurnace-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid	Website: http://www.hca.wa.gov Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002

State – Program	Contact Information
WYOMING – Medicaid	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Dept. of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Option 4, Ext. 61565

NELSON MULLINS RILEY & SCARBOROUGH LLP
IMPORTANT NOTICE OF PRIVACY POLICY AND PROCEDURES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health records

- You can ask or see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.
  Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information

If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relaying the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for this Notice

The effective date of this Notice is: January 1, 2027.

Direct questions or inquiries to:

Mary Kate Kaminski
Director of Human Resources and Professional Programs
Nelson Mullins Riley & Scarborough LLP

HIPAA Privacy Officer: Daniel S. Sanders
General Counsel
Nelson Mullins Riley & Scarborough LLP

CONTINUATION COVERAGE RIGHTS UNDER COBRA

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a Federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under Federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is:
Nelson Mullins Riley & Scarborough LLP
Meridian Building
1320 Main Street, Suite 1700
Columbia, SC 29201

The COBRA Administrator is:
WEX, Inc.
P.O. Box 2926
Fargo, ND 58108-2926
866-451-3399

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. These plans may have lower premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse plan), even if that plan generally doesn't accept late enrollees.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of your current Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

(1) Your hours of employment are reduced, or
(2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

(1) Your spouse dies;
(2) Your spouse's hours of employment are reduced;
(3) Your spouse's employment ends for any reason other than his or her gross misconduct;
(4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
(5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

(1) The parent-employee dies;
(2) The parent-employee's hours of employment are reduced;
(3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
(4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);

(5) The parents become divorced or legally separated; or
(6) The child stops being eligible for coverage under the Plan as a "dependent child."

The Plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event. In addition, if the Plan provides retiree health coverage, then commencement of a proceeding in a bankruptcy with respect to the employer is also a qualifying event where the employer must notify the Plan Administrator of the qualifying event.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to the Plan Administrator's address listed on the first page of this notice.

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the Plan Administrator is notified of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to the Plan Administrator's address listed on the first page of this notice. If the disability occurred prior to the qualifying event, send a copy of the Notice of Award along with the enrollment form when electing continuation of coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to the Plan Administrator's address listed on the first page of this notice.

If You Have Questions

If you have questions about your COBRA continuation coverage, you should contact WEX Health’s COBRA Customer Service (866-451-3399) or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Group Health Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). This includes enrollment for eligible adult children under age 26.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependent(s). However, you must request enrollment within 31 thirty days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- Coverage is lost under Medicaid or a State CHIP program; or
- You or your dependents become eligible for a premium assistance subsidy from the State.

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In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the Human Resources Department in Columbia.

Jan Berger, Benefits Administrator
jan.berger@nelsonmullins.com
803-255-9314

Nelson Mullins Riley & Scarborough LLP
Human Resources Department
P.O. Box 11070
Columbia, SC 29211
803-799-2000

NEWBORNS ACT of 1996 DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was preformed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Group Health Plan. Therefore, the following deductibles and coinsurance apply:

- For the Standard PPO Plan - $1,000 single deductible and 20% coinsurance.
- For the High Deductible Plan - $2,500 single deductible and 10% coinsurance.

If you would like more information on WHCRA benefits, contact:

Jan Berger, Benefits Administrator
jan.berger@nelsonmullins.com
803-255-9314

Nelson Mullins Riley & Scarborough LLP
Human Resources Department
P.O. Box 11070
Columbia, SC 29211
803-799-2000

IMPORTANT NOTICE FROM NELSON MULLINS RILEY & SCARBOROUGH LLP ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

You are receiving this Notice because you or a covered dependent will turn age 65 in 2027. We are required to send you this Notice regarding prescription coverage for 2027 when you are eligible to enroll in Medicare.

Please read this Notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with the Nelson Mullins Group Medical Plan and about your options under Medicare's prescription drug coverage. This Information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Nelson Mullins has determined that the prescription drug coverage offered by the Nelson Mullins Group Medical Plan for 2027 is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. However, if you are enrolled in the High Deductible Health Plan, depending on your individual circumstances, it may not pay out as much, in the beginning, as standard Medicare prescription drug coverage would pay as your drug costs, in this plan, are credited towards the deductible before the plan begins to pay any costs.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year after from **October 15th through December 7th**. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) months Special Enrollment Period (SEP) to join a Medicare Part D drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the Nelson Mullins group health plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
  - During the Medicare prescription drug annual enrollment period, or
  - If you lose Nelson Mullins group health plan creditable coverage.
- You may stay in the Nelson Mullins group health plan and also enroll in a Medicare prescription drug plan. The Nelson Mullins group health plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Nelson Mullins group health plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Nelson Mullins group health plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

