## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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

2017

Administration		the instructions to the Form 5500.					
Pensio	n Benefit Guaranty Corporation	ration T				This Form is Open to Public Inspection	
Part I	Annual Report Ide	entification Information					
For cale	ndar plan year 2017 or fisca	al plan year beginning 01/01/2017		and ending 12/31/20	17		
<b>A</b> This	return/report is for:	a multiemployer plan		bloyer plan (Filers checking the mployer information in accort			ns.)
		x a single-employer plan	a DFE (specify	/)			
<b>B</b> This	return/report is:	the first return/report	the final return	·			
		an amended return/report		ear return/report (less than 12			
C If the	plan is a collectively-bargai	ined plan, check here				• 🗌	
<b>D</b> Chec	k box if filing under:	X Form 5558	automatic exter	nsion	the	e DFVC program	
		special extension (enter description	ion)				
Part II	Basic Plan Inform	nation—enter all requested inform	ation				
	ne of plan	TH AND WELFARE BENEFIT PLAN			1b	Three-digit plan number (PN) ▶	501
1c Effective date of plan							an
Mail	sponsor's name (employering address (include room, or town, state or province,	2b	2b Employer Identification Number (EIN) 84-0348620				
WELD C	WELD COUNTY GARAGE					2c Plan Sponsor's telephone number 970-352-1313	
2699 471 GREELE	TH AVE Y, CO 80634-3738		7TH AVE EY, CO 80634-3738		2d	2d Business code (see instructions) 441110	
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	Filed with authorized/valid	electronic signature.	10/14/2018	BILL JOHNSON			
HERE	Signature of plan admin	nistrator	Date	Enter name of individual si	gning as	plan administrator	
SIGN HERE					-		

Date

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Signature of employer/plan sponsor

Signature of DFE

SIGN HERE

> Form 5500 (2017) v. 170203

Enter name of individual signing as employer or plan sponsor

Enter name of individual signing as DFE

	Form 5500 (2017)	D	age <b>2</b>		
3a	Plan administrator's name and address X Same as Plan Sponsor	Гс	aye <b>2</b>	<b>3b</b> Administrator	's EIN
				<b>3c</b> Administrator number	's telephone
4	If the name and/or EIN of the plan sponsor or the plan name has changed si enter the plan sponsor's name, EIN, the plan name and the plan number fro			4b EIN	
a C	Sponsor's name Plan Name			4d PN	
5	Total number of participants at the beginning of the plan year			5	111
6	Number of participants as of the end of the plan year unless otherwise state 6a(2), 6b, 6c, and 6d).	ed (welfare plar	ns complete only lines 6a(1),		
а(	1) Total number of active participants at the beginning of the plan year			6a(1)	111
а(	2) Total number of active participants at the end of the plan year			6a(2)	103
b	Retired or separated participants receiving benefits			6b	0
С	Other retired or separated participants entitled to future benefits			6c	
d	Subtotal. Add lines 6a(2), 6b, and 6c			6d	103
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits	i	6e	
f	Total. Add lines 6d and 6e.			<u>6f</u>	103
g	Number of participants with account balances as of the end of the plan year complete this item)			6g	
h	Number of participants who terminated employment during the plan year wit less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only				
	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits.				
9a	Plan funding arrangement (check all that apply)  (1) Insurance	9b Plan be (1)	enefit arrangement (check all t	that apply)	
	(2) Code section 412(e)(3) insurance contracts (3) Trust	(2) (3)	Code section 412(e)(3	B) insurance contracts	3
	(4) X General assets of the sponsor	(4)	X General assets of the	sponsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and,	where indicated, enter the nur	mber attached. (See	instructions)
а	Pension Schedules		ral Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Info		١
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	H	rmation – Small Plan	)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3) (4)	X 4 A (Insurance Inf		
	······································	( <del>~</del> )	(Service FIOV	idoi iliidiilialidii)	

(4) (5)

(6)

**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(3)

**D** (DFE/Participating Plan Information)

**G** (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)			
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)				
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)				
11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt 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 Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)				
Rece	ipt Confirmation Code			

Form 5500 (2017)

