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 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

2016

This Form is Open to Public Inspection

Part I	Annual Report I	dentification Information					
For cale	ndar plan year 2016 or fis	cal plan year beginning 07/01/2016		and ending 06/30/2017	7		
A This	return/report is for:	a multiemployer plan		oloyer plan (Filers checking this imployer information in accorda			ns.)
		x a single-employer plan	a DFE (specify	y)			
B This	return/report is:	x the first return/report	the final return	•			
		an amended return/report	a short plan ye	ear return/report (less than 12 r	nonths))	
C If the	plan is a collectively-barg	gained plan, check here				•	
D Chec	k box if filing under:	Form 5558	automatic exte	nsion	the	e DFVC program	
		special extension (enter description	,				
Part II		mation—enter all requested informati	ion				1
	ne of plan ON CONSTRUCTION EM	PLOYEE BENEFIT WELFARE PLAN			1b	Three-digit plan number (PN) ▶	501
					1c	Effective date of plants o	an
Mail	ing address (include roon	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box e, country, and ZIP or foreign postal cod		ructions)	2b	Employer Identifica Number (EIN) 91-1662877	ation
-	CONSTRUCTION		, ,	,	2c Plan Sponsor's telephone number 253-922-2787		
	TER WAY WA 98354-9638		TER WAY WA 98354-9638		2d Business code (see instructions) 238210		е
Caution	: A penalty for the late o	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cause is e	stabli	shed.	
		er penalties set forth in the instructions, vell as the electronic version of this return					
SIGN	Filed with authorized/vali	d electronic signature.	01/02/2018	DARRIN MOLOZNIK			
HERE	Signature of plan adm	inistrator	Date	Enter name of individual sign	signing as plan administrator		
SIGN					<u> </u>		
HERE	Signature of employer	/plan sponsor	Date	Enter name of individual sign	ning as	employer or plan sp	onsor
SIGN							
HERE Signature of DFE Date Enter name of individual signing						DFE	
						telephone number	
DENISE SHOOT					050 000 0707		
						253-922-2787	
	RTER WAY						
WILTON	I, WA 98354						

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3a	Plan administrator's name and address X Same as Plan Sponsor			3b Administrator's EIN		
			;	3c Adminis number	trator's telephone	
4	If the name and/or EIN of the plan sponsor has changed since the last return/re EIN and the plan number from the last return/report:	eport filed for this plan, ent	er the name,	4b EIN		
а	Sponsor's name		4	4c PN		
5	Total number of participants at the beginning of the plan year			5	123	
6	Number of participants as of the end of the plan year unless otherwise stated ($6a(2)$, $6b$, $6c$, and $6d$).	welfare plans complete on	y lines 6a(1) ,	Ī		
a(1) Total number of active participants at the beginning of the plan year			6a(1)	123	
a(2	Total number of active participants at the end of the plan year			6a(2)	121	
b	Retired or separated participants receiving benefits			6b		
С	Other retired or separated participants entitled to future benefits			6c		
d	Subtotal. Add lines 6a(2), 6b, and 6c			6d	121	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive	ive benefits		6e		
f	Total. Add lines 6d and 6e.			6f	121	
g	Number of participants with account balances as of the end of the plan year (or complete this item)		ns	6g		
h	Number of participants that terminated employment during the plan year with at less than 100% vested			6h		
7	Enter the total number of employers obligated to contribute to the plan (only mu			7		
	If the plan provides pension benefits, enter the applicable pension feature code If the plan provides welfare benefits, enter the applicable welfare feature codes 4A 4B 4D 4E 4H 4F 4L	from the List of Plan Char	acteristics Codes i	n the instruc		
9a		9b Plan benefit arrangem (1) X Insurar	,	apply)		
	(1) Insurance Code section 412(e)(3) insurance contracts		ection 412(e)(3) in	surance cor	ntracts	
	(3) Trust	(3) Trust	()()			
	(4) General assets of the sponsor	` ′	al assets of the spo			
10	Check all applicable boxes in 10a and 10b to indicate which schedules are atta	ched, and, where indicate	d, enter the numbe	r attached.	(See instructions)	
а	Pension Schedules (1) R (Retirement Plan Information)	b General Schedules (1) H	(Financial Informa	ation)		
	/2) MP (Multiomplayer Defined Benefit Blan and Cortain Manager		,	,	I Plan)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	` <i>`</i>	(Financial Information (Insurance Information)		i Fidil)	
	actuary	` ' = ===	(Service Provider	,)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial		(DFE/Participating			
	Information) - signed by the plan actuary	(6) G	(Financial Transa	ction Sched	lules)	