The following information is an explanation of the 2027 prescription drug coverage available for a participant in the Nelson Mullins Group Medical Plan:

STANDARD PLAN	*PARTICIPATING PHARMACIES*	*MAIL SERVICE PHARMACY*
YOU PAY	**Tier 1 = $10 each generic prescription** **Tier 2 = 20% co-insurance ($200 max)** **Tier 3 = 20% co-insurance ($200 max)** **Tier 4 = 30% co-insurance ($250 max)**	**Tier 1 = $20 co-pay** **Tier 2 = 20% co-insurance ($500 max)** **Tier 3 = 30% co-insurance ($500 max)** **Tier 4 = N/A**
DAYS SUPPLY LIMIT	**30-day supply**	**90-day supply**
REFILL LIMIT	**None**	**None**

HIGH DEDUCTIBLE PLAN	*PARTICIPATING PHARMACIES*	*MAIL SERVICE PHARMACY*
YOU PAY	**After satisfaction of the deductible, you generally pay 10% of applicable cost.**	**After satisfaction of the deductible, you generally pay 10% of applicable cost.**
DAYS SUPPLY LIMIT	**30-day supply**	**90-day supply**

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with Nelson Mullins and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage . . .

Contact the Human Resources Department for further information. This notice is updated each year in October before the next Medicare Open Enrollment period begins where you can join a Medicare drug plan. We will also notify participants if the Nelson Mullins health plan drug coverage changes within a plan year. You may also request a copy of this notice at any time. Subsequent notices will be included in the Firm's Annual Notices Booklet that is available on our benefits website: https://benefits.nelsonmullins.com.

For More Information About Your Options Under Medicare Prescription Drug Coverage . . .

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare drug coverage:

- Visit www.medicare.gov;
- Call your State Health Insurance Assistance Program for personalized help (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number); or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for a Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	10/12/2026
Name of Entity/Sender:	Nelson Mullins Riley & Scarborough LLP
Contact – Position/Office:	Jan Berger, Benefits Administrator
Address:	Meridian 17th Floor 1320 Main Street Columbia, SC 29201
Phone Number:	(803) 255-9314

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?
You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15. Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?
If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?
For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: Nelson Mullins Riley & Scarborough LLP	Employer Identification Number (EIN) 57-0215445
Address: 1320 Main Street, Suite 1700, Columbia SC 29201	Phone Number: 803.799-2000
Contact: Jan Berger, Human Resources Department	Phone/Email: 803.255-9314 | jan.berger@nelsonmullins.com

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☑ All employees.

Eligible employees are:

All full-time employees scheduled to work 30 hours per weeks and are not temporary.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☑ We do offer coverage. Eligible dependents are:

Dependents include your spouse/domestic partner, and children up to age 26. If your child is disabled, coverage may continue beyond age 26.

☐ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

[*] **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee ~~eligible for coverage~~? (mm/dd/yyyy) (Continue)

[ ] **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
[*] Yes (Go to question 15) [ ] No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $ **$88.00**
b. How often? [ ] Weekly [ ] Every 2 weeks [ ] Twice a month [x] Monthly [ ] Quarterly [ ] Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? No changes
[ ] Employer won't offer health coverage
[ ] Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? [ ] Weekly [ ] Every 2 weeks [ ] Twice a month [ ] Monthly [ ] Quarterly [ ] Yearly

Notice of Illinois Essential Health Benefits

Employer Name:	Nelson Mullins
Employer State of Situs:	**South Carolina**
Name of Issuer:	**BCBS of SC**
Plan Marketing Name:	**Nelson Mullins Riley & Scarborough LLP Group Health Plan**
Plan Year:	**January 1, 2027 – December 31, 2027**

Ten (10) Essential Health Benefit (EHB) Categories:

