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

2017

This Form is Open to Public Inspection

					inspection	
Part I	Annual Report Ide	ntification Information				
For calenda	ar plan year 2017 or fiscal	plan year beginning 10/01/2017	and ending 09/30/20	18		
A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking th participating employer information in accord						ns.)
a single-employer plan a DFE (specify)						
B This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return/report (less than 12	months))	
C If the pla	an is a collectively-bargain	ed plan, check here			• [
D Check b	oox if filing under:	Form 5558	automatic extension	X the	e DFVC program	
		special extension (enter description)				
Part II	Basic Plan Informa	ation—enter all requested information	n			
1a Name CARDINA				1b	Three-digit plan number (PN) ▶	501
					Effective date of pla 07/01/1999	an
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Employer Identification Number (EIN) 41-1786446	
CARDINAL	OF MINNESOTA, LTD			2c	Plan Sponsor's tele number	ephone
3008 WELLNER DRIVE NE ROCHESTER, MN 55906 3008 WELLNER DRIVE NE ROCHESTER, MN 55906			2d	Business code (see instructions) 621610	9	
Ocation 1						

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	04/30/2019 Date	KRISTINE A CHLADEK Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/30/2019	KRISTINE A CHLADEK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HEKE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017) v. 170203

	Form 5500 (2017)	P	Page 2			
3a	Plan administrator's name and address Same as Plan Sponsor				3b Adminis	strator's EIN 1786446
CA	RDINAL OF MINNESOTA, LTD				_	strator's telephone
	08 WELLNER DRIVE NE CHESER, MN 55906				numbei	•
4	If the name and/or EIN of the plan sponsor or the plan name has changed sin enter the plan sponsor's name, EIN, the plan name and the plan number from				4b EIN	
a c	Sponsor's name Plan Name				4d PN	
5	Total number of participants at the beginning of the plan year				5	186
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d).	d (welfare pla	ans com	plete only lines 6a(1),		
a(1) Total number of active participants at the beginning of the plan year				6a(1)	186
a(2) Total number of active participants at the end of the plan year				6a(2)	160
b	Retired or separated participants receiving benefits				. 6b	C
С	Other retired or separated participants entitled to future benefits				. 6c	C
d	Subtotal. Add lines 6a(2), 6b, and 6c.				. 6d	160
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	s		. 6e	C
f	Total. Add lines 6d and 6e				. 6f	160
g	Number of participants with account balances as of the end of the plan year (complete this item)				. 6g	C
h	Number of participants who terminated employment during the plan year with less than 100% vested				. 6h	C
7	Enter the total number of employers obligated to contribute to the plan (only	multiemploye	er plans	complete this item)	. 7	
	If the plan provides pension benefits, enter the applicable pension feature could be pension fea	es from the L	List of P	lan Characteristics Code	s in the instru	
9a	Plan funding arrangement (check all that apply) (1) X Insurance	9b Plan b	oenefit a √	arrangement (check all the Insurance	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(2)	Ĥ	Code section 412(e)(3)	insurance co	ntracts
	(3) Trust	(3)		Trust		
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are at	(4)	where	General assets of the s		(See instructions)
					bei attachea.	(Occ manuchons)
а	Pension Schedules (1) R (Retirement Plan Information)	b Gene (1)	ral Sch	edules H (Financial Infori	mation)	
		(1)		I (Financial Infor	,	l Plan)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(3)	×	6 A (Insurance Info		,
	Purchase Plan Actuarial Information) - signed by the plan actuary	(4)		C (Service Provid		n)
		(1) (5)		D (DFE/Participat		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(6)		G (Financial Trans		

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

OMB No. 1210-0110

2017

For calendar plan year 20°	17 or fiscal plan	year beginning 10/01/2017		and en	ding 09/30/2018	•
A Name of plan				B Three		
CARDINAL OF MINNESC	TA, LTD PREM	MIUM ONLY PLAN		plan	number (PN)	501
C Plan sponsor's name a	C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Ide					
CARDINAL OF MINNESOTA, LTD 41-1786446						
Part I Informat on a separa	ion Concer ate Schedule A.	ning Insurance Contract Individual contracts grouped as	Coverage, Fees, as a unit in Parts II and III	nd Con	nmissions Provide info	rmation for each contract le A.
1 Coverage Information:						
(a) Name of insurance can MEDICA INSURANCE CO						
	(a) NAIC	(d) Contract or	(e) Approximate nun	mber of	Policy or o	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at a policy or contract y		(f) From	(g) To
41-1490988	12459	301124	129		10/01/2017	09/30/2018
	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 a	(a) Total amount of commissions paid (b) Total amount of fees paid					
	32163					
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all pe	ersons).		
	(a) Name a	nd address of the agent, broker,	or other person to whom	commiss	ions or fees were paid	
WILLIAM R LARSON	WILLIAM R LARSON 2621 TIMBERLANE WAY SW BEMIDJI, MN 56601					
(b) Amount of sales an	nd base	Fee	es and other commissions	s paid		
commissions pai		(c) Amount	(c	(d) Purpose		(e) Organization code
	105	N/	4			3
	(a) Name a	nd address of the agent, broker,	or other person to whom	commiss	ions or fees were paid	
DARIN D PAVLISH	(1)	7760 F	RANCE AVE S, 1162 , MN 55435			
(b) Amount of sales and base Fees and other commissions paid						
commissions pai		(c) Amount		d) Purpose	e	(e) Organization code
	92	N _A	A			3
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule A (Form 5500) 2017 v. 170203					

