Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2010

1 611310	on benefit duaranty dorporation				This Form is Open to Pu Inspection	ublic
Part I	Annual Report Iden	tification Information				
For cale	ndar plan year 2010 or fiscal p	<u> </u>		and ending 12/31/2	2010	
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or		
		a single-employer plan;	a DFE (specify)		
		<u>_</u>				
B This	return/report is:	the first return/report;	the final	return/report;		
		an amended return/report;	a short p	olan year return/report (less t	han 12 months).	
C If the	plan is a collectively-bargaine	ed plan, check here				
D Chec	k box if filing under:	Form 5558;	automat	ic extension;	the DFVC program;	
2 000	. v v v v v v v v v v v v v v v v v v v	special extension (enter de				
Part	II Rasic Plan Inform	nation—enter all requested inform	. ,			
	ne of plan	ilation—enter an requested inform	iauoii		1b Three-digit plan	501
	SON LANDSCAPING CORP I	PREMIUM ONLY PLAN			number (PN) ▶	301
					1c Effective date of plants	an
0					01/01/1997	
	i sponsor's name and addres: ress should include room or s	s (employer, if for a single-employer	r plan)		2b Employer Identification Number (EIN)	
,	SON LANDSCAPING CORP	suite (16.)			59-2384066	
					2c Sponsor's telephor	ne
					number	
	W 216 STREET	20451 S	W 216 STREET		305-255-9206	
MIAMI, F	FL 33170	MIAMI, F	L 33170		2d Business code (see instructions)	е
					811410	
Caution	: A penalty for the late or in	complete filing of this return/repo	ort will be assessed	unless reasonable cause i	s established.	
		enalties set forth in the instructions				dules,
stateme	nts and attachments, as well a	as the electronic version of this retu	rn/report, and to the I	pest of my knowledge and be	elief, it is true, correct, and con	nplete.
SIGN	Filed with authorized/valid ele	ectronic signature.	06/14/2011	YORDANKA RIVERO		
HERE	Signature of plan adminis	trator	Date	Enter name of individual s	signing as plan administrator	
					<u> </u>	
SIGN						
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual s	signing as employer or plan sp	onsor
	J	•			<u> </u>	
SIGN						
HERE			+	+		

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

Form 5500 (2010)	Page 2

	Plan administrator's name and address (if same as plan sponsor, enter "San A & SON LANDSCAPING CORP	ne")		ministrator's EIN 2384066
	51 SW 216 STREET MI, FL 33170	nu	3c Administrator's telephone number 305-255-9206	
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	125
6	Number of participants as of the end of the plan year (welfare plans complet	e only lines 6a, 6b, 6c, and 6d).		
_	Active posticinents		60	128
а	Active participants		. 6a	120
b	Retired or separated participants receiving benefits		. 6b	
С	Other retired or separated participants entitled to future benefits		. 6c	
d	Subtotal. Add lines 6a , 6b , and 6c		. 6d	128
_				
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	. 6e	
f	Total. Add lines 6d and 6e		. 6f	128
g	Number of participants with account balances as of the end of the plan year	(only defined contribution plans	_	
	complete this item)		. 6g	
h	Number of participants that terminated employment during the plan year with		Ch	
7	less than 100% vested		6h	
8a	If the plan provides pension benefits, enter the applicable pension feature co	<u> </u>		nstructions:
	f the plan provides welfare benefits, enter the applicable welfare feature code 4A 4D 4E			
9a	Plan funding arrangement (check all that apply) (1)	9b Plan benefit arrangement (check all that (1) Insurance	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insuranc	e contracts
	(3) Trust	(3) Trust		
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4) General assets of the spattached, and, where indicated, enter the number		hed. (See instructions)
	Pension Schedules	b General Schedules		(,
а	(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) I (Financial Inform		Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3) X A (Insurance Infor	,	ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(4) C (Service Provide D (DFE/Participati		,
	Information) - signed by the plan actuary	(6) G (Financial Trans	•	,

