Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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), 6057(b), 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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FRED LOYA INSURANCE AGENCY INC.

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 04/01/2006

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

FRED LOYA INSURANCE AGENCY INC.
FRED LOYA INSURANCE AGENCY INC.

1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

2b Employer Identification Number (EIN)
02-0542440

2c Sponsor's telephone number
915-590-5692

2d Business code (see instructions)
524210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2013	SIVI CONTRERAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2013	JOE RAMIREZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

FRED LOYA INSURANCE AGENCY INC.
SIVI CONTRERAS, HR DIRECTOR
1800 LEE TREVINO, SUITE 201
EL PASO, TX 79936

3b Administrator's EIN: 02-0542440

3c Administrator's telephone number: 915-590-5692

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2077
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1964
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1964
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	1964
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 accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

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 pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013

A Name of plan
FRED LOYA INSURANCE AGENCY INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
FRED LOYA INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
02-0542440

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 carrier

BLUE CROSS BLUE SHIELD OF TEXAS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	062486	1964	04/01/2012	03/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
262081	12120

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GOODMAN FINANCIAL GROUP, INC
221 N. KANSAS, SUITE 201
EL PASO, TX 79901-1443

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
158720	12120	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOE M BERNAL
7501 LOCKHEED, SUITE B
EL PASO, TX 79925

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42747			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PATRICIA HERNANDEZ

12201 BRADBURY
EL PASO, TX 79928

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
60614			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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 organizations(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 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**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)**	
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 amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	5625379
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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A Name of plan
FRED LOYA INSURANCE AGENCY INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
FRED LOYA INSURANCE AGENCY INC.

D Employer Identification Number (EIN)
02-0542440

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 carrier

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
57-0144607	62049	E3980158	808	04/01/2012	03/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
152654	71224

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

G ZUBIA ENTERPRISES INC
6044 GATEWAY EAST
EL PASO, TX 79905

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
38834	44513	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PATRICIA HERNANDEZ
12201 BRADBURY
EL PASO, TX 79928

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
58880	13679	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RBA ENTERPRISES
113 W MONTE CRISTO AVENUE
SAN ANTONIO, TX 78248

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7118	560	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BILLY MARK ROBERSON
17415 SHADY CANYON
SAN ANTONIO, TX 78248

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2928	1181	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TROY J PALMER
15534 CLOVER RDG
SAN ANTONIO, TX 78248

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2688	1053	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OMAR MENDOZA
5308 STORM KING
CIBOLO, TX 78108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2686	821	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AARON GRAY
2701 TED CIRCLE
HARLINGEN, TX 78550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1961	421	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FRANK A WILLIAMS
718 E CROCKETT
HARLINGEN, TX 78550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1647	726	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PHYLLIS JANELL QUINT
715 W. NORTHVIEW AVENUE
PHOENIZ, AZ 85021

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2090	272	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HORIZON BENEFITS LLC
9385 MILLER LANE
GARDEN RIDGE, TX 78266

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
714	1071	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

D CHAVEZ DION
611 E LOOP 499
HARLINGEN, TX 78550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1250	321	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JORGE ALEJANDRO MONTEMAYOR
10702 N 23RD LANE
MCALLEN, TX 78504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1343	145	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

EVELYN WINN
27 CASA DE AMIGOS
BROWNSVILLE, TX 78521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1327	138	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERT RANDOLF TAYLOR
809 EAST TAYLOR ST
HARLINGEN, TX 78550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1089	224	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KRISTY LYNN BURCHELL
435 ITHACA
LAS CRUCES, NM 88011

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
828	455	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SA GENERAL AGENCY
9385 MILLER LANE
GARDEN RIDGE, TX 78266

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
552	694	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ELIZABETH NAVARRO
8716 HOPEWELL DR
EL PASO, TX 79925

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1137	81	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DEBRA JEAN HUMPHREY
1325 MARDI LN
HOUSTON, TX 77055

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1094	109	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ANDRES LOPEZ
11713 SIERRA MORENA CIRCLE
EL PASO, TX 79936

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1134	57	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CECILIA MARTINEZ MACKAY
9716 EASTRIDGE DR.
EL PASO, TX 79925

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1036	66	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CATHERINE RACHEL WARNER
3002 CLOVEDALE DR
LEAGUE CITY, TX 77573

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1003	63	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CAPSTONE BENEFIT SOLUTIONS LLC
901 LAKESIDE CIRCLE
LEWISVILLE, TX 75057

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1034	31	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KELLY MELISSA KRISCH
725 RIVER BLUFF DR
LYTLE, TX 78052

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
619	404	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

EMMA D LEACH
350 SOUTH BELVEDERE DRIVE
HAMPSTEAD, NC 28443

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
733	280	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LAUREN JADE STOUT
5000 K AVENUE
PLANO, TX 75074