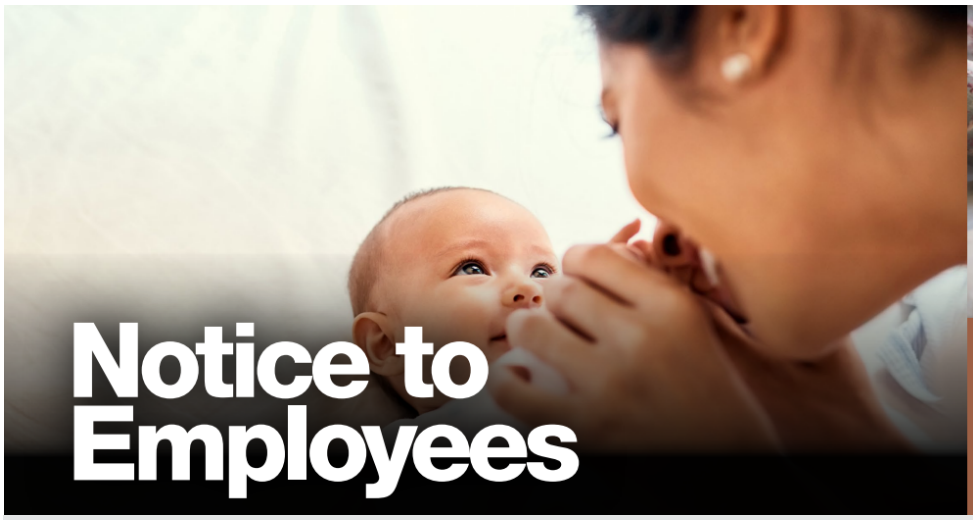
- **Ambulatory patient services (outpatient care you get without being admitted to a hospital)**
- **Emergency services**
- **Hospitalization (like surgery and overnight stays)**
- **Laboratory services**
- **Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)**
- **Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)**
- **Pregnancy, maternity, and newborn care (both before and after birth)**
- **Prescription drugs**
- **Preventive and wellness services and chronic disease management**
- **Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)**

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes

15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	–
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Separate Dental Plan
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Separate Vision Plan
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.





Notice to Employees

Employment Development Department
State of California

Your employer is registered with and reporting wages to the Employment Development Department (EDD) as required by law. Wages are used for the following benefit programs, which are available to you.

Disability Insurance

You may be eligible for partial wage-replacement benefits through Disability Insurance (DI) when you are unable to work due to a non-work-related illness, injury, pregnancy, or disability.

Your employer must provide the *Disability Insurance Provisions* (DE 2515) brochure to each newly hired employee to describe benefits and eligibility requirements. You must meet all eligibility requirements to receive disability benefits.

- Request claim forms from your licensed health professional, employer, or from any California State Disability Insurance (SDI) Claims Management office. You can also order claim forms online by visiting EDD Forms and Publications (forms.edd.ca.gov/forms).
- File your *Claim for Disability Insurance (DI) Benefits* (DE 2501) within 49 days of the first day of your disability to avoid losing benefits.
- If you have disability coverage under your employer's voluntary plan, get disability claim forms from your employer or the designated third-party administrator.
- Visit Disability Insurance (edd.ca.gov/Disability/Disability_Insurance.htm) to learn how to apply for benefits.

Paid Family Leave

You may be eligible for partial wage-replacement benefits through Paid Family Leave (PFL) when you stop working or reduce your work hours to:

- Care for a family member who is seriously ill.
- Bond with a new child.
- Take part in a qualifying event resulting from a family member's military deployment to a foreign country.

Your employer must provide a copy of the *California Paid Family Leave* (DE 2511) brochure to each newly hired employee to describe benefits and eligibility requirements. You must meet all eligibility requirements to receive family leave benefits.

- Request claim forms from your licensed health professional, employer, from any California SDI Claims Management office. You can also order claim forms online by visiting EDD Forms and Publications (forms.edd.ca.gov/Forms).
- File your *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) within 41 days of the first day of your family leave to avoid losing benefits.
- If you have PFL coverage under your employer's voluntary plan, get PFL forms from your employer or designated third-party administrator.

Note: Any pay benefits from Nelson Mullins Disability Pay programs will be offset by Wage Replacement Payments from the State. Read the Disability/Sick Leave Policies in the Firm Policy Guide (NMConnect, Human Resources Department Page)

For more information about DI and PFL, visit State Disability Insurance (edd.ca.gov/Disability).
DI: Call 1-800-480-3287. TTY (for deaf or hearing-impaired individuals only) 1-800-563-2441.
PFL: Call 1-877-238-4373. TTY (for deaf or hearing-impaired individuals only) 1-800-445-1312.
State Government employees should call 1-866-352-7675 for DI and 1-877-945-4747 for PFL.

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.

DE 1858 Rev. 7 (4-22) **(INTERNET)**

MASSACHUSETTS PAID FAMILY AND MEDICAL LEAVE
NOTICE TO EMPLOYEES
(25 or more Workers)

Please read this notice carefully. It contains important information about your rights, obligations, and eligibility under the Massachusetts Paid Family and Medical Leave law. Please keep this notice for your records.