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

nursuant to EDICA agetion $402(a)(2)$						m is Open to Public Inspection
For calendar plan year 20°	10 or fiscal plar	n year beginning 01/01/2010)	and ending 12/3	31/2010	•
A Name of plan VILA & SON LANDSCAP	ING CORP PR	EMIUM ONLY PLAN	В	Three-digit plan number (PN	I) >	501
C Plan sponsor's name as shown on line 2a of Form 5500. VILA & SON LANDSCAPING CORP D Employer Identification Number (E 59-2384066						·
		ning Insurance Contract Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance car COMPBENEFITS HUMAN						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end	Lof	Policy or co	
(2) =	code	identification number	policy or contract yea	/+\	From	(g) To
74-2552026	60984	CD4399 CP4399	99	01/01/201	10	12/31/2010
2 Insurance fee and common descending order of the		ation. Enter the total fees and to	otal commissions paid. List in	item 3 the agents,	brokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
4958						
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as needed to report all perso	ons).		
<u> </u>		and address of the agent, broke			were paid	
HR BENEFITS SERVICE	S, INC.		46 NW 31 TERRACE RAL, FL 33172			
(b) Amount of sales ar	nd hase	Fe	ees and other commissions pa	iid		
commissions pai		(c) Amount	(d) P	urpose		(e) Organization code
	4958	0				3
	(a) Name a	and address of the agent, broke	r, or other person to whom co	mmissions or fees	were paid	
	.,				·	
(b) Amount of sales ar	nd base	Fe	ees and other commissions pa	uid		
commissions pai		(c) Amount	(d) P	urpose		(e) Organization code

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contracts	with each carrier may	be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4
------	---

Pa	rt III	If more than one contract covers the same g	roup of e							
		information may be combined for reporting p the entire group of such individual contracts							cts cover individua	i employees,
8	Bene	fit and contract type (check all applicable boxes))							
	а	Health (other than dental or vision)	b 🗌 🛭	ental	С	:П	Vision		d Life insurar	nce
	e 🗏	Temporary disability (accident and sickness)	f∏L	ong-term disab	oility q	Ī	Supplemental unem	ployment	h Prescriptio	n drug
	i F	Stop loss (large deductible)		IMO contract	k	Ξ	PPO contract	,	I Indemnity	•
	m [,	, □.	iivio contract		'Ш	11 0 contract		I ☐ Indemnity (ontract
	∟	Other (specify)								
9	Expe	rience-rated contracts:								
-	•	remiums: (1) Amount received			9a(1)					
	(2) Increase (decrease) in amount due but unpai	d							
	(3) Increase (decrease) in unearned premium res	serve							
		4) Earned ((1) + (2) - (3))						9a(4)		
	b	Benefit charges (1) Claims paid			9b(1)					
	(2) Increase (decrease) in claim reserves			9b(2)					
	(3) Incurred claims (add (1) and (2))						9b(3)		
	(4) Claims charged						9b(4)		
	С	Remainder of premium: (1) Retention charges (on an acc	rual basis)						
		(A) Commissions			9c(1)(A)				
		(B) Administrative service or other fees			9c(1)(B))				
		(C) Other specific acquisition costs				_				
		(D) Other expenses				_				
		(E) Taxes				_				
		(F) Charges for risks or other contingencies.								
		(G) Other retention charges								
		(H) Total retention		_		_		9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	e amount	s were 📗 paid	in cash, or	С	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amour	t held to provid	le benefits af	ter i	retirement	9d(1)		
		(2) Claim reserves						9d(2)		
		(3) Other reserves						9d(3)		
		Dividends or retroactive rate refunds due. (Do n	ot includ	e amount enter	ed in c(2) .)			. 9e		
10		experience-rated contracts:								00444
		Total premiums or subscription charges paid to						10a		36411
		If the carrier, service, or other organization incur retention of the contract or policy, other than rep	,	•			•	10b		
	Spe	ecify nature of costs								
	-	•								
D-	IV	Dravisian of Information								
	rt IV								▼	
<u>11</u>	Did	the insurance company fail to provide any inform	nation ne	cessary to com	plete Sched	ule .	A?	Yes	× No	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