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
881	113	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TIMOTHY COBB
9512 CHANDER DR
RALEIGH, NC 27615

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
711	271	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DENNIS L HUMPHREY
3114 BROOKHAVEN COURT
DEER PARK, TX 77536

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
774	176	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TIMOTHY J REED
21 AZALEA DRIVE
LUMBERTON, NJ 08048

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
589	294	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ANDRE CRENSHAW
19605 TALISMAN STREET
TORRANCE, CA 90503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
845	30	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOE F SALAZAR III
611 E LOOP 499
HARLINGEN, TX 78550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
710	153	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CHARLOTTE MARTINEZ
4424 COLDWATER CANYON
STUDIO CITY, CA 91604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
813	39	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FREDDIE LEE POWERS
1910 SHADOW ROCK
KINGWOOD, TX 77339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
802	47	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ANITA MARIE HERNANDEZ
8924 COSMOS AVE
EL PASO, TX 79925

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
761			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LEONIDES H VILLA
522 E. VILLARET BLVD
SAN ANTONIO, TX 78221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
636	109	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIAM KYZER
P.O. BOX 8213
HERMITAGE, TN 37076

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
560	150	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ERIC L MILLER
4505 W PIONEER DR
IRVING, TX 75061

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
621	25	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VINCENT GERARD MCLAUGHLIN
30310 HORSETHIEF DR
TEHACHAPI, CA 93561

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
568	19	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MARIA VERONICA JARQUE URIBE
8366 E VIA SONOMA
LA JOLLA, CA 92037

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
338	199	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOWARD HOROWITZ
2610 ALCOTT STREET
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
382	153	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CLAUDIA MARABOTO
1630 TIERRA MONTANOSA
RANCHO, CA 92688

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
350	135	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL DON PRICE
4719 47TH ST
LUBBOCK, TX 79414

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
390	88	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CARL LEE HOLDEN
5312 RADIANT LANE
AMARILLO, TX 79109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
416	40	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TINA AGLIO
PO BOX 28187
FRESNO, CA 93729

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
362	24	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LAURIE J BURNS
303 PLYLER RD
INDIAN TRAIL, NC 28079

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
281	97	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GAIL ANN NORMAN
1608 THUNDERBIRD AVE
MCALLEN, TX 78504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
377			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOE FERNANDEZ
15455 N DALLAS PKWY
ADDISON, TX 75001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
284	48	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MARY CATHERINE WILLIAMS
3000 S JAMAICA CT
AURORA, CO 80014

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
289	23	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JORGE RAFAEL MATAMOROS
2003 GRANDVIEW
EL PASO, TX 79902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
247	63	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LEROY PHELPS
13801 NAPOLI DRIVE
HOUSTON, TX 77070

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
303			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERT J SPEARMAN
PO BOX 452143
LOS ANGELES, CA 90045

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
280	15	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIAM CHARLES GREENWALD
1321 FIELDBROOK ST
CHULA VISTA, CA 91913

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
259	22	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KENNETH B BOYLES
PO BOX 7120
THE WOODLANDS, TX 77387

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
231	32	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RICHARD D RICO
PO BOX 396
BERWYN, IL 60402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
245	11	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ANGELA MARCOS
3306 KIRKWOOD DR
RAPID CITY, SD 57702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
139	94	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BARRY W MAAS
PO BOX 5809
FRESNO, CA 93755

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
107	122	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERT DALE ESTES
564 SAGE CIRCLE
HIGHLANDS RANCH, CO 80126

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
204	22	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIAM PARISH JR
30095 CARTILER DRIVE
RANCHO PALOS VERDES, CA 90275

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
199	21	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HARVEY S DAYTZ
2530 W FARWELL
CHICAGO, IL 60645

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
207	8	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DOUGLAS LOYAL NERDAHL
41 W 4TH AVE
SAN MATEO, CA 94402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
290	16	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LESLIE M BROWN
758 JASPER POINT CT.
LAS VEGAS, NV 89123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
200			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MARTIN A MANNINGS
4859 WEST SLAUSON
LOS ANGELES, CA 90056

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
171	22	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KATHLEEN H WEBB
1022 S COOK STREET
BARRINGTON, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
153	39	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JACK WU
2007 TULIPAN DR
OXNARD, CA 93030

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
30	161	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JACQUELINE MARIE STUEMKY
PO BOX 5014
BUFFALO CREEK, CO 80425

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
84	101	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

COACH CONCEPTS INC
25400 US 19 NORTH
CLEARWATER, FL 33763

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
126	59	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE WORKSIGHT GROUP LLC
670 MADISON AVENUE
MANALAPAN, NJ 07726

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
98	86	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DARREN ROBERT JENNINGS
555 W. SHAW SUITE C-1
FRESNO, CA 93704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
43	130	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CLARICE R MIMS
172-90 HIGHLAND AVENUE
JAMAICA ESTATES, NY 11432