0	0.4-7	2 7	
Schedule A (Form 5500) 2	017	Page 2 – 1	
(a) Name	and address of the agent broke	er, or other person to whom commissions or fees were paid	
CHRISTOPHER J KUZNIEWSKI	936	15TH AVE NE CHESTER, MN 55906	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
80		NA	3
(a) Name	e and address of the agent, broke	er, or other person to whom commissions or fees were paid	<u> </u>
LORI OLSON		44 366TH STREET SLEY, MN 56621	
(1) A		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
66	17	7 NA	3
(a) Name	e and address of the agent, broke	er, or other person to whom commissions or fees were paid	
CATHY J OLIVER		95 BOISE CIR SEMOUNT, MN 55068	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
60		NA	3
(a) Name	e and address of the agent, broke	er, or other person to whom commissions or fees were paid	
ELLINGSON INSURANCE GROUP LL	C 1016	6 CIVIC CENTER DR NW, STE 102 CHESTER, MN 55901	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
16868		BROKER INCENTIVE PROGRAM	3
(a) Name	e and address of the agent, broke	er, or other person to whom commissions or fees were paid	1
ASSOCIATED FINANCIAL GROUP LL	C 6000	CLEARWATER DR NETONKA, MN 55343	

BROKER INCENTIVE PROGRAM

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

15295

Schedule A (Form 5500) 2017

Page 2 –	2	

(a) Na	me and address of the agent, broker,	, or other person to whom commissions or fees were paid	
424		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
		NA	
(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
commissions paid	, ,		code
(a) Nai	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	(c) Amount	(d) Purpose	Organization
commissions paid	(e) / une and	(a) i diposo	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	(c) Amount	(d) Purpose	Organization
commissions paid	(O) / tilloditi	(a) i dipose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(u) Hai	zada os o uno agorii, biolioi,	, and participated in the second seco	
		Food and other commissions paid	(6)
(b) Amount of sales and base		Fees and other commissions paid	(e)
	(-) A	(1) 5	Organization
commissions paid	(c) Amount	(d) Purpose	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)			
		•				
		•				
					_ (=)	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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P	Part III Welfare Benefit Contract Information						
		If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	ing purposes if such conti	racts are exp	périence-rated as a un	it. Where co	ontracts cover individual
8	Ben	efit and contract type (check all applicable boxes)		-	· · · · · · · · · · · · · · · · · · ·	-	· · · ·
	а	X Health (other than dental or vision)	b Dental	с	Vision		d Life insurance
	I.	Temporary disability (accident and sickness)	f Long-term disabilit	L	Supplemental unen	anloymont	h Prescription drug
	e					ipioyment	
	ן י	Stop loss (large deductible)	j HMO contract	K	PPO contract		I Indemnity contract
	m	Other (specify)					
9		erience-rated contracts:	!	- (1)	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)		00(4)	
	b	(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)	
	D	(2) Increase (decrease) in claim reserves					_
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o					
	-	(A) Commissions	, i	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		9c(1)(G)			
		(H) Total retention					
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	·· 9c(2)	
	d	Status of policyholder reserves at end of year: (1	•			9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				` ` `	
4.0	<u>e</u>	Dividends or retroactive rate refunds due. (Do no	t include amount entered	in line 9c(2	<u>).)</u>	9e	
10	_	onexperience-rated contracts:				100	407000
	a	Total premiums or subscription charges paid to c				<u>10a</u>	1072095
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than report	, ,		•	10b	
	Spe	cify nature of costs.	,,,,,,	-, -,			
Р	art	IV Provision of Information					
11	Di	d the insurance company fail to provide any inform	ation necessary to compl	ete Schedul	e A?	Yes	X No
		he answer to line 11 is "Yes," specify the informati					