, , , , , , , , , , , , , , , , , , , ,			ERISA section 103(a)(2).	imation		n is Open to Public Inspection
For calendar plan year 20	10 or fiscal pla	n year beginning 01/01/2010	ar	nd ending 12/31	/2010	•
A Name of plan VILA & SON LANDSCAP	ING CORP PR	EMIUM ONLY PLAN		Three-digit plan number (PN)	•	501
C Plan sponsor's name as shown on line 2a of Form 5500. VILA & SON LANDSCAPING CORP D Employer Identification Number (E 59-2384066						·
			: Coverage, Fees, and Co s a unit in Parts II and III can be			
1 Coverage Information:						
(a) Name of insurance ca		ANCE COMPANY				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of	of	Policy or co	•
(8) 2.111	code	identification number	policy or contract year	(f) Fi	rom	(g) To
35-0472300	70254	1011546100000	128	06/01/2009)	05/31/2010
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. List in ite	em 3 the agents, br	rokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
586 49						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all person	ıs).		
	(a) Name a	and address of the agent, broke	r, or other person to whom comi	missions or fees we	ere paid	
HR BENEFITS SERVICE	S, INC.		46 NW 31 TERRACE MI, FL 33172			
(b) Amount of sales ar	nd hase	Fe	ees and other commissions paid	l		
commissions pa		(c) Amount	(d) Purpose			(e) Organization code
	586	49				3
	(a) Name a	and address of the agent, broke	r, or other person to whom com	missions or fees we	ere paid	
(b) Amount of sales ar	nd base	Fe	ees and other commissions paid	<u> </u>		
commissions pa		(c) Amount	(d) Pur	rpose		(e) Organization code

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contracts	with each carrier may	be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4
------	---

Part III Welfare Benefit Contract Information If more than one contract covers the same group information may be combined for reporting purp the entire group of such individual contracts with	ip of employees of the sooses if such contracts a	are experienc	e-rated as a unit. W	here contrac	
8 Benefit and contract type (check all applicable boxes)					
a Health (other than dental or vision)	Dental	С	Vision		d X Life insurance
e Temporary disability (accident and sickness) f	Long-term disabilit	у д 🗍	Supplemental unen	nployment	h Prescription drug
i ☐ Stop loss (large deductible)	HMO contract	, b∐ k∏	PPO contract	. ,	I Indemnity contract
m ○ Other (specify)		., □	11 0 dominadi		I I indemnity contract
Other (specify)					
9 Experience-rated contracts:					
a Premiums: (1) Amount received	[9a(1)			
(2) Increase (decrease) in amount due but unpaid	ŀ	9a(2)			
(3) Increase (decrease) in unearned premium reser		9a(3)			
(4) Earned ((1) + (2) - (3))	·-			9a(4)	
b Benefit charges (1) Claims paid	Ī	9b(1)			
(2) Increase (decrease) in claim reserves	ľ	9b(2)			
(3) Incurred claims (add (1) and (2))				9b(3)	
(4) Claims charged				(4)	
c Remainder of premium: (1) Retention charges (on	an accrual basis)			'	
(A) Commissions		9c(1)(A)			
(B) Administrative service or other fees		9c(1)(B)			
(C) Other specific acquisition costs		9c(1)(C)			
(D) Other expenses		9c(1)(D)			
(E) Taxes		9c(1)(E)			
(F) Charges for risks or other contingencies		9c(1)(F)			
(G) Other retention charges		9c(1)(G)			
(H) Total retention	_	_		9c(1)(H))
(2) Dividends or retroactive rate refunds. (These a	<u> </u>	<u> </u>			
d Status of policyholder reserves at end of year: (1) A	Amount held to provide	benefits after	retirement		
(2) Claim reserves				9d(2)	
(3) Other reserves				9d(3)	
e Dividends or retroactive rate refunds due. (Do not	include amount entered	l in c(2) .)		9e	
10 Nonexperience-rated contracts:					2000
a Total premiums or subscription charges paid to car				10a	3909
b If the carrier, service, or other organization incurred retention of the contract or policy, other than report				10b	
Specify nature of costs					
Part IV Provision of Information					
11 Did the insurance company fail to provide any informat	ion necessary to compl	ete Schedule	A?	Yes	No No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).							m is Open to Public Inspection				
For calendar plan year 20	10 or fiscal pl	an year beginning 01/01/201	0	and er	nding 12	/31/2010	•				
A Name of plan VILA & SON LANDSCAP	ING CORP P	REMIUM ONLY PLAN			e-digit number (Pl	N) •	501				
C Plan sponsor's name a VILA & SON LANDSCAP		ne 2a of Form 5500.		D Emplo 59-238	-	ation Number	EIN)				
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.										
1 Coverage Information:											
(a) Name of insurance ca	rrier										
/L\	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ontract year				
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To				
59-2742907	95263	109260 261 262	128		01/01/20)10	12/31/2010				
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents	, brokers, and o	other persons in				
(a) Total amount of commissions paid (b) Total amount of fees paid											
		31305									
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).							
g		and address of the agent, broke			ions or fees	were paid					
HR BENEFITS SERVICE		104	146 NW 31 TERRACE AMI, FL 33172			·					
(b) Amount of sales ar	ad booo	F	ees and other commissio	ns paid							
commissions pa		(c) Amount		(d) Purpose			(e) Organization code				
	31305						3				
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid					
	· ·	·				·					
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid							
commissions pa		(c) Amount		(d) Purpose	e		(e) Organization code				