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
106	51	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BOB J BRYSON
2025 SAN PATRICIO LOOP
LAS CRUCES, NM 88011

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
67	87	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CHERIE DANIELLE AGLIO
PO BOX 28187
FRESNO, CA 93729

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
130	11	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LERMAN VENTURES INC
2985 SURREY RIDGE ROAD
CLARKSVILLE, TN 37043

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
81	57	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AGSANT GROUP INC
5500 W 35TH ST
CICERO, IL 60804

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
53	80	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KTISTEN ELISE RANDALL
9538 WEST SAN JUAN CIRCLE
LITTLETON, CO 80128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
114	7	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

STEPHEN LEE MILLER
12576 RIDEABOUT COURT
SAN DIEGO, CA 92129

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
104	10	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HELEN RODRIGUEZ-BURTON
PO BOX 10021
AMARILLO, TX 79116

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
71	42	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERT J HUMPHREY
9043 SANDSTONE
HOUSTON, TX 77036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
92	12	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ABRAMS MARKETING INC
9538 W PICO BLVD
LOS ANGELES, CA 90035

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
80	6	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HUMPHREY NYAPUODI
25716 PLAYER DR
VALENCIA, CA 91355

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
47	35	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MELODIE F FONTENOT
5224 75TH STREET
LUBBOCK, TX 79424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
63	16	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CLIENT BENEFIT INSURANCE SERVICES
5675 RUFFIN ROAD
SAN DIEGO, CA 92123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
51	25	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL J MINNEY
PO BOX 365
POWAY, CA 92074

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
55	8	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RAY MCMARTIN
8045 TABLE MESA WAY
COLORADO SPRINGS, CO 80919

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
44	12	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ERICA TEREK
2758B ROUTE 34
OSWEGO, IL 60543

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
53			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

D NASH & ASSOCIATES
7488 CAMERON DR
LARKSPUR, CO 80118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
51			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CAROLINA BENEFITS SOURCE INC
15100 DURMAST CT
MINTHILL, NC 28227

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
44	5	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

EDUARDO HERNANDEZ
12201 BRADBURY DE
EL PASO, TX 79928

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	46	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DANA MARIE MOWATT
23701 S WESTERN AVE #112
TORRANCE, CA 90501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23	21	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PARRISH J PEACHEE
201 W 103RD ST
INDIANAPOLIS, IN 46290

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32	10	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN D EVANGELISTA
29811 SANTA MARGARITA PARKWAY
RANCHO SANTA MARGARITA, CA 92688

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32	6	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ERIC SWANSON
32101 FALL RIVER ROAD
TRABUCO CANYON, CA 92679

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32	6	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GLEN E MILLER
8566 FALLBROOK CIR
HUNTINGTON BEACH, CA 92646

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VOLUNTARY BENEFIT SOLUTIONS INC
PO BOX 159
BEDFORD, IN 47421

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL KIRKPATRICK
1400 COLEMAN AVE
SANTA CLARA, CA 95050

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29	1	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JANE CONKLIN MILLER
16400 SAYBROOK LANE
HUNTINGTON BEACH, CA 92649

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
30			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LES MILLER
2249 INDUSTRIAL BLVD
ABILENE, TX 79602

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21	7	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GERALD A SANFTNER
3306 KIRKWOOD DR
RAPID CITY, SD 57702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11	13	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID E WYATT
1011 N 49TH AVE
OMAHA, NE 68132

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
19	6	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GINA M WESOLEK
114 LAKE WOOD CIRCLE
WOODLAND PARK, CO 80863

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
22	1	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

EVELYN GARCIA
1562 1ST AVE
NEW YORK, NY 10028

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16	2	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERT MCMARTIN
8045 TABLE MESA WAY
COLORADO SPRINGS, CO 80919

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8	4	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THOMAS MARTIN LEVINSTEIN
16 PHEASANT LANE
ALISO VIEJO, CA 92656

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2	7	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

J SHANNON SHEPPARD
4279 MELWOOD OAK DR
LAKELAND, TN 38002

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5	2	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHELLE ANN REESE
9000 SPRING RD
COLTON, CA 92324

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5	2	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN R JOHN
948 REDDOCH COVE
MEMPHIS, TN 38119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5	1	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

GROUP SUPPLEMENTAL BENEFITS INC.
31805 TEMECULA PARKWAY
TEMECULA, CA 92592

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ROBERT E ELLIS
11261 WRIGHT CIRCLE
OMAHA, NE 68144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3	1	SPECIAL PROGRAMS AND/OR BONUSES THAT ARE PAID BASED ON A BROKER/CONSULTANTS TOTAL VOLUME.	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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 organizations(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 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ SUPPLEMENTAL INSURANCE

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**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)**	
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 amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	263838
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