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

		pursuant to E	RISA section 103(a)(2)				Inspection
For calendar plan year 20°	17 or fiscal plan	year beginning 10/01/2017		and en	nding 09/3	30/2018	
A Name of plan CARDINAL OF MINNESOTA, LTD PREMIUM ONLY PLAN					B Three-digit plan number (PN) 501		
C Plan sponsor's name as shown on line 2a of Form 5500 CARDINAL OF MINNESOTA, LTD D Employer Identification Number (E 41-1786446						EIN)	
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance car USABLE LIFE	rrier						
/b) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
71-0505232	94358	101317901	131		10/01/201	7	09/30/2018
2 Insurance fee and compute descending order of the		ation. Enter the total fees and total	al commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in
(a) Total a	amount of comm	<u> </u>		(b) To	otal amount	of fees paid	
		1353					
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,		m commiss	ions or fees	were paid	
STACI A CHASE		709 151 ROCHE	FH ST SE ESTER, MN 55904				
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions pai	id	(c) Amount		(d) Purpose			(e) Organization code
	53	NA	NA			3	
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	sions or fees	were paid	
JOHN P THOMPSON SR		6395 S	KEWAUNEE WAY, ST RA, CO 80016			·	
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
	53	NA NA	A				3
For Denominant Doductio	n Act Notice	see the Instructions for Form F	E00			Cahaa	lulo A (Form FEOO) 2017

Schedule A (Form 5500)	2017	Page 2 – 1	
(a) Non	and address of the agent br	oker, or other person to whom commissions or fees were paid	
JEREMY L TOMLINSON	28	305 N 36TH ST OISE, ID 83703	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
40		NA	3
(a) Nan GARY R HAHN	32	oker, or other person to whom commissions or fees were paid 29 CEDAR ST OUNTAIN, MN 55935	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
32		NA	3
(a) Nan	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
DOUGLAS J SCHWINGLER		158 ROSEMARY LN NE OCHESTER, MN 55906	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
31		NA	3
(a) Nan	ne and address of the agent bro	oker, or other person to whom commissions or fees were paid	
BENEUSA LLC	18	BS51 LAKE DRIVE WEST, STE 350 HANHASSEN, MN 55317	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
285		NA	3
(a) Nan	ne and address of the agent bro	oker, or other person to whom commissions or fees were paid	
ELLINGSON INSURANCE GROUP L	LC 10	016 CIVIC CENTER DR NW, STE 102 OCHESTER, MN 55901	

NA

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

530

Schedule A	(Form	5500	2017
Scriedule A	(FOIII)	SOUU) ZU I /

Page 2 -	2	

(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
ASSOCIATED FINANCIAL GROUP L		CLEARWATER DR						
	MINN	ETONKA, MN 55343						
	Fees and other commissions paid (e)							
(b) Amount of sales and base			Organization					
commissions paid	(c) Amount	(d) Purpose	code					
538		NA	3					
(-) N-	and address of the second banks							
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
			·					
42.4		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
_		Fees and other commissions paid	(e)					
(b) Amount of sales and base			Organization					
commissions paid	(c) Amount	(d) Purpose	code					
(a) Nar	ne and address of the agent, broker	r, 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					
cemmosione pana								
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
• •	-							
		Topo and other commissions raid	7-3					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	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)			
		•				
		•				
					_ (=)	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Р	art						
		If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual to the contract of the same than the contract covers the same that the contract covers the same that the covers that the contract covers the same that the covers the covers the same that the covers the covers the same that the covers the co	ting purposes if such cont	racts are exp	perience-rated as a uni	t. Where co	ontracts cover individual
8	Ber	efit and contract type (check all applicable boxes)			·	<u> </u>	<u> </u>
Ī	a	Health (other than dental or vision)	b Dental	сГ	Vision		d X Life insurance
		<u>-</u>		<u>_</u>			=
	е.	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	ı	Stop loss (large deductible)	j HMO contract	K	PPO contract		I Indemnity contract
	m	Other (specify) ►AD&D					
9	Exp	erience-rated contracts:			T		
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpai					
		(3) Increase (decrease) in unearned premium res				1 2 (0)	
		(4) Earned ((1) + (2) - (3))			 T	. 9a(4)	
	b	Benefit charges (1) Claims paid					
		(2) Increase (decrease) in claim reserves				01- (0)	
		(3) Incurred claims (add (1) and (2))				9b(3)	
	_	(4) Claims charged				. 9b(4)	
	С	, , , , , , , , , , , , , , , , , , , ,	•	9c(1)(A)			
		(A) Commissions(B) Administrative service or other fees					
		(C) Other specific acquisition costs		0 (4)(0)			
		(D) Other expenses		0.741701			
		(E) Taxes		0. (4)(5)			
		(F) Charges for risks or other contingencies.					
		(G) Other retention charges					
		(H) Total retention				9c(1)(H))
		(2) Dividends or retroactive rate refunds. (These	e amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (*	_	_		. 9d(1)	
		(2) Claim reserves	•			. 9d(2)	
		(3) Other reserves				. 9d(3)	
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)) .)	. 9e	
10	No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to	carrier			. 10a	712
	b	If the carrier, service, or other organization incur	red any specific costs in c	onnection wi	th the acquisition or		
	0	retention of the contract or policy, other than rep	orted in Part I, line 2 abov	e, report am	ount	. 10b	
	Spe	cify nature of costs.					
Р	art	V Provision of Information					
11		the insurance company fail to provide any inform	nation necessary to espen	oto Schoduli	П	Yes	X No
				ete Scheaule	₽ A (103	<u> </u>
12	i It 1	he answer to line 11 is "Yes," specify the informat	tion not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2017 or fiscal plan year beginning

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).