Schedule A (Form 5500)	2010	Page 2-								
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid							
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid										
(b) Amount of sales and base		Fees and other commission		(e) Organization						
commissions paid	(c) Amount		(d) Purpose	code						
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid							
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid							
(b) Amount of sales and base		Fees and other commission		(e) Organization						
commissions paid	(c) Amount		(d) Purpose	code						
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid							
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid							
		Fees and other commission	an noid							
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code						
	(o) runount		(a) i dipoco							
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid							
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization						
commissions paid	(c) Amount		(d) Purpose	code						
	• •									
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid							
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization						
commissions paid	(c) Amount		(d) Purpose	code						

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

Pa	art I	Welfare Benefit Contract Information If more than one contract covers the same group information may be combined for reporting put the entire group of such individual contracts with the such that th	up of employees of the sposes if such contracts a	are experie	ence	-rated as a unit. Whe	ere contrac	
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	: 🔲	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у д	ıΠ.	Supplemental unemp	loyment	h Prescription drug
	i İ	Stop loss (large deductible)	j HMO contract	k		PPO contract	•	I Indemnity contract
	m	Other (specify)			-ш			
	m	_ Other (specify) F						
9	Eyn	erience-rated contracts:						
Ŭ		Premiums: (1) Amount received		9a(1)				
	_	(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium rese		9a(3)				7
		(4) Earned ((1) + (2) - (3))	•				9a(4)	
	b	Benefit charges (1) Claims paid					(- /	
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))					9b(3)	
		(4) Claims charged					9b(4)	
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)			•	· · ·	
		(A) Commissions		9c(1)(A))			
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C))			
		(D) Other expenses		9c(1)(D))			
		(E) Taxes		9c(1)(E))			
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G))			
		(H) Total retention					9c(1)(H)
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	cr	edited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits aft	ter re	etirement	9d(1)	
		(2) Claim reserves					9d(2)	
		(3) Other reserves					9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not	include amount entered	l in c(2) .)			9e	
10	No	onexperience-rated contracts:				•		
	а	Total premiums or subscription charges paid to ca	rrier				10a	593261
	b	If the carrier, service, or other organization incurre				'	10b	
	c.	retention of the contract or policy, other than report	ted in Part I, item 2 abov	e, report a	amou	ınt	100	
	S)	pecify nature of costs						
_								
Pa	art l'	V Provision of Information						N/
11	Die	d the insurance company fail to provide any informa	tion necessary to compl	ete Schedu	ule A	\?	Yes	^X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