Nelson Mullins Riley & Scarborough, LLP
(Employer Name)
One Financial Center, Suite 3500
(Employer Street Address)
Boston, MA 02111
(Employer City, State, Zip
570215445
(Federal Employer ID Number) (FEIN)

An employer may apply for an exemption from the medical leave contribution, family leave contribution, or both. Your employer has elected to provide benefits as follows:

Nelson Mullins Riley &Scarborough LLP
(Employer Name)

XX Does not have an approved private plan and is providing all leave benefits through the Department;
___ Has an approved private plan for both family and medical leave benefits;
___ Has an approved private plan for family leave benefits only, and is providing medical leave benefits through the Department;
__ Has an approved private plan for medical leave benefits only and is providing family leave benefits through the Department.

I. Explanation of Benefits

Leave Allotments. Under the PFML Law, you may be entitled to up to:

- 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child; to care for a family member with a serious health condition; or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
- 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work;
- 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service;
- 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

A "benefit year" is the 12 months preceding the Sunday immediately before your leave begins.

Other Leaves. Any leave you take – paid or unpaid – for the same qualifying reasons listed above will count towards your amount of leave for that benefit year. However, no leave taken before January 1, 2021 will count towards your available leave. Similarly, leave to care for a family member with a serious health condition that was taken before July 1, 2021, also will not count towards your family leave allotment.

Eligibility. You will be eligible for leave and wage-replacement benefits if you meet the earnings test. You must have earned at least $5,700 in wages in Massachusetts in the four completed quarters before you apply for benefits. In the same period, you also must have earned at least 30 times your maximum potential benefit amount. (This is the amount calculated in the "Wage Replacement Payments" section below.)

Wage Replacement Payments. When you take leave for any of the reasons described above, you will be eligible to apply to the Department or to your employer's private plan for wage replacement benefits. These benefits will be a proportion of your average weekly earnings. Your maximum potential benefit amount will be as follows:

- 80% of earnings up to 50% of the State Average Weekly Wage
- 50% of earnings above the State Average Weekly Wage
- In no event more than a maximum amount. **For 2026, this maximum benefit amount is $1,230.39.** This amount will be adjusted annually based on increases in the State Average Weekly Wage. The 2027 rate will be announced by DFML in October 2026.

Private plans may choose to provide higher benefits but may not provide lower amounts than what the Department would pay.

Note: Any pay benefits from Nelson Mullins Disability Pay programs will be offset by Wage Replacement payments from Massachusetts. Read the Short-Term Disability Policy in the Policy Guide, found on NMConnect on the Human Resources Department Page.

Concurrent Benefits Payments. If you receive benefits from other sources while you are also receiving benefits from the Department, the benefits you receive from the Department may be reduced. Certain types of other benefits will cause a one-for-one reduction in benefits you receive from the Department. This means that for each dollar you receive from these benefits, your benefit from the Department will decrease by a dollar. Benefits that will have this effect include:

- Workers' Compensation
- Unemployment Insurance
- Permanent Disability Policies or Programs
- Extended Illness Leave Bank Leave

Other forms of benefits will not reduce the benefits you receive from the Department unless you are receiving more than your average weekly wage in total benefits. Benefits that will have this effect include:

- Temporary Disability Policies or Programs (including both Short-Term Disability and Long-Term Disability)
- Employer-run Family and/or Medical Leave Policies or Programs

Topping off PFML benefit payments. For applications filed on or after November 1, 2023, employees receiving PFML benefits may supplement (or "top off") their PFML benefits with any available accrued paid leave (sick time, vacation, PTO, personal time, etc.). For employees who choose to supplement their PFML benefits in this way, the combined weekly sum of PFML benefits and employer-provided paid leave benefits

cannot exceed the employee's Individual Average Weekly Wage (IAWW). Employers will be responsible for monitoring and ensuring that the combined weekly sum of employer-provided paid leave benefits and PFML benefits does not exceed an employee's IAWW. Employers are also responsible for managing any payments made to an employee that exceeds the employee's IAWW. The Department is not involved in the repayment process for top off overages. This process is solely the responsibility of the employer and the employee.

II. Employee Rights and Protections

Job Protection. Generally, if you take family or medical leave, once you return to work, your employer must restore you to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date you started your leave. This may not apply if your position was eliminated due to economic reasons unrelated to your use of leave.

Continuation of Health Insurance. Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if you had continued working for the duration of such leave. Your employer may require you to continue to pay your portion of your health insurance premium on the same terms and conditions as before your leave.

No Retaliation. It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you are entitled under the paid family and medical leave law. An employee or former employee who is retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

III. Contribution Amounts

To help fund paid leave benefits available under the PFML law, your employer may make a contribution, funded in part by a deduction from your wages, which will either be remitted to the Trust Fund or to the operator of your employer's private plan. An employer who contributes to the Trust Fund will be required to contribute the following amounts:

Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
0.18% of earnings*	**0.70% of earnings***	**0.88 of earnings***

Because your employer has 25 or more covered workers, the total contribution amount is 00.88% of wages.