Page 3

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

nurought to EDICA agostion 400(a)(0)					Inspection			
For calendar plan year 20	or calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017							
A Name of plan WELD COUNTY GARAG	E HEALTH AN	D WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501				
C Plan sponsor's name as shown on line 2a of Form 5500 WELD COUNTY GARAGE  D Employer Identification Number (E 84-0348620						EIN)		
		ning Insurance Contract . Individual contracts grouped as						
1 Coverage Information:								
(a) Name of insurance ca		COMPANY						
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contract	t end of	(f)	Policy or co	ontract year (g) To	
59-1031071	67369	00548793	105	•	01/01/201	7	12/31/2017	
2 Insurance fee and communication descending order of the		ation. Enter the total fees and tota	I commissions paid. Li	st in line 3	the agents,	brokers, and ot	her persons in	
(a) Total a	amount of comr	· · · · · · · · · · · · · · · · · · ·		<b>(b)</b> To	otal amount	of fees paid		
829								
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	•	m commiss	ions or fees	were paid		
SHIRAZI BENEFITS LLC			20TH STREET EY, CO 80634					
(b) Amount of sales ar	nd base	Fees	and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code	
	829	0					3	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales and base		Fees	and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code	
Car Danamuark Daduatia	n Act Notice	see the Instructions for Form El	500			Cabaa	I.i.o A /Form FEOO\ 2047	

Schedule A (Form 5500)	2017	Page <b>2 –</b> [	1					
(a) No.	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(a) Nai	ne and address of the agent, broker	, or other person to whom con	nimissions or fees were paid					
4.1.		Fees and other commissions	paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code				
(a) Na	me and address of the agent, broker	or other person to whom con	nmissions or fees were paid					
(-)		,						
(b) Amount of sales and base		Fees and other commissions p	paid	(e) Organization				
commissions paid	(c) Amount	((	d) Purpose	code				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
	<u> </u>							
(b) Amount of sales and base		Fees and other commissions p		(e) Organization				
commissions paid	(c) Amount	(1	d) Purpose	code				
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid					
		Fees and other commissions p	naid	(e)				
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount		d) Purpose	Organization code				
commissions paid		,		code				
(1)								
( <b>a)</b> Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid					
All American Control		Fees and other commissions	paid	(e)				
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code				

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	dual contrac	cts with each carrier may	be treated	I 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 er			5	
		tracts With Allocated Funds:				
-	а	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 cor				
	<u>.</u>	retention of the contract or policy, enter amount			6d	
		Specify nature of costs		•		
	е	Type of contract: (1)  individual policies (2)  group deferred	d annuity			
		(3) other (specify)				
	_			. $\Box$		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	te participat	ion 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)		7.0	
		(2) Dividends and credits	7c(1)			
			7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 10(3)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>		7d	
	е	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)			
		<b>•</b>				
		•				
					_ (=)	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			<b>7</b> f	

ı	Page	4

Р	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	Ben	efit and contract type (check all applicable boxes)		-	·			
	а	Health (other than dental or vision)	<b>b</b> Dental	с	Vision		<b>d</b> X Life insurance	
	L	Temporary disability (accident and sickness)	f Long-term disabilit	L	Supplemental unen	anlaymant	h Prescription drug	
	e					іріоуптепі		
	י ו	Stop loss (large deductible)	j  HMO contract	K	PPO contract		I Indemnity contract	
	m							
9	Exp	erience-rated contracts:			1			
	а	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium res	•	9a(3)				
		(4) Earned ((1) + (2) - (3))	i			9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves	· ·			T		
		(3) Incurred claims (add (1) and (2))						
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	·		1			
		(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					_	
		(F) Charges for risks or other contingencies.					_	
		(G) Other retention charges	•			0-(4)(11)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		(H) Total retention					<u>'</u>	
		(2) Dividends or retroactive rate refunds. (These	_	_				
	d	Status of policyholder reserves at end of year: (1				` '		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				` '		
4.0	<u>e</u>	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line 9c(2	<u>)</u> .)	9e		
10	_	nexperience-rated contracts:				40-		
	а	Total premiums or subscription charges paid to c				10a	15068	
	b	If the carrier, service, or other organization incurr	, ,		•	10b		
	Spe	retention of the contract or policy, other than reponently nature of costs.	oned in Part I, line 2 abov	e, report am	ount			
	Opc	ony natara or occio.						
-	Ort.	W Provision of Information						
۲	art					1		
11		d the insurance company fail to provide any inform		ete Schedul	e A?	Yes	X No	
12	12 If the answer to line 11 is "Yes," specify the information 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