10/01/2017

and ending

09/30/2018

OMB No. 1210-0110

2017

A Name of plan CARDINAL OF MINNESOTA, LTD PREMIUM ONLY PLAN				B Thre	-digit number (PN) • 501		
C Plan sponsor's name a CARDINAL OF MINNESC	TA, LTD			41-	oyer Identification Number 1786446		
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance car USABLE LIFE	rier						
	(c) NAIC	(d) Contract or	(e) Approximate nu	ımber of	Policy or o	contract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To	
71-0505232	94358	101317901	113		10/01/2017	09/30/2018	
2 Insurance fee and commodescending order of the		tion. Enter the total fees and total	al commissions paid. Li	st in line 3	the agents, brokers, and	other persons in	
(a) Total a	mount of comn	nissions paid		(b) To	otal amount of fees paid		
, ,		3878		, ,	·		
3 Persons receiving com		es. (Complete as many entries					
	(a) Name ar	nd address of the agent, broker,		n commiss	ions or fees were paid		
MICHAEL J AXTELL			TH PL NW ESTER, MN 55901				
(b) Amount of sales an	d base	Fee	s and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpos	е	(e) Organization code	
	22	N/	4			3	
	(a) Name ar	nd address of the agent, broker,	or other person to whon	n commiss	ions or fees were paid		
CORY L CAMPBELL	(a) Hame an	13139 I	FERRIS CT VALLEY, MN 55124				
(b) Amount of sales an	d base	Fee	s and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpos	e	(e) Organization code	
	20	N/	A			3	
For Paperwork Reductio	n Act Notice, s	ee the Instructions for Form 5	500.		Sche	dule A (Form 5500) 2017 v. 170203	

Schedule A (Form 5500) 20	17	Page 2 – 1	
(a) Nama	and addrage of the agent brol	ker, or other person to whom commissions or fees were poid	
JOELLE M BUELL	139	ker, or other person to whom commissions or fees were paid 901 JAMES AVE S RNSVILLE, MN 55337	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
14		NA	3
(a) Name a	102	ker, or other person to whom commissions or fees were paid 2 PROSPECT POINTE RD RDAN, MN 55352	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
13		NA	3
(a) Name a	and address of the agent, brol	ker, or other person to whom commissions or fees were paid	
MICHAEL PORTER & ASSOC LLC		100 SINGLETREE LN, STE 169 EN PRAIRIE, MN 55344	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
12		NA	3
(a) Name a	and address of the agent, brol	ker, or other person to whom commissions or fees were paid	<u> </u>
ELLINGSON INSURANCE GROUP LLC		16 CIVIC CENTER DR NW, STE 102 CHESTER, MN 55901	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1543		NA	3
(a) Name a	and address of the agent, brol	ker, or other person to whom commissions or fees were paid	I
ASSOCIATED FINANCIAL GROUP LLC	600	O CLEARWATER DR NNETONKA, MN 55343	

NA

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

1519

Page 2	_	2	
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

1851 LAKE DRIVE WEST, STE 350

CHANHASSEN, MN 55317

		IS/		

		Fees and other commissions paid	(0)
(b) Amount of sales and base	(c) Amount	(d) Purpose	(e) Organization
commissions paid 816	(c) Amount	NA (d) Fulpose	code 3
010		NA .	3
(a) Nar	me 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	(c) Amount	(d) Purpose	Organization
commissions paid	(b) / tilloditi	(a) i dipose	code
(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
commissions paid	(7)	(*)	code
(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
commissions paid	, ,	, , ,	code
(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
טוווווווססוטווס paiu	, ,	., ,	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)			
		•				
		•				
					_ /=\	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

ı	Page	4

F	art	l t	Welfare Benefit Contract Informate from the same than one contract covers the same the information may be combined for report employees, the entire group of such individually the same than the same	group of employees of the ting purposes if such conti	racts are expe	erience-rated as a unit	. Where co	ontracts cover individual
8	Bon		I contract type (check all applicable boxes)		arrier may be i	ireated as a unit for pt	iiposes oi i	пів тероп.
O	Г	_	, , , , , , , , , , , , , , , , , , , ,	. —	٦□	\/:=:==		d 🗆 1 : to :
	a [=	th (other than dental or vision)	b Dental	c∐	<u> </u>		d Life insurance
	е	Tem	porary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unemp	ployment	h Prescription drug
	i	Stop	loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Othe	er (specify)					
	_							
9	Ехре	erience	-rated contracts:					
	a I	Premiu	ms: (1) Amount received		9a(1)			
		(2) Inc	rease (decrease) in amount due but unpai	b	9a(2)			
		(3) Inc	rease (decrease) in unearned premium res	serve	9a(3)			
			rned ((1) + (2) - (3))				9a(4)	
	b		it charges (1) Claims paid					
			rease (decrease) in claim reserves				21 (2)	
			urred claims (add (1) and (2))				9b(3)	
	_	` '	ims charged(1) But the state of the st				9b(4)	
	С		inder of premium: (1) Retention charges (c	•	00/1\/A\			
		`) Commissions) Administrative service or other fees					
		`) Other specific acquisition costs		0 (4)(0)			
		`) Other expenses		0 (4)(5)			
		`) Taxes		0 (4)(=)			
			Charges for risks or other contingencies.					
		(G) Other retention charges		9c(1)(G)			
) Total retention				9c(1)(H))
		(2) Div	vidends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status	of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Cla	aim reserves				9d(2)	
		(3) Ot	her reserves				9d(3)	
	е	Divide	ends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2) .)	9e	
10) No	nexper	ience-rated contracts:					
	а	Total _I	premiums or subscription charges paid to o	carrier			10a	20412
	b	retent	carrier, service, or other organization incur ion of the contract or policy, other than rep				. 10b	
			Provision of Information					
	art l		Provision of Information					
11			surance company fail to provide any inforn		ete Schedule	A?	Yes	X No
12	2 If th	he ans	wer 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