Under the law, employers are responsible for a minimum of 60% of the medical leave contribution (.42% of wages) but are permitted to deduct from employees' wages up to 40% of the medical leave contribution (.28% of wages) and up to 100% of the family leave contribution (.18% of wages) for a total of .46% of wages. Whether your employer has a private plan or participates in the state Trust Fund, your employer cannot deduct more than these percentages from your wages.

Your employer has elected to allocate the contribution amount as follows:

Medical Leave	Total Required Contribution: .70%*			
	Nelson Mullins (Employer Name)	will contribute	**60%**	of the medical leave contribution
		and the remaining	**40%**	will be deducted from your earnings
Family Leave	Total Required Contribution: .18%*			
	Nelson Mullins (Employer Name)	will contribute	**0%**	of the family leave contribution
		and the remaining	**100%**	will be deducted from your earnings

Please initial here to indicate that you understand that this percentage of your wages earned in a pay period will be deducted from your pay each pay period: _____
***The numbers provided are through 2026. These rates may be adjusted on an annual basis, effective January 1 of each calendar year.**

IV. Notifying your Employer

BEFORE you take leave or apply for benefits, you MUST notify your employer that you need to take leave. You are required to provide at least 30 days' notice of your need for leave. If 30 days' notice is not possible due to circumstances beyond your control, you must provide notice as soon as practicable, and in any event, before you file any application for benefits.

When you notify your employer of your need for leave, you must provide the following information:

1. The anticipated start date of leave;
2. The anticipated length of the leave;
3. The expected date of return from leave;
4. Whether you will need intermittent leave (leave taken in separate blocks of two or more) or reduced leave (leave that involves a reduced schedule of fewer hours or days per week), and
5. If you need intermittent or reduced leave schedule, the expected frequency of leave and expected duration of each instance of leave.

If any of this information changes, you must tell your employer as soon as you are aware of the changes.

V. Submitting an application

To apply for Paid Family and Medical Leave benefits, you will need the following information about your employer:

Nelson Mullins Riley & Scarborough LLP
(Employer Name)

1320 Main Street, Suite 1700
(Employer Street Address)

Columbia, SC 29201
(Employer City, State, Zip)

57-0215445
(Federal Employer ID Number) (FEIN)

****

Contact: Human Resources
Jan.Berger@nelsonmullins.com | 803.255.9314

Employees must file claims for paid family and medical leave benefits with the DFML using the Department's forms. Forms and claim instructions are available on the Department's website www.mass.gov/DFML.

Nelson Mullins contributes to the Massachusetts Trust Fund for benefits to be payable to eligible Massachusetts employees. You must file a claim for benefits with the Department.

You may file this claim in one of two ways:

1. You can create an account to apply online through the Department's Claimant Portal at https://paidleave.mass.gov/login/
2. You can call the Department's call center at (833) 344-7365 to complete an application over the phone.

Forms and claim instructions are available on the Department's website at: www.mass.gov/info-details/get-ready-to-apply-for-paid-family-and-medical-leave-pfml-benefits

VI. For More Information

For more detailed information, please consult the Department's website: www.mass.gov/DFML. You may contact the Department of Family and Medical Leave at:

The Massachusetts Department of Family and Medical Leave
PO Box 838
Lawrence, MA 01842
Contact Center: (833) 344-7365
www.mass.gov/DFML

ACKNOWLEDGEMENT

Your signature below acknowledges receipt of the information above within 30 days from the start date of your employment.

_____ _____
Signature Date

_____
Name (Print)

Your signed acknowledgement will be retained by your employer. Keep a copy for your own reference.

Coverage Provided by: The Prudential Insurance Company of America

Covering Employees of: Nelson Mullins Riley & Scarborough LLP



Paid Family Leave Insurance Coverage Provided by: Sun Life Insurance Company

INSERT INSURER NAME HERE

Covering Employees of: Nelson Mullins Riley & Scarborough LLP

INSERT EMPLOYER NAME HERE

Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave

FOR MORE INFORMATION AND HELP:
Visit **ny.gov/PaidFamilyLeave**
or call **(844) 337-6303**

You can get forms to take Paid Family Leave from

- *Your employer,*
- *The insurance carrier below, or*
- *ny.gov/PaidFamilyLeave*

PF

Name, Address, and Telephone Number of Insurer

Sun Life and Health Insurance Company
One Sun Life Executive Park
Wellesley Hills, MA 02481-5699

Phone: 855-629-8811
M – F 8:00 a.m. – 8:00 p.m. ET
Email completed claim to:
myclaimdocuments@sunlife.com