2017

This Form is Open to Public

	pursuant to ERISA section 103(a)(2). Inspection							
For calendar plan year 20	17 or fiscal plar	year beginning 01/01/2017		and en	ding 12/3	1/2017		
A Name of plan WELD COUNTY GARAG	E HEALTH AN	D WELFARE BENEFIT PLAN			e-digit number (PN	N) <b>•</b>	501	
C Plan sponsor's name a WELD COUNTY GARAG		e 2a of Form 5500			yer Identific 0348620	ation Number (	EIN)	
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:								
(a) Name of insurance ca THE GUARDIAN LIFE INS		MPANY OF AMERICA						
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ntract year	
<b>(b)</b> EIN	code	identification number	persons covered at policy or contract		(f)	From	<b>(g)</b> To	
13-5123390	64246	00369742	76		01/01/2017	7	12/31/2017	
2 Insurance fee and come descending order of the		ation. Enter the total fees and total	al commissions paid. Lis	st in line 3	the agents,	brokers, and ot	her persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
3318 0								
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all p	persons).				
	(a) Name a	nd address of the agent, broker,	or other person to whom	n commiss	ions or fees	were paid		
WEALTH STRATEGIES G	ROUP LLC	SUITE	OUTH HOLLY CIRCLE 200 ENNIAL, CO 80112					
(b) Amount of sales ar	nd base	Fee	es and other commission	s paid				
commissions pai		(c) Amount	(	(d) Purpose		(e) Organization code		
55							3	
	(a) Name a	nd address of the agent, broker,	or other person to whon	n commiss	ions or fees	were paid		
NATIONAL BENEFIT CENTER LLC  1105 NORTH MARKET STREET SUITE 1300 WILMINGTON, DE 19801								
(b) Amount of sales and base		Fee	es and other commission	s paid				
commissions pai		(c) Amount	(	d) Purpose	•		(e) Organization code	
	103	0					3	
For Panerwork Reduction	n Act Notice	see the Instructions for Form 5	5500			Sched	lule A (Form 5500) 2017	

	Schedule /	A (Form 5500) 2017
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/_\	N       -			commissions or fees were paid
ıaı	Mame and address	of the agent infokei	or other berson to whom	commissions of tees were baid

SHIRAZI BENEFITS LLC

8205 W 20TH ST GREELEY, CO 80634

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
3161	C		3
<b>(a)</b> Nan	ne and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organizatior
commissions paid	(c) Amount	(d) Purpose	code
(a) Nan	ne and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(1)		,	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organizatior code
(a) Nan	ne and address of the agent, broke	er, or other person to whom commissions or fees were paid	
			<u>,</u>
(h) Amount of color and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organizatior code
(a) Nan	and address of the agent, broke	er or other person to whom commissions or fees were paid	
(a) Nan	ne and address of the agent, broke	er, or other person to whom commissions or fees were paid	
<b>(a)</b> Nan	ne and address of the agent, broke	er, or other person to whom commissions or fees were paid	
	ne and address of the agent, broke	er, or other person to whom commissions or fees were paid  Fees and other commissions paid	(e)
(a) Nan  (b) Amount of sales and base commissions paid	ne and address of the agent, broke		(e) Organizatior code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	dual contrac	cts with each carrier may	be treated	I 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 er			5	
		tracts With Allocated Funds:				
-	а	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 cor				
	<u>.</u>	retention of the contract or policy, enter amount			6d	
		Specify nature of costs		•		
	е	Type of contract: (1)  individual policies (2)  group deferred	d annuity			
		(3) other (specify)				
	_			, _		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	te participat	ion 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)		7.0	
		(2) Dividends and credits	7c(1)			
			7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 10(3)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>		7d	
	е	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)			
		<b>•</b>				
		•				
					_ (=)	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			<b>7</b> f	