, , , , , , , , , , , , , , , , , , , ,			e required to provide the informa RISA section 103(a)(2).	This Fo	orm is Open to Public Inspection		
For calendar plan year 20	10 or fiscal plan	year beginning 01/01/2010	and e	nding 12/31/2010			
A Name of plan VILA & SON LANDSCAP	ING CORP PR	EMIUM ONLY PLAN		ee-digit n number (PN)	501		
C Plan sponsor's name a VILA & SON LANDSCAP	ING CORP		59-23	oyer Identification Number 84066			
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca		NCE COMPANY VILA & SON TR	EE FARM				
	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or o	contract year		
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To		
57-0144607	62049	E3467727		01/01/2010	05/30/2010		
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	commissions paid. List in item 3	3 the agents, brokers, and	other persons in		
(a) Total	amount of comr	•	(b) T	otal amount of fees paid			
		305			28		
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	s needed to report all persons).				
HR BENEFITS SERVICE			or other person to whom commiss NW 31 TERRACE FL 33172	sions or fees were paid			
(b) Amount of sales a	nd base	Fees	and other commissions paid				
commissions pa	1	(c) Amount	(d) Purpos	(e) Organization code			
	153	0	3				
	(a) Name a	nd address of the agent, broker, c		sions or fees were paid			
JOSEPH GLENN EVANS	;		DIAMOND TERRACE ON, FL 33331				
(b) Amount of sales a	nd hase	Fees	and other commissions paid				
commissions pa		(c) Amount	(d) Purpos	e	(e) Organization code		
	43	23			3		
For Paperwork Reduction	n Act Notice a	nd OMB Control Numbers, see	the instructions for Form 5500	. Sc	 hedule A (Form 5500) 20 ⁻		

Schedule A (Form 5500) 2010 Page 2-							
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid					
MIREYA L. GEILIN	8993 \$	SW 8 TERRACE I, FL 33178					
(b) Amount of sales and base commissions paid	(c) Amount	(e) Organization code					
52	4		3				
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid					
DAVID S. DILLOW	2437 [NW 184 TERRACE BRIKE PINES, FL 33029					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
32	1		3				
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid					
DONNA TILTON		NW 10 STREET DNUT CREEK, FL 33066					
(b) Amount of sales and base		Fees and other commissions paid					
commissions paid 25	(c) Amount	(d) Purpose	code 3				
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid					
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code				
commissions paid	(C) Amount	(d) Pulpose	code				
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4
------	---