POLICY #: 943028-001 (Group Plan # is 958931)
Statutory
Under a Plan or Agreement

EFFECTIVE FROM: 1/1/2027– 12/31/2027
Maximum PFL benefit is $1,287.91/weekly (12 weeks max)
Annual Cap for Employee Contribution: $451.81

Note: Any pay benefits from Nelson Mullins Disability Pay programs will be offset by Wage Replacement Payments from the State. Read the Disability/Sick Leave Policies in the Firm Policy Guide (NMConnect, Human Resources Department Page)

Class(es) of Employees Covered:
All employees eligible under New York State Law

NOTICE OF COMPLIANCE
Prescribed by the Chair, Worker's Compensation Board
This Notice must be posted in and about the Employer's place or places of business

PFL-120 (11-17)

NOTICE TO EMPLOYEES

Information on Paid Family Leave in the District of Columbia

Your employer is subject to the District of Columbia's Paid Family Leave law, which provides covered employees paid time off from work for qualifying parental, family, medical, and prenatal events. For more information about the Paid Family Leave program, please visit the Office of Paid Family Leave's website at dcpaidfamilyleave.dc.gov.

Covered Workers

To receive benefits under the Paid Family Leave program, you must work for a covered employer in DC. To find out if you are a covered worker, you can ask your employer or contact the Office of Paid Family Leave using the contact information below. Your employer is required to tell you if you are covered by the Paid Family Leave program. Additionally, your employer is required to provide you information about the Paid Family Leave program at these three (3) times:

1. At the time you were hired;
2. At least once a year; and
3. If you ask your employer for leave that could qualify for benefits under the Paid Family Leave program.

Covered Events

There are four (4) kinds of Paid Family Leave benefits:

1. Parental leave - receive benefits to bond with a new child for up to 12 weeks in a year;
2. Family leave - receive benefits to care for a family member for up to 12 weeks in a year;
3. Medical leave - receive benefits for your own serious health condition for up to 12 weeks in a year; and
4. Prenatal leave - receive benefits for prenatal medical care for up to 2 weeks in a year.

Maximum Leave Entitlement

Each kind of leave has its own eligibility rules and its own limit on the length of time you can receive benefits in a year. The maximum amount of leave for any combination of parental, family, and medical leave is 12 weeks. However, there is an exception for pregnant women who take prenatal leave. Pregnant women are eligible for 2 weeks of prenatal leave while pregnant and 12 weeks of parental leave after giving birth, for a maximum of 14 weeks.

Applying for Benefits

If you have experienced an event that may qualify for benefits, be sure to apply no more than 30 days after your event. You can learn more about applying for benefits with the Office of Paid Family Leave at dcpaidfamilyleave.dc.gov.

Benefit Amounts

Paid Family Leave benefits are based on the wages your employer paid to you and reported to the Department of Employment Services. If you believe your wages were reported incorrectly, you have the right to provide proof of your correct wages. The current maximum weekly benefit amount is $1,190.

Employee Protection

The Office of Paid Family Leave does not administer any job protections for District workers who take leave from work. However, some job protections may be available under laws and regulations administered by the District's Office of Human Rights (OHR).

Under the Universal Paid Leave Act, the Office of Paid Family Leave is required to provide notice of the following:

1. That retaliation by a covered employer against a covered employee for requesting, applying for, or using paid-leave benefits is prohibited;
2. That an employee who works for a covered employer with under 20 employees shall not be entitled to job protection if he or she decides to take paid leave pursuant to this act; and
3. That employees have a right to file a complaint with OHR if they feel they have been retaliated against for requesting, applying for, or using paid leave.

For more information on OHR and job protections, please visit the following web address: **ohr.dc.gov**.

For more information about Paid Family Leave, please visit the Office of Paid Family Leave's website at dcpaidfamilyleave.dc.gov, call 202-899-3700, or email does.opfl@dc.gov.