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F	art	III	Welfare Benefit Contract Information from the information may be combined for report employees, the entire group of such individuals.	group of employees of the	racts are exp	erience-rated as a unit	t. Where co	ontracts cover individual	S),
8	Ber	nefit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	<b>b</b> X Dental	c×	Vision		<b>d</b> X Life insurance	
	е		emporary disability (accident and sickness)	f Long-term disabilit	<u> </u>	<u></u>	nlovment	h Prescription drug	
	i					] · · ·	pioyinoni		
	- !	_	op loss (large deductible)	j   HMO contract	K _	PPO contract		I Indemnity contract	il
	m	Ot	her (specify)						
_	_								
9			ce-rated contracts:	İ	0-(4)				
	а		iums: (1) Amount received		9a(1)				
			ncrease (decrease) in amount due but unpaid						
			ncrease (decrease) in unearned premium res Earned ((1) + (2) - (3))	•			9a(4)		
	b	. ,	efit charges (1) Claims paid				. Ja(+)		
	~		ncrease (decrease) in claim reserves						
			ncurred claims (add (1) and (2))				. 9b(3)		
			Claims charged						
	С	` '	nainder of premium: (1) Retention charges (c						
		(	(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						
			(E) Taxes						
		(	(F) Charges for risks or other contingencies.						
		(	(G) Other retention charges		9c(1)(G)				
			(H) Total retention				9c(1)(H)	)	
			Dividends or retroactive rate refunds. (These						
	d		us of policyholder reserves at end of year: (1						
		` '	Claim reserves				. 9d(2)		
		` '	Other reserves						
41	<u>е</u>		dends or retroactive rate refunds due. (Do n	ot include amount entered	d in line <b>9c(2)</b>	.)	. 9e		
10	_		erience-rated contracts:				100		40400
	a		al premiums or subscription charges paid to c				. 10a		46190
	<b>b</b> Spe	rete	e carrier, service, or other organization incurintion of the contract or policy, other than replature of costs.			•	. 10b		
F	Part	IV	Provision of Information						
				action necessary to several	oto Coba della	П	Yes	X No	
11			insurance company fail to provide any inform		ete Schedule	A?	162	^ INU	
12	2 If t	the an	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.

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2).						rm is Open to Public Inspection		
For calendar	olan year 201	7 or fiscal pla	an year beginning 01/01/2017		and er	nding 12/3	1/2017	
A Name of plan WELD COUNTY GARAGE HEALTH AND WELFARE BENEFIT PL			ND WELFARE BENEFIT PLAN			e-digit n number (PN	l) <b>&gt;</b>	501
C Plan spons			ne 2a of Form 5500			oyer Identifica -0348620	ation Number	(EIN)
Part I			rning Insurance Contrac A. Individual contracts grouped a					
1 Coverage	nformation:							
(a) Name of i	nsurance carı			(a) Approximate pu	ımher of	T	Policy or c	contract year
(b) E	EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	(e) Approximate number of persons covered at end of policy or contract year		From	(g) To
43-0949844		71870	10099651001	108	•	01/01/2017	7	12/31/2017
	fee and comm		nation. Enter the total fees and tot	tal commissions paid. L	ist in line 3	the agents, b	brokers, and o	other persons in
	(a) Total a	mount of com	nmissions paid		<b>(b)</b> To	otal amount o	of fees paid	
			730				-	0
3 Persons re	ceiving comm	nissions and	fees. (Complete as many entries	as needed to report all	persons).			
		(a) Name	and address of the agent, broker,	, or other person to who	m commiss	sions or fees	were paid	
SHIRAZI BEN	EFITS LLC			VEST 20TH ST LEY, CO 80634				
(I-) A			Fed	es and other commission	ns paid			
	nt of sales and missions paid		(c) Amount		(d) Purpos	e		(e) Organization code
991.	oreno pare	730	0		(4)	J		3
		(a) Name	and address of the agent, broker,	, or other person to who	m commiss	sions or fees	were paid	
(h) Amour	nt of sales and	d hase	Fee	es and other commission	ns paid			
	missions paid		(c) Amount		(d) Purpos	е		(e) Organization code

Schedule A (Form 5500)	2017	Page <b>2 –</b> [	1			
(a) No.			aminaiana ar fana wara naid			
(a) Nai	me and address of the agent, broker	, or other person to whom con	nimissions or fees were paid			
Fees and other commissions paid						
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	or other person to whom con	nmissions or fees were paid			
(-)		,				
(b) Amount of sales and base		Fees and other commissions p	paid	(e) Organization		
commissions paid	(c) Amount	((	d) Purpose	code		
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid			
	<u> </u>					
(b) Amount of sales and base		Fees and other commissions p		(e) Organization		
commissions paid	(c) Amount	(1	d) Purpose	code		
<b>(a)</b> Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid			
		Fees and other commissions p	naid	(e)		
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount		d) Purpose	Organization code		
commissions paid		,		code		
(1)						
( <b>a)</b> Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid			
All American Control		Fees and other commissions	paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code		