Pa	art II	Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of urpose	s if s	such contracts ar	re experie	enc	e-rated as a unit. Whe	ere contrac	
8	Ben	efit and contract type (check all applicable boxes)								_
	а	Health (other than dental or vision)	b	Der	ntal	С		Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f	Lor	g-term disability	g	П	Supplemental unemp	loyment	h Prescription drug
	i	Stop loss (large deductible)	iΠ	НМ	O contract	k	: 🗏	PPO contract		I Indemnity contract
	m	Other (specify) SUPPLEMENTAL INSURA					ш			- 🗆,
	٠٠٠ ١	_ Carior (aposity) /								
9	Expe	erience-rated contracts:								
		Premiums: (1) Amount received				9a(1)				
		(2) Increase (decrease) in amount due but unpai				9a(2)				
		(3) Increase (decrease) in unearned premium re-				9a(3)				
		(4) Earned ((1) + (2) - (3))							9a(4)	
	b	Benefit charges (1) Claims paid				9b(1)				
		(2) Increase (decrease) in claim reserves				9b(2)				
		(3) Incurred claims (add (1) and (2))							9b(3)	
		(4) Claims charged			•••••				9b(4)	
	С	Remainder of premium: (1) Retention charges (on an a	ccru	al basis)					
		(A) Commissions				9c(1)(A)				
		(B) Administrative service or other fees				9c(1)(B)				
		(C) Other specific acquisition costs				9c(1)(C)	_			
		(D) Other expenses				9c(1)(D)	_			
		(E) Taxes				9c(1)(E)	_			
		(F) Charges for risks or other contingencies.				9c(1)(F)				
		(G) Other retention charges			_	9c(1)(G)			00/41/14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		(H) Total retention			_		_		9c(1)(H	<u> </u>
		(2) Dividends or retroactive rate refunds. (These				<u> </u>	_		9c(2)	
	d	Status of policyholder reserves at end of year: (*							9d(1)	
		(2) Claim reserves							9d(2)	
	_	(3) Other reserves							9d(3)	
10) No	Dividends or retroactive rate refunds due. (Do nexperience-rated contracts:	ot incit	uue a	amount entered i	n c(2).)			9e	
10	_	Total premiums or subscription charges paid to	carriar						10a	
	a b	If the carrier, service, or other organization incur							IUa	
	D	retention of the contract or policy, other than rep							10b	
	Sp	ecify nature of costs				•				<u> </u>
Pa	art l'	/ Provision of Information								
		the insurance company fail to provide any inform	nation r	nece	essary to complet	te Schedi	ule	А? П	Yes	X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to E	RISA section 103(a)(2).	IIIIs I	Inspection			
For calendar plan year 20	10 or fiscal plan	n year beginning 01/01/2010	and e	ending 12/31/2010	'			
A Name of plan VILA & SON LANDSCAP	ee-digit n number (PN)	501						
C Plan sponsor's name as shown on line 2a of Form 5500. VILA & SON LANDSCAPING CORP D Employer Identification Number (EIN) 59-2384066								
		ning Insurance Contract C Individual contracts grouped as a						
1 Coverage Information:								
(a) Name of insurance ca		NCE COMPANY VILA & SON LA	NDSCAPING CORP					
(I.) FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy o	r contract year			
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To			
57-0144607	62049	E3113693		01/01/2010	12/31/2010			
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	al commissions paid. List in item	3 the agents, brokers, ar	nd other persons in			
(a) Total a	amount of com		(b) T	otal amount of fees paid				
		11616			1165			
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all persons).					
HR BENEFITS SERVICE			or other person to whom commiss NW 31 TERRACE I, FL 33172	sions or fees were paid				
(b) Amount of sales ar	nd base	Fees	s and other commissions paid					
commissions pa		(c) Amount	(d) Purpos	se	(e) Organization code			
	5485	0			3			
	(a) Name a	and address of the agent, broker,	or other person to whom commis	sions or fees were naid				
JOSEPH GLENN EVANS		4312 [DIAMOND TERRACE ON, FL 33331	sions of fees were paid				
(b) Amount of sales ar	nd hase	Fee	s and other commissions paid					
commissions paid (c) Amount (d) Purpose (e) Organization of								
		3						
For Paperwork Reduction	n Act Notice a	and OMB Control Numbers, see	the instructions for Form 5500). S	chedule A (Form 5500) 2010			

Schedule A (Form 5500)	2010	Page 2-	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	iid
DONNA TILTON		NW 10 STREET ONUT CREEK, FL 33066	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
1043	32		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	iid
MARIO A. DORE-BERNHARD	7320	NW 114 AVENUE NL, FL 33178	
(h) Amount of color and have		Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
966	77		3
		r, or other person to whom commissions or fees were pa	iid
MARLENE ALEGRE		SW 87 AVENUE I, FL 33165	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
533	103		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
MIREYA L. GEILIN	8993	SW NO 8 TERRACE I, FL 33174	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
417	35		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
CYNTHIA RUBIN	445 D	OCKSIDE DRIVE ES, FL 34110	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
307	7		3
			L