2017

For calendar plan year 20°	or calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 09/30/2018					
A Name of plan				B Three-digit		
CARDINAL OF MINNESC	OTA, LTD PREM	MIUM ONLY PLAN		plan	number (PN)	501
C Plan sponsor's name a	s shown on line	2a of Form 5500		D Emplo	yer Identification Number	(EIN)
CARDINAL OF MINNESOTA, LTD					1786446	
Part I Informat	ion Concer ate Schedule A.	ning Insurance Contract Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and III	and Con can be rep	nmissions Provide info	rmation for each contract le A.
1 Coverage Information:						
(a) Name of insurance car AFLAC	rrier					
a > =	(c) NAIC	(d) Contract or	(e) Approximate nui		Policy or c	ontract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To
82-2723296	60380	BL158	157		10/01/2017	09/30/2018
2 Insurance fee and commodescending order of the		tion. Enter the total fees and tot	al commissions paid. Lis	st in line 3	the agents, brokers, and c	other persons in
(a) Total a	amount of comn	nissions paid		(b) To	otal amount of fees paid	
12071 750						
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all p	ersons).		
	(a) Name a	nd address of the agent, broker,	or other person to whom	n commiss	ions or fees were paid	
MICHAEL K CARNEY			PLUMMER ST FORD, MN 55971			
(b) Amount of sales an	nd base	Fee	es and other commission	s paid		
commissions pai		(c) Amount	(d) Purpose		е	(e) Organization code
	12	N.	A			3
	(a) Name a	nd address of the agent, broker,	or other person to whom	n commiss	ions or fees were paid	
MICHELE K WILLEY		500 S I	FLORIDA AVE, STE 400 AND, FL 33801			
	<u> </u>					1
(b) Amount of sales an			es and other commission	•	_	
commissions pai		(c) Amount	,	d) Purpose	9	(e) Organization code
	12	IV	A			3
For Paperwork Reduction	n Act Notice, s	ee the Instructions for Form 5	5500.		Sche	dule A (Form 5500) 2017 v. 170203

Schedule A (Form 5500)	2017	Page 2 – 1	
(a) Non			
GREGORY F STENZEL	1249 k	, or other person to whom commissions or fees were paid KIOWA DR W ESVILLE, TX 76240	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid	(e) Organization
commissions paid 11	(c) Amount	(d) Purpose BNA	code 3
(a) Nar BRIAN KUYATT	17590	, or other person to whom commissions or fees were paid ITALY PATH VILLE, MN 55044	
(b) Amount of sales and base	1	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
		TVO	3
(a) Nar	me and address of the agent, broker.	, or other person to whom commissions or fees were paid	
TERRY E ANDERSON		EDAR ST, STE 185 ANDRIA, MN 56308	
	ı	Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
8	3	NA	3
(a) Nar	ne and address of the agent, broker.	, or other person to whom commissions or fees were paid	
JOHN TUSETH	5821 L	OWRY DRIVE NW IESTER, MN 55901	
Fees and other commissions paid (e			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
5174	160	NA	3
(a) Nar	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid	
JOHN TUSETH	5821 L	OWRY DRIVE NW IESTER, MN 55901	

(d) Purpose

(c) Amount

362 NA

(b) Amount of sales and base commissions paid

3677

Page	2 –	2
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BRAD R JOHNSON

1815 14ST NW, STE C ROCHESTER, MN 55901

	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
857	26	NA	3	

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

TRACI L NATOLI

1145 CHENOA LN SW ORONOCO, MN 55960

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
434		NA	3

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

MICHAEL D SCHULTZ

1126 25TH AVE NW FARIBAULT, MN 55021

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
406	78	NA	3

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

MICHAEL R YURCZYK

5810 W 78TH ST, STE 210 EDINA, MN 55439

			Fees and other commissions paid	(e)
(b) Amount of sales and b commissions paid	ase	(c) Amount	(d) Purpose	Organization code
	399	78	NA	3

