



July 29, 2022

MAPFRE USA is required to file with the Federal Government a complex report containing detailed information on the characteristics and financial operations of certain employee benefit plans. This report, known as the Form 5500 Annual Report must be made available by MAPFRE USA, upon request, to all plan participants and beneficiaries.

Due to the complexity of Form 5500, MAPFRE USA is required to distribute a Summary Annual Report (SAR) to each participant. The SAR is a narrative summary of the plan's financial status and summarizes the information on the designated plan's Form 5500 Annual Report.

Attached is the SAR for the plan year 2021. This report is furnished for your information and does not require any action on your part. Some of the plans noted on the report may not apply to you and some plans in which you participate may not require a SAR. You have the right to receive a copy of any full Form 5500 Annual Report, or any part thereof, upon request.

To obtain a copy, write or call:

MAPFRE USA
HUMAN RESOURCES
11 GORE ROAD
WEBSTER, MA 01570-2249
508-943-9000

You also have the right to receive 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.

Finally, you have the legally protected right to examine the Form 5500 Annual Report at the main office of the plan at 11 GORE ROAD, WEBSTER, MA 01570-2249, and at the U.S. Department of Labor, in Washington, DC, or to obtain a copy from the U.S. Department of Labor.

If you have any further questions, please call the MAPFRE USA HR benefits hotline at (508) 949-4998.

SUMMARY ANNUAL REPORT
For MAPFRE U.S.A. CORP. HEALTH AND WELFARE BENEFITS PLAN

This is a summary of the annual report of the MAPFRE U.S.A. CORP. HEALTH AND WELFARE BENEFITS PLAN, EIN 04-2599993, Plan No. 530, for period 01/01/2021 through 12/31/2021. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

MAPFRE U.S.A. CORP. has committed itself to pay certain self-funded Short-term Disability claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, EYEMED VISION CARE ON BEHALF OF COMBINED INSURANCE COMPANY OF AMERICA, HARTFORD LIFE AND ACCIDENT, and HPHC JOINT VENTURE UHG to pay Medical, Dental, Vision, Life Insurance, Long-term Disability, Accidental Death and Dismemberment, Critical Illness, Hospital, and Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$32,725,282.

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 MAPFRE U.S.A. CORP. at 211 MAIN STREET, WEBSTER, MA, 01570 or by telephone at 508-943-9000.

You also have the legally protected right to examine the annual report at the main office of the plan (MAPFRE U.S.A. CORP., 211 MAIN STREET, WEBSTER, MA, 01570) 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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.

OMB Control Number 1210-0040 (expires 06/30/2022)