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
11a If the 2520	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 1.101-2.)
lf "Y€	es" is checked, complete lines 11b and 11c.
11b Is the	e plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
Rece	r the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the eipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid eipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Rece	eipt Confirmation Code

Form 5500 (2016)

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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

2016

			RISA section 103(a)(2).	11113 1 01	m is Open to Public Inspection	
For calendar plan year 20	16 or fiscal plar	year beginning 08/01/2016	and en	· · · · · · · · · · · · · · · · · · ·		
A Name of plan CANNON CONSTRUCTION	ON EMPLOYEE	BENEFIT WELFARE PLAN		e-digit number (PN)	501	
C Plan sponsor's name a CANNON CONSTRUCTION		e 2a of Form 5500	-	oyer Identification Number (1662877	(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		NCE COMPANY				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of	Policy or co	ontract year	
(b) LIIV	code	identification number	policy or contract year	(f) From	(g) To	
35-0472300	65676	000010206973000	121	08/01/2016	07/31/2017	
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	commissions paid. List in line 3	the agents, brokers, and o	ther persons in	
(a) Total a	amount of comr		(b) To	otal amount of fees paid		
	1667 2617					
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all persons).			
		nd address of the agent, broker, o		ions or fees were paid		
BOON CHAPMAN BNFT A	DMNSTRS INC		9201 TX 78766			
(b) Amount of sales ar	nd base	Fees	and other commissions paid			
commissions pa		(c) Amount	(d) Purpos	(e) Organization code		
		877 FEE	ES, BILLING ADMINISTRATION		3	
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	ions or fees were paid		
MARK S METTTILLE		422 WAU MORRIS	JPONEE ST 5, IL 60450			
(h) Amount of colors	nd boos	Fees	and other commissions paid			
(b) Amount of sales ar commissions pai		(c) Amount	(d) Purpose		(e) Organization code	
			OKER BONUS		3	
For Panerwork Reduction	n Act Notice	see the Instructions for Form 55	500	School	dule A (Form 5500) 2016	

Schedule A	(Form	5500)	2016

Page 2 -	1		
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(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
GIS BENEFITS INC.		/AUPONSEE ST RIS, IL 60450	
		Francisco de altres conservativativa e a stat	(a)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	1373	OVERRIDES	3
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	<u> </u>
MADDOCK & ASSOCIATES	1407 \	WILLOW RD E SUITE D WA 98424	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1667			3
(a) Nar	me and address of the agent broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
·			
(a) Nar	me 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 commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me 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 commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