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

MICHAEL R YURCZYK

9616 WYOMING TER S BLOOMINGTON, MN 55438

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
377	26	NA	3

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)			
		•				
		•				
					_ /=\	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

ı	Page	4

F	Part	Welfare Benefit Contract Informa If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu	roup of employees of the ng purposes if such contr	racts are ex	perience-rated as a	unit. Where cor	ntracts cover indi	
8	Don		ai contracts with each ca	ine may be	e treated as a drift to	purposes or th	по тероті.	
U	г	efit and contract type (check all applicable boxes)	h V David	اء	V Matan		al 🔽 1.76. *	
	а	<u>'</u>	b X Dental		X Vision		d X Life insurar	
	е	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental un	employment	h Prescription	າ drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I X Indemnity of	ontract
	m	Other (specify) ACCIDENT, CANCER						
	-							
9	Expe	erience-rated contracts:			_			
	a I	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)				
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid	•	(-)			_	
		(2) Increase (decrease) in claim reserves				2. (2)		
		(3) Incurred claims (add (1) and (2))						
	_	(4) Claims charged			•••••	9b(4)		
	С	Remainder of premium: (1) Retention charges (or		0-(4)(4)	1			
		(A) Commissions	•	9c(1)(A)			_	
		(B) Administrative service or other fees	•	9c(1)(B) 9c(1)(C)			_	
		(C) Other specific acquisition costs(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	1	9c(1)(G)				
		(H) Total retention	-			9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These						
	d	Status of policyholder reserves at end of year: (1)	_			· · · · ·		
		(2) Claim reserves	·			` '		
		(3) Other reserves				- 1/25		
	е	Dividends or retroactive rate refunds due. (Do no	t include amount entered	l in line 9c(2	2) .)			
10) No	nexperience-rated contracts:		-				
	а	Total premiums or subscription charges paid to ca	ırrier			10a		103350
	b	If the carrier, service, or other organization incurre	ed any specific costs in co	onnection w	ith the acquisition or	r		
	_	retention of the contract or policy, other than repo	rted in Part I, line 2 above	e, report am	nount	10b		
	Spe	cify nature of costs.						
P	art	V Provision of Information						
11		I the insurance company fail to provide any informa	ation necessary to compl	ete Schedu	le A?	Yes	X No	
		ne answer to line 11 is "Yes," specify the information						

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

2017

For calendar	plan year 201	7 or fiscal plan	year beginning 10/01/2017		and en	ding 09/30/2018		
A Name of plan						B Three-digit		
CARDINAL OF MINNESOTA, LTD PREMIUM ONLY PLAN					plan	number (PN)	501	
C Plan spons	sor's name as	s shown on line	e 2a of Form 5500		D Emplo	yer Identification Number (EIN)	
CARDINAL C	OF MINNESO	TA, LTD			41-	1786446		
Part I			ning Insurance Contract. Individual contracts grouped a					
1 Coverage	Information:							
(a) Name of i	insurance car	rier						
(L) F	-181	(c) NAIC	(d) Contract or	(e) Approximate no		Policy or co	ontract year	
(b) E	IIN	code	identification number	persons covered a policy or contract		(f) From	(g) To	
82-2723296		60380	BL 158	157	7	10/01/2017	09/30/2018	
	fee and comn g order of the		tion. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and o	ther persons in	
	(a) Total a	mount of comn	nissions paid		(b) To	otal amount of fees paid		
			595					
3 Persons re	eceiving comr	missions and fe	es. (Complete as many entries	s as needed to report all	persons).			
		(a) Name a	nd address of the agent, broker	r, or other person to who	m commiss	ions or fees were paid		
DANIEL J HAG	GBERG			41 ST LN NE LAKE, MN 55304				
(b) Amou	nt of sales an	d base	Fe	es and other commissio	ns paid			
	nmissions paid		(c) Amount		(d) Purpose	е	(e) Organization code	
		3	N	NA			3	
		(a) Name a	nd address of the agent, broker	r, or other person to who	m commiss	ions or fees were paid		
JON C GEIME	ER	,	190 G	RACESON AVE S EY, MN 56433				
(b) Amount of sales and base Fees and other commissions				ns paid				
` '	missions paid		(c) Amount		(d) Purpose	e	(e) Organization code	
		2	1	NA			3	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule A (Form 5500) 2017 v. 170203								

Schedule A (Form 5500) 2	017	Page 2 – 1				
MELISSA A MURRAY	1	roker, or other person to whom commissions or fees were paid 4536 FLORISSANT PATH PPLE VALLEY, MN 55124				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
1		NA	3			
(a) Name	1	roker, or other person to whom commissions or fees were paid 145 CHENOA LN SW				
		DRONOCO, MN 55960				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
340		NA	3			
(a) Nam	e and address of the agent, but	roker, or other person to whom commissions or fees were paid				
DONALD L RENYOLDS		945 33RD ST N #B AKE ELMO, MN 55042				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
209		NA	3			
(a) Nam	e and address of the agent, br	roker, or other person to whom commissions or fees were paid	<u> </u>			
PATRICIA M JESPERSON	3i N	601 PARK CENTER BLVD, APT 108 IINNEAPOLIS, MN 55416				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
7		NA	3			
(a) Namo	e and address of the agent. bu	roker, or other person to whom commissions or fees were paid	·			
LORI OLSON	1	7544 366TH ST AGLEY, MN 56621				