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi- this report.	dual contrac	cts with each carrier may	be treated	I 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 er			5	
		tracts With Allocated Funds:				
-	а	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 cor				
	<u>.</u>	retention of the contract or policy, enter amount			6d	
		Specify nature of costs		•		
	е	Type of contract: (1)  individual policies (2)  group deferred	d annuity			
		(3) other (specify)				
	_			, _		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	te participat	ion 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)		7.0	
		(2) Dividends and credits	7c(1)			
			7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 10(3)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>		7d	
	е	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)			
		<b>•</b>				
		•				
					_ (=)	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			<b>7</b> f	

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Р	art	III Welfare Benefit Contract Informa	ation				
		If more than one contract covers the same					
		the information may be combined for report employees, the entire group of such individ					
•	Don		dai contracts with cach ca	inici may be	treated as a drift for pe	1100000 01 1	
0		efit and contract type (check all applicable boxes)	ьПъ	- E	1		<b></b>
	а	Health (other than dental or vision)	<b>b</b> Dental		Vision		<b>d</b> Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у <b>д</b>	Supplemental unemp	oloyment	<b>h</b> Prescription drug
	i [	Stop loss (large deductible)	j HMO contract	k 🗌	PPO contract		I Indemnity contract
	m	Other (specify)					
	ļ	<b>_</b>					
9	Ехр	erience-rated contracts:					
		Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	1	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	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 (o	n 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	-			2 (1) (1)	
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	_	_			
	d	Status of policyholder reserves at end of year: (1	•			9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
40	<u>e</u>	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line <b>9c(2)</b> .	.)	9e	
10	_	nexperience-rated contracts:				40-	
	а	Total premiums or subscription charges paid to c				10a	7811
	b	If the carrier, service, or other organization incurr				10b	
	Spe	retention of the contract or policy, other than reported in the report of costs.	orted in Part I, line 2 above	e, report amo	ount	100	
	Opt	ony natana arabata					
P	art	IV Provision of Information					
				-1-0-1	Λο Π	Voc	X No
		d the insurance company fail to provide any inform		ete Schedule	Α?	Yes	X No
12	lf t	he answer to line 11 is "Yes," specify the informati	on 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

			RISA section 103(a)(2).	I his For	m is Open to Public Inspection	
For calendar plan year 201	7 or fiscal pla	n year beginning 01/01/2017	and er	nding 12/31/2017	•	
A Name of plan WELD COUNTY GARAGE	E HEALTH AN	ID WELFARE BENEFIT PLAN		e-digit n number (PN)	501	
C Plan sponsor's name a WELD COUNTY GARAGE		e 2a of Form 5500	The state of the s	over Identification Number -0348620	(EIN)	
		rning Insurance Contract  A. Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance car AFLAC	rier					
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of	Policy or c	ontract year (g) To	
82-2723296	60380	OCGM6	policy or contract year 61	01/01/2017	12/31/2017	
2 Insurance fee and community descending order of the		ation. Enter the total fees and tota	Il commissions paid. List in line 3	the agents, brokers, and o	ther persons in	
(a) Total a	mount of com	missions paid	<b>(b)</b> To	otal amount of fees paid		
		6936			0	
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persons).			
	(a) Name a	and address of the agent, broker,	or other person to whom commiss	sions or fees were paid		
MARK E FRIEHE		STE 10	OHN GALT BLVD 1 A, NE 68137			
(b) Amount of sales an	d base	Fee	s and other commissions paid			
commissions pai		(c) Amount	(d) Purpos	(d) Purpose		
	2	0		3		
	(a) Name a	and address of the agent, broker,	or other person to whom commiss	sions or fees were paid		
SUSAN N SCHULZ	••	UNIT B	FANFORD RD 217 COLLINS, CO 80525			
(b) Amount of sales an	d base	Fee	s and other commissions paid			
commissions pai		(c) Amount	(d) Purpos	е	(e) Organization code	
	2	0			3	
For Panerwork Reduction	n Act Notice	see the Instructions for Form 5	500	Sche	dule A (Form 5500) 2017	