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Part II		II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	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:			<u> </u>	
	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 co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	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)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		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)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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P	art	t III Welfare Benefit Contract Informat	ion					
		If more than one contract covers the same graph the information may be combined for reporting employees, the entire group of such individual	g purposes if such cont	racts are ex	kperience-rated as	s a unit. Where c	ontracts cover	
8	Rer	enefit and contract type (check all applicable boxes)				. тог рагроссо с.		
٠			b Dental	•	Vision		d ☐ Life ins	surance
	a		- =					
	е	Temporary disability (accident and sickness)	Long-term disabili	ty g		unemployment	h ∐ Prescr	iption drug
	i	Stop loss (large deductible)	HMO contract	k	PPO contract		Indemi	nity contract
	m	Other (specify)						
9	Exp	perience-rated contracts:			T.			
	а	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)		1		
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	0 ()		9b(1)				
		(2) Increase (decrease) in claim reserves				01-(0)		
		(3) Incurred claims (add (1) and (2))				(.)		
	•	(4) Claims charged		•••••		9b(4)		
	С	Remainder of premium: (1) Retention charges (on (A) Commissions		9c(1)(A)	. 1			
		(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		0-/4\/0\				
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These a	mounts were paid in	n cash, or	credited.)	9c(2)		
	d		<u>—</u>		-			
		(2) Claim reserves	•					
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not	include amount entere	d in line 9c(2) .)	9е		
10) N	Nonexperience-rated contracts:				-		
	а	Total premiums or subscription charges paid to ca	rier			10a		1771
	b	, ,						
	C n	retention of the contract or policy, other than repor	ted in Part I, line 2 abov	e, report ar	mount	10b		
	Spe	pecify nature of costs.						
Б	art	t IV Provision of Information						
					1 10	П у-	V N-	
		Did the insurance company fail to provide any informa		lete Schedu	ıle A?	Yes	X No	
12	2 If	f the answer to line 11 is "Yes," specify the informatio	n not provided.					

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

2016

This Form is Open to Public

		pursuant to E	RISA section 103(a)(2).		1	Inspection	
For calendar plan year 20	16 or fiscal pla	n year beginning 07/01/2016	and	d ending 06/3	30/2017	-	
A Name of plan			Вт	hree-digit			
CANNON CONSTRUCTION	ON EMPLOYE	E BENEFIT WELFARE PLAN	ļ ,	olan number (P	N) •	501	
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500	D Er	nployer Identifi	cation Number	(EIN)	
CANNON CONSTRUCTION				91-1662877			
			2 5 10				
		rning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		MPANY					
	()))) (40.0	(e) Approximate number of	f	Policy or co	ontract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end or policy or contract year	:) From	(g) To	
13-5581829	65978	TS05359604	107	08/01/201	6	07/31/2017	
2 Insurance fee and communication descending order of the		ation. Enter the total fees and tota	al commissions paid. List in lin	e 3 the agents.	, brokers, and o	ther persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
	8836 4681						
3 Persons receiving com		ees. (Complete as many entries					
	(a) Name a	and address of the agent, broker,		nissions or fees	s were paid		
GIS BENEFITS INC			UPONSEE ST S, IL 60450				
(b) Amount of sales ar	nd hase	Fee	s and other commissions paid				
commissions pai		(c) Amount		(d) Purpose		(e) Organization code	
		108 SU	SUPPLEMENTAL COMPENSATION			3	
	(a) Name a	and address of the agent, broker,	or other person to whom comr	nissions or fees	s were paid		
BOON CHAPMAN BENEFI					o noro para		
		AUSTIN	I, TX 78766				
(b) Amount of sales and base			s and other commissions paid				
commissions pai		(c) Amount	(d) Pur	oose		(e) Organization code	
	8836	3473 AD	MIN FEES			5	
	A (N) (1		500				

Schedule A (Form 5500) 2	2016	Page 2 – 1	
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid	
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	me and address of the agent, bro	sker, 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
	me and address of the agent, bro	sker, 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
(a) Nar	me and address of the agent, bro	sker, 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
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	