NA

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

Pane	2	_	2
Page	_	_	2

,		<u> </u>	
(a) Nar KNUTE NELSON		er, or other person to whom commissions or fees were paid KIPLING AVE	
KNOTE NEESON		NEAPOLIS, MN 55416	
	<u> </u>		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
7		NA	3
(a) Nar	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
GEORGE W HURST III		LAKEVIEW CT NTWOOD, TN 37027	
	Ditt.	(1111005, 111010 <u>2</u> 1	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
6		NA	3
(a) Nar	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
CYNTHIA A STRICKLAND		DAY LAKE DR	
	MIDL	AND, GA 31820	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid 5	(o) / tinodin	NA	code 3
· ·			
(a) Nar	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
JEFFREY M HANSEN	1895	52ND ST SW	
	PEQ	UOT LAKES, MN 56472	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(a) Amount		Organization
commissions paid	(c) Amount	(d) Purpose	code
5		NA	3
(a) Nov	me and address of the agent broke	ar other nersen to when commissions or feet were noid	
JENNIFER L SMITH		er, or other person to whom commissions or fees were paid N MAIN AVE, STE 130	
OLIVIAN ER E OMITTI	SPR	INGFIELD, MO 65806	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
3		NA	3

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)			
		•				
		•				
					_ /=\	
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

ı	Page	4

Р	art	If more than o	enefit Contract Informine contract covers the same in may be combined for repore	group of employees of the					
		employees, th	e entire group of such individ	ual contracts with each ca	arrier may be	treated as a unit for p	ourposes of t	this report.	
8	Bene	efit and contract type	e (check all applicable boxes)	_	_	_		_	
	a	Health (other than	dental or vision)	b X Dental	C	Vision		d X Life insura	nce
	e	Temporary disabi	lity (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment	h Prescriptio	n drug
	i Ī	Stop loss (large d	eductible)	j HMO contract	k	PPO contract		I X Indemnity	contract
	m	=	ACCIDENT, CANCER	, 🗆	L			- 🗀	
		Other (specify)	ACCIDENT, CANCER						
9	Exne	erience-rated contrac	rts·						
•			nt received		9a(1)				
		` '	ase) in amount due but unpai						
			ase) in unearned premium res		• • •				
) - (3))				9a(4)		
	b		Claims paid						
		(2) Increase (decrea	ase) in claim reserves		9b(2)				
			(add (1) and (2))				9b(3)		
		(4) Claims charged.					9b(4)		
	С	Remainder of prem	ium: (1) Retention charges (c	n an accrual basis)					
		(A) Commission	าร						
		(B) Administrati	ve service or other fees						
		(C) Other speci	fic acquisition costs					_	
		. ,	nses						
		` '							
			risks or other contingencies.		0. (4)(0)			_	
			tion charges				00(1)(U)	\ \ \	
		` '	on		_		9c(1)(H))	
	لہ		roactive rate refunds. (These						
	d	• •	ler reserves at end of year: (1	•					
		` '							
	_	` '	ctive rate refunds due. (Do n						
10		nexperience-rated c		ot include amount entered	2 111 1111C 3C(2)	<i>j</i> .,	30		
. •	a		subscription charges paid to	carrier			10a		
	b	•	e, or other organization incur						
	~		tract or policy, other than rep				10b		
	Spe	cify nature of costs.					<u>, </u>		
D	art I	V Provision	of Information						
							Vac	V No	
11			pany fail to provide any inforn		ete Schedule	e A?	Yes	X No	
12	If th	ne answer 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