Schedule A (Form 5500)	2017	Page <b>2</b> – 1	
(a) Nar ED KRAUSE	50 HU STE 9	, or other person to whom commissions or fees were paid IRT PLAZA SE 95 NTA, GA 30303	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code 3
(a) Nar CAROLYN DEBORAH WALTMAN	1728	, or other person to whom commissions or fees were paid GREEN RIVER DRIVE SOR, CO 80550	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
(a) Nar LAWRENCE A ELMORE	PO BO	, or other person to whom commissions or fees were paid DX 244 RISON, CO 80465	
(b) Amount of sales and base commissions paid 5	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
(a) Nar SARA E BRIERY	4 MAF	, or other person to whom commissions or fees were paid RBURG LN NNAH, GA 31411	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
(a) Nar	4928	, or other person to whom commissions or fees were paid SILVERWOOD DR STOWN, CO 80534	· · · · · · · · · · · · · · · · · · ·
(b) Amount of sales and base commissions paid  11	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code

Page 2	2 –	2	
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(a) Nam		, or other person to whom commissions or fees were paid	
JOHN P THOMPSON JR		ABAL SPRINGS CT RY, FL 32713	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	0	(7)	code 3
(a) Nam	ne and address of the agent, broker.	, or other person to whom commissions or fees were paid	
ED KRAUSE		PIKE RD	
		MONT, CO 80503	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
12	0		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
ALLISON FARRIS WENDELBERGER	207 S/ WALN	ANTA FE DR IUT CREEK, CA 94598	
	VV (2.1)	0.1 C.1.2.1., 0.10 1000	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
12	0		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
ROBERT L OLMSTEAD		W VERDIN RD DYEAR, AZ 85338	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
14	0		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
WILLIAM O CORNELL		ME RD NE PLACID, FL 33852	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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Conductor (Form Coop)	2011	1 ugo <b>=</b>	
<b>(a)</b> Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
TANYA L MARTINSON		S KEWAUNEE WAY DRA, CO 80016	
	7.6.1.0	,	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
15	0		3
<b>(a)</b> Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
JOSEPH CHARLES MARCOTTE	4312 I	BROOKSTONE CT LAND, CO 80538	
	LOVE	LAND, CO 60336	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
Commissions paid	0	(4)	3
<b>(a)</b> Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
MARK E FRIEHE		S 96TH ST	
	STE 1 OMAH	HA, NE 68127	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
17	0		3
<b>(a)</b> Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
ROBERT M SPANGLER	799 R	OAD WEST S LALA, NE 69153	
	OGAL	LALA, NE 69155	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
22	0	, , ,	3
<b>(a)</b> Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
VICTOR M GLAZE	402 P	LOWMAN CT	
	FORT	COLLINS, CO 80526	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(5) /	(=)	code

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

PARKER, CO 80134

0

(c) Amount

15550 E COPPER CREEK LANE

Fees and other commissions paid

(d) Purpose

(e)

Organization

code

JOSE DE LOS SANTOS III

(b) Amount of sales and base

commissions paid

128

0

Page	2	_	5
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(a) Nar	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid	
BRITTON L JOHNSON	STE 1	N BROAD ST 53 5 CHURCH, VA 22046	
	1	Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
76	0		3
(a) Nar	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid	
ROBERT BALL		DX 336386 PLEY, CO 80633	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
111	0		3
(a) Nar	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid	<u>'</u>
LOUIS H PALMIERI		ADOBE DR COLLINS, CO 80525	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
112	0		3
(a) Nar	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid	•
STACEY THOMAS CAMPBELL		14TH AVE LEY, CO 80631	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
120	0		3
(a) Nar	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid	
MICHAEL P BAUMAN	11935	CONESTOGA TRL S RT, CO 80106	
(b) Amount of sales and base	<u> </u>	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Page <b>2</b> -	6
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(a) Nar JONATHAN SAMUEL KIRKLAND		, or other person to whom commissions or fees were paid MILGEN ROAD		
		MBUS, GA 31907		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
136	0		3	
BRITTON JOHNSON	•	, or other person to whom commissions or fees were paid		
BRITTORGOTINGON	STE 3			
	LITTE	L NOOK, AK 72211		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid	0	(4)	code 3	
		, or other person to whom commissions or fees were paid		
JOHN THOMPSON	6395 S STE 4	S KEWAUNEE WAY 25		
	AURO	RA, CO 80016		
			(2)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code 3	
139	O		3	
<b>(a)</b> Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
SHIRAZI BENEFITS LLC	8205 \ STE A	N 20TH ST		
		LEY, CO 80634		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
168	0		3	
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
BONNIE FRENCH		BRD AVE		
	GREE	LEY, CO 80634		
(b) Amount of calls and ba		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
178	0		3	