Fees and other commissions paid

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

(e) Organization code

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year		4		
_		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:			<u> </u>	
	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 co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	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)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		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)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Pa	art I	III Welfare Benefit Contract Information If more than one contract covers the same group of er the information may be combined for reporting purpos	mployees of the s	same emplo	yer(s) or members o	the same e	mployee organi	zations(s),
		employees, the entire group of such individual contract	cts with each carr	ier may be t	treated as a unit for p	urposes of t	his report.	Idividual
8	Bene	nefit and contract type (check all applicable boxes)						
	a 🛚	X Health (other than dental or vision) b Der	ntal	CX	Vision		d Life insu	rance
	е	Temporary disability (accident and sickness) f Lor	ng-term disability	g	Supplemental unem	ployment	h Prescript	ion drug
	i Γ		O contract	- =	PPO contract		I Indemnit	y contract
	m 🗍	Other (specify)					ш	
	L							
9 I	Ехре	erience-rated contracts:	_					
	a F	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)		
	С	Remainder of premium: (1) Retention charges (on an accru	· · · · · · · · · · · · · · · · · · ·					
		(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	<u> </u>	9c(1)(F) 9c(1)(G)				
		(G) Other retention charges	<u> </u>			9c(1)(H)	\	
		(H) Total retention.	_				<u>'</u>	
		(2) Dividends or retroactive rate refunds. (These amounts v				9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount h	•			9d(1)		
		(2) Claim reserves				9d(2) 9d(3)		_
	е	(3) Other reserves				9u(3)		
10		onexperience-rated contracts:	amount entered i	11 III 16 3C(2).	<u> </u>	36		
		Total premiums or subscription charges paid to carrier				10a		93417
	_					100		30417
		If the carrier, service, or other organization incurred any sper retention of the contract or policy, other than reported in Pa				10b		
		ecify nature of costs.	,,				1	-
Pa	rt l'	IV Provision of Information						
11	Did	d the insurance company fail to provide any information nece	essary to complet	e Schedule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information not pro	vided.					

Department of the Treasury Internal Revenue Service

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File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2016

This Form is Open to Public

		pursuant to E	ERISA section 103(a)(2)	•			Inspection
For calendar plan year 20°	16 or fiscal plar	year beginning 08/01/2016		and en	ding 07/3	1/2017	
A Name of plan CANNON CONSTRUCTION			e-digit number (PN	N) •	501		
C Plan sponsor's name as shown on line 2a of Form 5500 CANNON CONSTRUCTION D Employer Identification Number (Ell 91-1662877							(EIN)
		ning Insurance Contract . Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca PREMERA BLUE CROSS	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
91-0499247	47570	4006253	108		08/01/2016	5	07/31/2017
2 Insurance fee and communication descending order of the		ation. Enter the total fees and tot	al commissions paid. Li	st in line 3	the agents,	brokers, and o	ther persons in
(a) Total a	amount of comr			(b) To	otal amount	of fees paid	
		29284					
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
		nd address of the agent, broker,		m commiss	ions or fees	were paid	
MADDOCK & ASSOCIATE	S		VILLOW RD E SUITE D VA 98424				
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
	29284						3
	(a) Name a	nd address of the agent, broker,	or other person to whor	n commiss	ions or fees	were paid	
			·			·	
(b) Amount of sales ar	nd base	Fee	es and other commissions paid				
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
For Panerwork Reduction	n Act Notice	see the Instructions for Form !	5500			Sche	dule A (Form 5500) 2016

Schedule A (Form 5500) 2	2016	Page 2 – 1	
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid	
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	me and address of the agent, bro	sker, 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
	me and address of the agent, bro	sker, 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
(a) Nar	me and address of the agent, bro	sker, 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
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	