Schedule A (Form 5500)	2010	Page 2-	
(a) Nar		er, or other person to whom commissions or fees were pai	d
MARIE A. MALEBRANCHE		POVER PLACE ES, FL 34104	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
294	2		3
	me and address of the agent, broke	er, or other person to whom commissions or fees were pai	d
DAVID S. DILLOW		NW 184 TERRACE BROKE PINES, FL 33029	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
198	4		3
(a) Nar	me and address of the agent, broke	er, or other person to whom commissions or fees were pai	d
WALTER BENITEZ		S SW 112 TERRACE II, FL 33196	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
87	113	(u) i dipose	3
(a) Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
JOB GUZMAN	19120) NW 7 CT II, FL 33169	-
		Fees and other commissions paid	1
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
127	3		3
	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
SHANNON LEVY	1657	CYPRESS POINTE DRIVE AL SPRINGS, FL 33071	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
130	0		3

Schedule A (Form 5500) 201	0	Page 2- β	
(a) Name	and address of the agent, bro	oker, or other person to whom commissions or fee	es were paid
NELSON FABAL	178	320 NW 84 AVENUE AMI, FL 33015	•
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
09			
(a) Name		oker, or other person to whom commissions or fee	es were paid
GAIL SOLOMON		01 HIGHLAND WOODS BLVD NITA SPRINGS, FL 34135	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
50		6	3
(a) Name	and address of the agent, bro	ker, or other person to whom commissions or fee	es were paid
SAUL JACUBOWICZ	492	20 NW 36 COURT	3 Were paid
	НС	ILLYWOOD, FL 33021	
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	code
		Fees and other commissions paid	
commissions paid 37	(c) Amount	Fees and other commissions paid (d) Purpose	code 3
commissions paid 37 (a) Name	(c) Amount and address of the agent, bro	Fees and other commissions paid (d) Purpose	code 3
commissions paid 37	(c) Amount and address of the agent, bro	Fees and other commissions paid (d) Purpose 1 Oker, or other person to whom commissions or fee	code 3
commissions paid 37 (a) Name	(c) Amount and address of the agent, bro	Fees and other commissions paid (d) Purpose 1 Oker, or other person to whom commissions or fee	es were paid
(a) Name : (a) Name : (b) Amount of sales and base commissions paid	(c) Amount and address of the agent, bro	Fees and other commissions paid (d) Purpose 1 Oker, or other person to whom commissions or fee 66 SW139 AVENUE AMI, FL 33183 Fees and other commissions paid (d) Purpose	es were paid (e) Organization code
(a) Name (a) Name (b) Amount of sales and base	(c) Amount and address of the agent, bro 625 MI/	Fees and other commissions paid (d) Purpose 1 Oker, or other person to whom commissions or fee AMI, FL 33183 Fees and other commissions paid	es were paid (e) Organization
(a) Name (a) Name (b) Amount of sales and base commissions paid	(c) Amount and address of the agent, bro 628 MI/	Fees and other commissions paid (d) Purpose 1 Oker, or other person to whom commissions or fee 66 SW139 AVENUE AMI, FL 33183 Fees and other commissions paid (d) Purpose	code 3 es were paid (e) Organization code 3
(a) Name : (b) Amount of sales and base commissions paid 17 (a) Name :	(c) Amount and address of the agent, bro 628 Mil/ (c) Amount and address of the agent, bro 108	Fees and other commissions paid (d) Purpose 1 Oker, or other person to whom commissions or fee 56 SW139 AVENUE AMI, FL 33183 Fees and other commissions paid (d) Purpose	code 3 es were paid (e) Organization code 3
(a) Name (a) Name (b) Amount of sales and base commissions paid 17 (a) Name (a) Name (b) Name (c) Na	(c) Amount and address of the agent, bro 628 Mil/ (c) Amount and address of the agent, bro 108	Fees and other commissions paid (d) Purpose	code 3 es were paid (e) Organization code 3 es were paid
(a) Name : (b) Amount of sales and base commissions paid 17 (a) Name :	(c) Amount and address of the agent, bro 625 MI/ (c) Amount and address of the agent, bro 108 OR	Fees and other commissions paid (d) Purpose (e) Purpose (f) Purpose (g) Purpose	code 3 es were paid (e) Organization code 3 es were paid
(a) Name (a) Name (b) Amount of sales and base commissions paid (a) Name (b) Amount of sales and base commissions paid (b) Amount of sales and base (c) Name (c) Na	(c) Amount and address of the agent, bro 628 MI/ (c) Amount and address of the agent, bro 108 OR	Fees and other commissions paid (d) Purpose	ges were paid (e) Organization code 3 ges were paid (e) Organization