Office of Paid Family Leave | 4058 Minnesota Avenue NE | Washington DC 20019

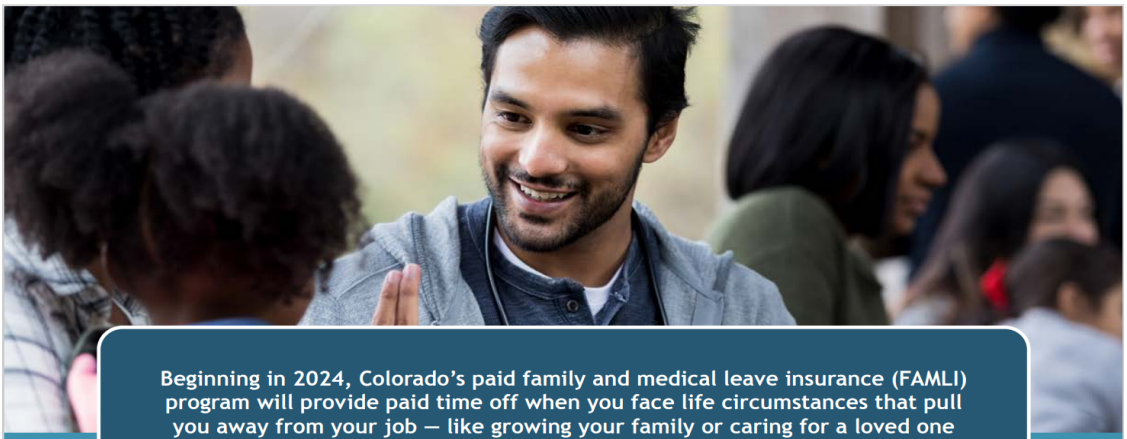
OPFL EE Rev. 10/2025

Note: Any pay benefits from Nelson Mullins Disability Pay programs will be offset by Wage Replacement Payments from the State. Read the Disability/Sick Leave Policies in the Firm Policy Guide (NMConnect, Human Resources Department Page)

Life happens. FAMLI has you covered.

Learn more at famli.colorado.gov.

COLORADO
Family and Medical Leave Insurance Program (FAMLI)
Department of Labor and Employment



Beginning in 2024, Colorado's paid family and medical leave insurance (FAMLI) program will provide paid time off when you face life circumstances that pull you away from your job — like growing your family or caring for a loved one with a serious health condition.

How does it work?

Beginning on January 1, 2024, nearly every Colorado worker who earns at least $2,500 in yearly wages within the state will be eligible to take paid family and medical leave during covered circumstances:

- To care for a new child, including adopted and fostered children
- To care for themselves, if they have a serious health condition
- To care for a family member with a serious health condition
- To make arrangements for a family member's military deployment
- To address the immediate safety needs and impact of domestic violence and/or sexual assault.

Depending on your income, when using paid leave, you will receive between 37% and 90% of your normal weekly wages. Benefits are capped at **$1,448.02 per week as of 7/1/2026.**

Most workers are eligible to receive up to 12 weeks of paid family and medical leave. Those who experience pregnancy or childbirth complications may receive an additional four weeks.

Who pays for FAMLI?

Contributions to Colorado's FAMLI program will be shared between employers and workers. Beginning on January 1, 2023, your employer may begin deducting up to 0.45% of your pay to cover your portion of the FAMLI premium.

What are my rights?

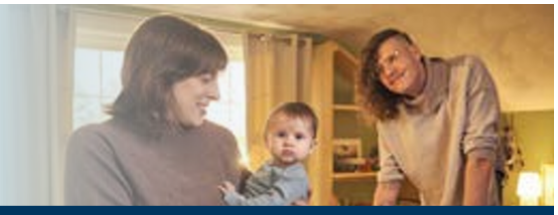
Eligible Colorado workers have the right to take paid family and medical leave for covered circumstances.

Once you have served in your job for at least 180 days (about six months), your job is protected under the law. As long as you are eligible and qualify to use paid leave, your employer cannot prevent you from taking it, and cannot penalize or fire you for taking paid leave.

COLORADO
Family and Medical Leave Insurance Program (FAMLI)
Department of Labor and Employment

Note: Any pay benefits from Nelson Mullins Disability Pay programs will be offset by Wage Replacement Payments from the State. Read the Disability/Sick Leave Policies in the Firm Policy Guide (NMConnect, Human Resources Department Page)

MINNESOTA PAID LEAVE



Paid Leave provides payments and job protections for Minnesotans who need time away from work for life's important moments. Paid Leave makes it possible to take care of yourself and your loved ones when it matters most.

What does Paid Leave cover?

You may qualify for Paid Leave if you need time away from work for:

Medical Leave	Family Leave
1-12 weeks	1-12 weeks

Medical Leave to care for your own serious health condition

Bonding Leave to bond with a child within 12 months of:
- Birth
- Adoption
- Foster placement

Military Family Leave when a family member is on active duty or has been notfied of an impending call or order to active duty in the Armed Forces

Caring Leave to care for a family member with a serious health condition

Safety Leave to respond to abuse, sexual assault, or stalking involving you or a family member

Maximum of 20 weeks combined in one benefit year if someone qualifies for both Medical and Family Leave.

Qualifying conditions must last at least seven days and be certified by a healthcare or service provider.

Who counts as family?