Fees and other commissions paid

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

(e) Organization code

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year		4		
_		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:			<u> </u>	
	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 co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa,			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	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)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		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)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Pa	art I	II	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are expe	erience-rated as a un	it. Where co	ontracts	s cover individual
8	Bene	efit aı	nd contract type (check all applicable boxes)						
	a 🛚	He	alth (other than dental or vision)	b Dental	С	Vision		d	Life insurance
	e 🗆	Te	mporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h X	Prescription drug
	ιĖ	_	op loss (large deductible)	j HMO contract		PPO contract	. ,		Indemnity contract
	m [_	her (specify)] T T O OOTMOOR		- □	machinity contract
9 E	Expe	rienc	ce-rated contracts:						
	a F	rem	iums: (1) Amount received		9a(1)				
		(2) Ir	ncrease (decrease) in amount due but unpai	d	9a(2)				
		(3) Ir	ncrease (decrease) in unearned premium res	serve	9a(3)				
		(4) E	arned ((1) + (2) - (3))				9a(4)		
	b	Ben	efit charges (1) Claims paid		9b(1)				
		(2) Ir	ncrease (decrease) in claim reserves		9b(2)				
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)		
		(4) C	laims charged				9b(4)		
	С	Rem	nainder 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						
		((G) Other retention charges		9c(1)(G)		_		
		((H) Total retention				9c(1)(H)	
		(2) [Dividends or retroactive rate refunds. (These	e amounts were paid i	n cash, or 🗌 d	credited.)	9c(2)		
	d	Stat	us 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)		
	е	Divid	dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2)	.)	9e		
10	Nor	nexp	erience-rated contracts:						
	а	Tota	I premiums or subscription charges paid to	carrier			10a		585682
	b	If the	e carrier, service, or other organization incur	red any specific costs in o	connection wit	h the acquisition or			
			ntion of the contract or policy, other than rep				10b		
	Spec	cify n	ature of costs.						
Pa	art l'	V	Provision of Information						
			insurance company fail to provide any inform	nation necessary to comp	Nete Schedule	Δ2 Π	Yes	X No	<u> </u>
					nete Scriedule	Λ!	103	/ INC	
12	If th	ne an	swer to line 11 is "Yes," specify the informat	ion not provided. 🕨					

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

2016

This Form is Open to Public Inspection

For calendar	plan year 2016	or fiscal plar	n year beginning 07/01/2016		and en	nding 06/30/2017	
A Name of p		N EMPLOYEE	BENEFIT WELFARE PLAN			e-digit number (PN)	501
	sor's name as		e 2a of Form 5500			oyer Identification Number 1662877	(EIN)
Part I			ning Insurance Contract. Individual contracts grouped a				
1 Coverage	Information:						
` '	insurance carri NATIONAL LI		NCE COMPANY				
(b) E	EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a		-	ontract year
(,		code	identification number	policy or contract		(f) From	(g) To
35-0472300	6	5676	000010206972000	118		08/01/2016	07/31/2017
	fee and commi g order of the a		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and o	other persons in
	(a) Total am	nount of comm	missions paid		(b) To	otal amount of fees paid	
			750				559
3 Persons re	eceiving commi		ees. (Complete as many entries				
MARK S MET	TILLE	(a) Name a	nd address of the agent, broker	r, or other person to who AUPONSEE ST	m commiss	ions or fees were paid	
W at the O MET	TIEEE			RIS, IL 60450			
							1
	nt of sales and	base			and other commissions paid		
COII	nmissions paid		(c) Amount	ROKER BONUS	(d) Purpos	<u>e</u>	(e) Organization code
		_ ` /	nd address of the agent, broker	r, or other person to who	m commiss	ions or fees were paid	
BOON CHAPN	MAN BENEFIT	ADMINISTR		OX 9201 IN, TX 78766			
(h) Amou	nt of sales and	hase	Fe	es and other commission	ns paid		
	nmissions paid	base	(c) Amount		(d) Purpos	e	(e) Organization code
			250 F	EES			3
For Paperwo	ork Reduction	Act Notice,	see the Instructions for Form	5500.		Sche	dule A (Form 5500) 2016 v. 160205