Schedule A (Form 5500)	2017	Page <b>2</b> – 7	
(a) Nar	ne and address of the agent broker	, or other person to whom commissions or fees were paid	
DAVID HANCOCK INC	PO BO	OX 423 N, TX 75166	
		-,	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
188	0		3
	•	, or other person to whom commissions or fees were paid	
MARSHALL BERKLEY	12317 BURL	THUNTERS CROSSING LN ESON, TX 76028	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
216	0		3
· / ·	· ·	, or other person to whom commissions or fees were paid	
CHAD ATWOOD		60TH AVE ELEY, CO 80634	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
247	0		3
		, or other person to whom commissions or fees were paid	
LIZBETH DOMINGUEZ	2805 V GREE	W E ST :LEY, CO 80631	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
252	0		3
		, or other person to whom commissions or fees were paid	
KATHY WIEDEMANN	220 H BOUL	IGH VIEW DR DER, CO 80304	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

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Page <b>2</b> –   8	2 - 8	age 2	F
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				
LAURA MARCOTTE 4928 SILVERWOOD DR JOHNSTOWN, CO 80534				
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose		Organization code		
445	0		3	
<b>(a)</b> Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
DANIEL FRENCH		BRD AVE BLEY, CO 80634		
(h) Amount of color and have		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
1372	0		3	
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
DANNIE JOHNSON	GREE	DX 336243 ILEY, CO 80633	(a)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid 1972	(c) Amount	(d) Purpose	code 3	
(a) Nar	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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
	-			
<b>,,,</b>		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi- this report.	dual contrac	cts with each carrier may	be treated	I 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 er			5	
		tracts With Allocated Funds:				
-	а	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 cor				
	<u>.</u>	retention of the contract or policy, enter amount			6d	
		Specify nature of costs		•		
	е	Type of contract: (1)  individual policies (2)  group deferred	d annuity			
		(3) other (specify)				
	_			, _		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	te participat	ion 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)		7.0	
		(2) Dividends and credits	7c(1)			
			7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 10(3)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>		7d	
	е	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)			
		<b>•</b>				
		•				
					_ /=\	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			<b>7</b> f	

ı	Page	4

P	art							
		If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual.	ting purposes if such cont	racts are exp	perience-rated as a ur	nit. Where co	ontracts cover individual	
8	Benefit and contract type (check all applicable boxes)							
•	a [				Vision		<b>d</b> Life insurance	
	L		<u>.</u>	C [				
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental uner	npioyment	h Prescription drug	
	İ	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	X Other (specify) ▶SUPPLEMENTAL INSURAN	1CE					
9	Ехр	Experience-rated contracts:						
	а	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	b	9a(2)				
		(3) Increase (decrease) in unearned premium res	serve	9a(3)				
	_	(4) Earned ((1) + (2) - (3))				9a(4)		_
	b	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))						
		(4) Claims charged				9b(4)		
	С			- (1)(1)	T			
		(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						_	
	(E) Taxes (F) Charges for risks or other contingencies							
		(G) Other retention charges						
						9c(1)(H)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		(H) Total retention					<u> </u>	
	_					_ ` `		
	d Status of policyholder reserves at end of year: (1) Amount held to provide (2) Claim reserves					· · · · ·		
		• •				9d(2) 9d(3)		
	(3) Other reserves  Prividends or retroactive rate refunds due. (Do not include amount entered							
10	<ul> <li>Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)</li> <li>Nonexperience-rated contracts:</li> </ul>							
	Total premiums or subscription charges paid to carrier					10a	62	656
	b	If the carrier, service, or other organization incur			02	000		
	D	retention of the contract or policy, other than rep		•	10b			
	Specify nature of costs.							
Part IV Provision of Information								
11	Die	d the insurance company fail to provide any inform	nation necessary to comp	ete Schedul	e A?	Yes	X No	
		he answer to line 11 is "Yes," specify the informat					<u>  </u>	
	(							