## **Summary Annual Report**

This is a summary of the annual report of the Cracker Barrel Old Country Store, Inc., EIN 620812904, Plan THE HEALTH AND WELFARE PLAN FOR HOME OFFICE AND FIELD MANAGEMENT EMPLOYEES OF CRACKER BARREL OLD COUNTRY STORE, INC., Plan No. 511, a welfare benefit plan, for period January 01, 2024 through December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Cracker Barrel Old Country Store, Inc. has committed itself to pay certain Health, Life Insurance, Dental, Vision, Long-term Disability, Death Benefits (does not include life insurance) claims incurred under the terms of the plan.

## **Insurance Information**

The plan has contracts with METROPOLITAN LIFE INSURANCE COMPANY, HARTFORD LIFE AND ACCIDENT and SYMETRA LIFE INSURANCE COMPANY to pay Other (Accidental Death and Dismemberment, Critical Illness), Life Insurance, Vision, Long-term Disability, Prescription drug, Death Benefits (Accident, MEC/GAP, Critical Illness) incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024 were \$4,070,174.00.

## **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Cracker Barrel Old Country Store, Inc., who is the Plan Administrator, at 305 Hartmann Drive, P.O. Box 787, Lebanon, TN, 37088, or by telephone at +1 (615) 444-5533. You have the right to receive from the plan administrator, on request and at no charge.

You also have the legally protected right to examine the annual report at the main office of the plan 305 Hartmann Drive, P.O. Box 787, Lebanon, TN, 37088 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.

## **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 03/31/2026)