Schedule A	(Form 5500)	2016
Scriedule A	(FUIII 3300	1 2010

Page 2 –	1	
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(a) Nam	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid	
GIS BENEFITS	422 W	AUPONSEE ST RIS, IL 60450	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	250	OVERRIDES	3
		, or other person to whom commissions or fees were paid	
MADDOCK & ASSOCIATES		WILLOW RD E SUITE D WA 98424	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
750			3
(a) Nam	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid	<u> </u>
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nam	ne 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 commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	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:			<u> </u>	
	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 co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa,			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	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)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		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)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Pa	ırt I	If more than the informat	Benefit Contract Inform one contract covers the same ion may be combined for report the entire group of such individual contractions.	group of employees of the	tracts are exp	erience-rated as a unit	t. Where co	ntracts cover in	
8 E	3ene	efit and contract ty	pe (check all applicable boxes						
	а	Health (other tha	an dental or vision)	b Dental	С	Vision		d X Life insura	ance
(еΓ	Temporary disa	bility (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h Prescripti	on drug
i	ιĖ	Stop loss (large		j HMO contract	· - <u>-</u>	PPO contract		I ☐ Indemnity	-
i	m 🔀	<u>.</u>		, I nime sommast	∟] T T O OOTMIGOR			Communication
9 E	хре	rience-rated contr	racts:						
á	a F	Premiums: (1) Amo	ount received		9a(1)				
		(2) Increase (decr	ease) in amount due but unpai	d	9a(2)				
		(3) Increase (decr	ease) in unearned premium re	serve	9a(3)				
		(4) Earned ((1) + ((2) - (3))				. 9a(4)		
		υ ,	1) Claims paid					_	
			ease) in claim reserves						
	((3) Incurred claims	s (add (1) and (2))				9b(3)		
		(4) Claims charge	d				9b(4)		
	С	Remainder of pre	mium: (1) Retention charges (on an accrual basis)				_	
		` '	ons		9c(1)(A)			_	
		(B) Administra	ative service or other fees		9c(1)(B)			_	
			cific acquisition costs		9c(1)(C)			4	
		. , .	enses		9c(1)(D)			4	
		` '			9c(1)(E)			_	
		` ,	or risks or other contingencies		0-(4)(0)			4	
		`´	ention charges				00/1\/U\		
		` '	ntion	_			9c(1)(H)		
			etroactive rate refunds. (Thes				9c(2)		
	d	, ,	older reserves at end of year: (9d(1)		
		` '	S				9d(2)		
	_	` '	S				9d(3)		_
10			pactive rate refunds due. (Do r	ot include amount entere	a in line 9c(2)	.)	9e		
10		nexperience-rated		corrier			10a		4573
		·	r subscription charges paid to				10a		4573
			rice, or other organization incur ontract or policy, other than rep				10b		
(cify nature of costs		orted in r art i, line 2 abo	ve, report arrie	June	100		
Pa	rt l'	V Provisio	n of Information						
11	Did	the insurance cor	mpany fail to provide any inforr	nation necessary to comp	lete Schedule	A?	Yes	X No	
12	If th	ie answer to line 1	11 is "Yes," specify the informa	ion not provided.					

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

2016

This Form is Open to Public

		pursuant to L	1110A 30011011 103(a)(z).				Inspection
For calendar plan year 20	16 or fiscal plan	year beginning 07/01/2016	6	and en	ding 06/30/201	7	
A Name of plan CANNON CONSTRUCTION EMPLOYEE BENEFIT WELFARE PLAN		В		e-digit number (PN)	•	501	
C Plan sponsor's name a CANNON CONSTRUCTION		2a of Form 5500	D		yer Identification 1662877	Number (EIN)
		ning Insurance Contract					
1 Coverage Information:		Ŭ i			5		
(a) Name of insurance ca		ICE COMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate number		Po	olicy or co	ntract year
(b) EIN	code	identification number	persons covered at end policy or contract yea		(f) From	1	(g) To
35-0472300	65676	000010206976000	118		08/01/2016		07/31/2017
2 Insurance fee and communication descending order of the		tion. Enter the total fees and tot	al commissions paid. List in	line 3	the agents, broke	rs, and ot	her persons in
(a) Total a	amount of comn	nissions paid		(b) To	otal amount of fee	s paid	
1449 1704				1704			
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all person	ons).			
	(a) Name a	nd address of the agent, broker,	or other person to whom co	mmiss	ions or fees were	paid	
MARK METTILLE			AUPONSEE ST S, IL 60450				
(b) Amount of sales ar	nd base	Fee	es and other commissions pa	aid			
commissions pai		(c) Amount		Purpose	Э		(e) Organization code
		220 BF	ROKER BONUS				3
	(a) Name a	nd address of the agent, broker,	or other person to whom co	mmiss	ions or fees were	paid	
BOON CHAPMAN BENEFI	T ADMINISTRA		X 9201 N, TX 78766				
(h) Amazini af a al	d b	Fee	es and other commissions pa	aid			
(b) Amount of sales ar commissions pai		(c) Amount		urpose	e		(e) Organization code
·		579 FE	EES	-			3
For Paperwork Reductio	n Act Notice, s	ee the Instructions for Form 5	5500.			Sched	lule A (Form 5500) 2016