Under Paid Leave, family can include your relatives, and anyone who has a relationship with you that creates an expectation and reliance for unpaid care, whether or not you live together.

How do payments work?

Paid Leave pays part of your normal pay. Most people will receive between 55% and 90% of their regular wages while on leave, with a maximum amount set at the state's average wage. Right now, this is $1,423 per week.

Your payment depends on:

- Your average weekly wage
- State benefit calculations

To receive payments, you must have earned at least $3,900 in the last year. This amount can come from one job or be combined from multiple jobs. Payments are sent directly to you through direct deposit or a prepaid debit card by the state.

Who can apply?

You may qualify if you:

- Earned wages for work in Minnesota
- Need leave for a qualifying reason

Paid Leave covers most workers in Minnesota – including full time, part time, temporary, and most seasonal workers. Self-employed workers and independent contractors are not automatically covered but can choose to opt in.

How does Paid Leave work?

1. Tell your employer you need to take leave
2. Apply online through your Paid Leave Account
3. Submit a certification form, and other documents if requested
4. Your application is reviewed and you receive a determination
5. If approved, you will receive weekly payments

To apply now or learn more, go to paidleave.mn.gov

If you have questions or need assistance, please contact the Paid Leave Contact Center at paidleave@state.mn.us or call us at 651-556-7777 or 844-556-0444 (toll-free). Information is available in alternative formats for people with disabilities or people needing language assistance by using the contact information listed above.

Note: Any pay benefits from Nelson Mullins Disability Pay programs will be offset by Wage Replacement Payments from the State. Read the Disability/Sick Leave Policies in the Firm Policy Guide (NMConnect, Human Resources Department Page)

4932-6381-1796 v.1

NELSON MULLINS RILEY & SCARBOROUGH LLP
SUMMARY ANNUAL REPORT FOR THE HEALTH AND WELFARE PLAN

This is a summary of the annual report of the NELSON MULLINS RILEY & SCARBOROUGH LLP HEALTH AND WELFARE PLAN, a health, life insurance, dental, vision, temporary disability and long-term disability plan (Employer Identification Number 57-0215445, Plan No. 509), for the plan year 01/01/2025 through 12/31/2025. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

NELSON MULLINS RILEY & SCARBOROUGH LLP has committed itself to pay certain health, dental, and short-term disability claims incurred under the terms of the plan. The plan has administrative service only (ASO) contracts with BlueCross BlueShield of South Carolina and Delta Dental.

Insurance Information

The plan has contracts with Fidelity Security Life Insurance Company, and Prudential Life Insurance Company of America to pay vision, life insurance, long-term disability, and AD&D claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024, were $2,191.635.

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:

- 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 NELSON MULLINS RILEY & SCARBOROUGH LLP, HUMAN RESOURCES, at PO BOX 11070, COLUMBIA, SC 29211, or by telephone at (803) 799-2000. The charge to cover copying costs will be $0.00 for the full annual report, or $0.00 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 at: NELSON MULLINS RILEY & SCARBOROUGH, LLP, 1320 Main Street, 17th Floor, Columbia SC, 20201, 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.

SUMMARY ANNUAL REPORT FOR THE NELSON MULLINS RETIREMENT PLAN

This is a summary of the Form 5500 Annual Return/Report of Employee Benefit Plan for the NELSON MULLINS RETIREMENT PLAN, EIN 57-0215445, Plan 002, for period January 1, 2025 through December 31, 2025. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a defined contribution, age/service weighted or new comparability, profit-sharing, ERISA section 404(c), total participant-directed account, Code section 401(k), participant-directed brokerage account, automatic enrollment, default investment account, covered self-employed individuals, pre-approved, single employer type of plan.

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan expenses were $78,328.688. These expenses included $844,031 in administrative expenses and $77,484,657 in benefits paid to participants and beneficiaries. A total of 2,808 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was $751,394,042 as of December 31, 2025, compared to $678,896,478 as of January 1, 2025. During the plan year, the plan experienced an increase in its net assets of $72,497.564. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $150,826,252, including employer contributions of $19,959,988, employee contributions of $23,913,330, other contributions of $7,757,847, earnings from investments of $84,429,334 and other income of $14,765,753.

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.

- An accountant's report
- Financial information and information on payments to service providers
- Assets held for investment
- Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates

To obtain a copy of the full annual report, or any part thereof, write or call the office of NELSON MULLINS RILEY & SCARBOROUGH LLP, 1320 MAIN STREET 17TH FLOOR, COLUMBIA, SC, 29201, 803-799-2000.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan, 1320 MAIN STREET 17TH FLOOR, COLUMBIA, SC, 29201 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, N1513, 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.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.