Schedule A (Form 5500) 2	010	Page 2-	
(a) Nam LISA BENITEZ	14716	, or other person to whom commissions or fees were paid SW 112 TERRACE FL 33196	d
	WD WII,	, 12 30 100	
(b) Amount of sales and base	F	ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
16	0		3
(a) Nam	e and address of the agent, broker	, or other person to whom commissions or fees were paid	d
CHRISTOPHER GINAKES		EABREEZE BLVD DNA BEACH, FL 32118	
(b) Amount of sales and base	F	ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
13	0		3
· · · · · · · · · · · · · · · · · · ·	<u> </u>	, or other person to whom commissions or fees were paid	d
STEVE VERMETTE		AMPUS STREET BRATION, FL 34747	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
(a) Nam	e and address of the agent, broker	, or other person to whom commissions or fees were pair	d
RAYMOND TORRES		SW 118 TERRACE FL 33186	
(b) Amount of sales and base	F	ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
10	1		3
		, or other person to whom commissions or fees were pair	d
CAROLINA OLAVARRIA		IW 114 CT L, FL 33178	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid 4	(c) Amount	(d) Purpose	code 3
·	Ů		

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan che	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
)				
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			7e(5)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4
------	---

Part III Welfare Benefit Contract Information If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.										
8	Ben	efit and contract type (check all applicable boxes)								_
	а	Health (other than dental or vision)	b 🗌	Der	ntal	С		Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f	Lon	g-term disability	, g	П	Supplemental unemp	loyment	h Prescription drug
	i	Stop loss (large deductible)	iΠ	НМ	O contract	k	: 🗏	PPO contract		I Indemnity contract
	m	Other (specify) SUPPLEMENTAL INSURA					ш			- 🗆,
	٠٠٠ ١									
9	Expe	erience-rated contracts:								
		Premiums: (1) Amount received				9a(1)				
		(2) Increase (decrease) in amount due but unpai			 	9a(2)				
		(3) Increase (decrease) in unearned premium res				9a(3)				
		(4) Earned ((1) + (2) - (3))			<u> </u>				9a(4)	
	b	Benefit charges (1) Claims paid				9b(1)				
		(2) Increase (decrease) in claim reserves				9b(2)				
		(3) Incurred claims (add (1) and (2))							9b(3)	
		(4) Claims charged							9b(4)	
	С	Remainder of premium: (1) Retention charges (c	on an a	ccru	al basis)					
		(A) Commissions				9c(1)(A				
		(B) Administrative service or other fees				9c(1)(B				
		(C) Other specific acquisition costs			—	9c(1)(C)	_			
		(D) Other expenses			_	9c(1)(D)	_			_
		(E) Taxes			—	9c(1)(E)	_			
		(F) Charges for risks or other contingencies.			—	9c(1)(F)				
		(G) Other retention charges			_	9c(1)(G			00/41/14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		(H) Total retention			-	-	_		9c(1)(H)
		(2) Dividends or retroactive rate refunds. (These			<u></u>	<u> </u>	_		9c(2)	
	d	Status of policyholder reserves at end of year: (1							9d(1)	
		(2) Claim reserves							9d(2)	
	_	(3) Other reserves							9d(3) 9e	
10	Nic	Dividends or retroactive rate refunds due. (Do n nexperience-rated contracts:	ot incid	iue a	iniount entereu	III C(2) .)	••••		96	
	a	Total premiums or subscription charges paid to	arrier						10a	
	b	If the carrier, service, or other organization incur							100	
	~	retention of the contract or policy, other than rep							10b	
	Sp	ecify nature of costs								
Pá	art l'	/ Provision of Information								
11	Dia	the insurance company fail to provide any inform	nation r	nece	ssary to comple	te Sched	ule	А?	Yes	X No