Schedule A	(Form 5500)	2016
Scriedule A	(FUIII 3300	1 2010

Page 2 –	1	
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	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
GIS BENEFITS INC	422 W	AUPONSEE ST RIS, IL 60450	
		,	
		Face and other commissions said	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	904	OVERRIDES	code 3
	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
MADDOCK & ASSOCIATES	1407 \	WILLOW RD E SUITE C WA 98424	
	,	WW 00-12-4	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1449			3
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
·			
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me 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 commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	i		1

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Part II		II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individus this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	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 co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!		
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
		(3) other (specify)				
		(3) Totrier (specify)				
_	t	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma		• •		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
		_				
	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)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		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)			
		>				
		(E) Total deductions			70/F\	
	£	(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

F	ane	Δ

Pa	art I	II	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	group of employees of th	tracts are expe	erience-rated as a un	it. Where co	ontracts	cover individual
8	Bene	efit a	nd contract type (check all applicable boxes)						
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d∏ı	_ife insurance
	e >	Te	emporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h∏ı	Prescription drug
	ιĖ	_	op loss (large deductible)	j HMO contract	· <u> </u>	PPO contract	, ,	- =	ndemnity contract
	m [_	ther (specify)	, I nive contract		110 dominade		.⊓.	nacimity contract
9 F	Expe	rien	ce-rated contracts:						
	•		iums: (1) Amount received		9a(1)				
			ncrease (decrease) in amount due but unpai						
			ncrease (decrease) in unearned premium res						
			Earned ((1) + (2) - (3))				9a(4)		
	_	. ,	efit charges (1) Claims paid						
		(2) lı	ncrease (decrease) in claim reserves						
			ncurred claims (add (1) and (2))				9b(3)		
			Claims charged				9b(4)		
	С	Ren	nainder 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						
			(G) Other retention charges		9c(1)(G)				
			(H) Total retention		<u></u>		9c(1)(H))	
		(2) [Dividends or retroactive rate refunds. (These	e amounts were paid i	n cash, or 🔲 d	credited.)	9c(2)		
	d	Stat	tus 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)		
			dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2) .	.)	9е		
10	No	nexp	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to	carrier			10a		11688
	b		e carrier, service, or other organization incur						
	_		ntion of the contract or policy, other than rep	orted in Part I, line 2 abor	ve, report amo	ount	10b		
	Орек	Sily 1	nature of costs.						
Pa	art I	٧	Provision of Information						
11	Did	l the	insurance company fail to provide any inform	nation necessary to comp	lete Schedule	A?	Yes	X No	
12	If th	ne ar	nswer to line 11 is "Yes," specify the informat	ion not provided.					

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

2016

			RISA section 103(a)(2).	Inis For	m is Open to Public Inspection		
For calendar plan year 20	16 or fiscal plar	n year beginning 07/01/2016	and en	ding 06/30/2017	•		
A Name of plan CANNON CONSTRUCTION	ON EMPLOYEE	E BENEFIT WELFARE PLAN		e-digit number (PN)	501		
C Plan sponsor's name a		e 2a of Form 5500		D Employer Identification Number (EIN) 91-1662877			
	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		NCE COMPANY					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		ontract year		
(0) EII1	code	identification number	policy or contract year	(f) From	(g) To		
35-0472300	65676	000040020697400	47	08/01/2017	07/31/2017		
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							
		3305			2514		
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all persons).				
	(a) Name a	nd address of the agent, broker, o		ions or fees were paid			
MARK S METTILLE			JPONSEE ST 5, IL 60450				
(b) Amount of sales ar	nd base	Fees	and other commissions paid				
commissions pa		(c) Amount	(d) Purpose	(e) Organization code			
		408 BR0	OKER BONUS		3		
	(a) Name a	and address of the agent, broker, c	or other person to whom commiss	ions or fees were paid			
BOON CHAPMAN BENEFIT ADMINISTRATORS PO BOX 9201 AUSTIN, TX 78766							
(h) Amount of color	nd book	Fees	and other commissions paid				
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose		(e) Organization code		
		1004 FEE	` ' '		3		
For Panerwork Reduction	n Act Notice	see the Instructions for Form 55	500	Sche	dule A (Form 5500) 2016		

Schedule A	(Form	5500)	2016

Page 2 –	1	
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
GIS BENEFITS INC	422 W	/AUPONSEE ST RIS, IL 60450				
	WOR	XIS, IL 00450				
42.4		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
	1101	OVERRIDES	3			
MADDOCK & ASSOCIATES		r, or other person to whom commissions or fees were paid WILLOW RD E SUITE C				
WINDBOOK & MOOOOWATED	FIFE, WA 98424					
		Fees and other commissions paid	(e)			
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization			
commissions paid 3305	(c) Amount	(a) i dipose	code 3			
3000						
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	T					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(4) 114	The diffe dedicate of the agent, proton	, or other person to whom commissions or rece were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	Francis (Inc. 1997)					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
	1		1			

_		•
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ay		•

Part II		II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	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 co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!		
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
		(3) other (specify)				
		(3) Totrier (specify)				
_	t	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma		• •		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
		_				
	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)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		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)			
		>				
		(E) Total deductions			70/F\	
	£	(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

F	ane	Δ

Pa	art I	II	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are expe	erience-rated as a uni	t. Where co	ontracts of	cover individual
8	Bene	efit a	nd contract type (check all applicable boxes)						
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d X Li	fe insurance
	еĪ	Te	emporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h∏P	rescription drug
	ιĖ	_	op loss (large deductible)	j HMO contract	· <u> </u>	PPO contract	,	- =	demnity contract
	m [_	ther (specify) AD&D	, []e seas.] • • • • • • • • • • • • • • • • •		- Ш	aciminy contract
9 E	Ехре	rieno	ce-rated contracts:						
	a F	rem	iums: (1) Amount received		9a(1)				
		(2) Ir	ncrease (decrease) in amount due but unpai	b	9a(2)				
		(E)	ncrease (decrease) in unearned premium res	serve	9a(3)				
		(4) E	arned ((1) + (2) - (3))				. 9a(4)		
	b	Ben	efit charges (1) Claims paid		9b(1)				
		(2) Ir	ncrease (decrease) in claim reserves		9b(2)				
		1l (E)	ncurred claims (add (1) and (2))				9b(3)		
		(4) C	Claims charged				9b(4)		
	С	Ren	nainder 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						
			(G) Other retention charges		9c(1)(G)				
			(H) Total retention				9c(1)(H)	
		(2) [Dividends or retroactive rate refunds. (These	e amounts were 🗌 paid i	n cash, or 🗌 d	credited.)	9c(2)		
	d	Stat	us 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)		
	е	Divi	dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2) .	.)	9e		
10	No	nexp	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to	carrier			10a		20264
	b	If the	e carrier, service, or other organization incur	red any specific costs in o	connection witl	h the acquisition or			
			ntion of the contract or policy, other than rep				10b		
	Spe	cify r	nature of costs.						
Pa	art I	٧	Provision of Information						
			insurance company fail to provide any inform	nation necessary to comp	lete Schedule	Α? Π	Yes	X No	
14	11 [[ıe ar	nswer to line 11 is "Yes," specify the informat	ion noi provided. 🔻					