2017

For calendar plan year 20	17 or fiscal plar	year beginning 10/01/2017		and en	nding 09/30/2018	
A Name of plan CARDINAL OF MINNESO	MIUM ONLY PLAN			B Three-digit plan number (PN) 501		
					, ,	
C Plan sponsor's name a CARDINAL OF MINNESO		e 2a of Form 5500		•	oyer Identification Number 1786446	(EIN)
Part I Informat on a separa	tion Concer ate Schedule A	rning Insurance Contract. Individual contracts grouped a	et Coverage, Fees, as a unit in Parts II and II	and Con I can be re	nmissions Provide info ported on a single Schedu	rmation for each contract le A.
1 Coverage Information:						
(a) Name of insurance ca	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
82-2723296	60380	BL 158	157	•	10/01/2017	09/30/2018
2 Insurance fee and composite descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents, brokers, and o	ther persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees paid	
(a) rotal c		474		(2)	otal allocation of root para	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).		
	(a) Name a	ind address of the agent, broker	, or other person to whor	m commiss	sions or fees were paid	
BARRY CAMPBELL			COUNTY ROAD 80 R, OH 45812			
(b) Amount of sales ar	nd hase	Fe	es and other commission	ns paid		
commissions pai		(c) Amount			e	(e) Organization code
	197	1	NA			3
	(a) Name a	and address of the agent, broke	or other person to whor	m commiss	sions or fees were paid	
BRICE L CAMPBELL	(2)	360 L	BERTY HEIGHTS DR			
		CHAS	KA, MN 55318			
(h) Amount of color and	ad bass	Fe	es and other commission	ns paid		
(b) Amount of sales and base commissions paid (c) Amount			(d) Purpose		e	(e) Organization code
	162	1	NA			3
For Panerwork Poductio	an Act Notice	see the Instructions for Form	5500		Caha	dule A (Form 5500) 2017
I OI I aperwork neductio	ni Activolice,	366 HIG HISHUCHUHS IUI FUIH	JJ00.		Scrie	uule A (FUIII 3300) 2017

Schedule A	(Form 5500)	2017

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
7825 WASHINGTON AVE S, STE 425
MINNEAPOLIS, MN 55439

MICHELLE R MAGUIRE

		Fees and other commissions paid		
(b) Amount of sales and base		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code	
115		NA	3	
(a) Nam	ne and address of the agent, brok	er, 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	
		NA	3	
(a) Nam	ne and address of the agent, brok	er, or other person to whom commissions or fees were paid		
		Face and other commissions paid	(0)	
(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, brok	er, 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, brok	ter, or other person to whom commissions or fees were paid		
		Formal allows and allows and allows and allows are allowed as a second allows and allows are allowed as a second allowed allowed as a second allowed as a second allowed as a second allowe		
(b) Amount of sales and base	,	Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
			•	

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	dual contrac	ts 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	
		urrent value of plan's interest under this contract in separate accounts at year end				
		tracts With Allocated Funds:				
•	а	State the basis of premium rates				
	_	otato ano suoto di promisimi attori				
	b	Premiums paid to carrier		[6b	
	C	Premiums due but unpaid at the end of the year		ŀ	6c	
	d					
	d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount				6d	
	Specify nature of costs					
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, c	heck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	te participati	on guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
		(*) 🗋 3***********************************				
	b	Palance at the end of the provious year		i	7b	
	C	Balance at the end of the previous year	7c(1)		7.0	
	•	(2) Dividends and credits	7c(1)			
		• •	7c(2)			
		(3) Interest credited during the year	7c(4)			
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))			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)			
		•	- (- /			
		,				
		(5) Total deductions		Ī	7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Р	art	Welfare Benefit Contract If more than one contract covers the information may be combined.	the same group of emp				
		employees, the entire group of s	uch individual contracts	with each carrier ma	y be treated	as a unit for purposes of	this report.
8	Bene	nefit and contract type (check all applica	ble boxes)				<u></u>
	a	X Health (other than dental or vision)	b 🔀 Denta	I	C X Vision		d X Life insurance
	e	X Temporary disability (accident and s	ickness) f Long-	term disability	g Supple	emental unemployment	h Prescription drug
	iΓ	Stop loss (large deductible)	i ∏ HMO	contract	k PPO o		I X Indemnity contract
	m [□ Other (specify) ►ACCIDENT, CAN		oomidot		ontract	I M maominy contract
	m	Other (specify) PACCIDENT, CAN	CER				
a	Evno	erience-rated contracts:					
9		Premiums: (1) Amount received		9a(1	١ .		_
		(2) Increase (decrease) in amount due					
		(3) Increase (decrease) in unearned p		-	•		
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	., ., .,			1	Ju(+)	
	-	(2) Increase (decrease) in claim reserv		•			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				21.40	
	С	Remainder of premium: (1) Retention					
		(A) Commissions		2 (4)	A)		
		(B) Administrative service or other					
		(C) Other specific acquisition cost	3	0. (4)			
		(D) Other expenses		0.74	D)		
		(E) Taxes		9c(1)(E)		
		(F) Charges for risks or other cont	ingencies	9c(1)(F)		
		(G) Other retention charges		9c(1)(G)		
		(H) Total retention				9c(1)(H)
		(2) Dividends or retroactive rate refun	ds. (These amounts we	re paid in cash, o	r credited	.) 9c(2)	
	d	Status of policyholder reserves at end	of year: (1) Amount hel	d to provide benefits	after retirem	ent 9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds	lue. (Do not include am	ount entered in line	9c(2).)	9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charge	s paid to carrier			10a	
	b	If the carrier, service, or other organiz					
	C	retention of the contract or policy, other	er than reported in Part I	, line 2 above, repor	amount	10b	
	Spe	ecify nature of costs.					
Р	art I	IV Provision of Informatio	 n				
						☐ Yes	X No
11		d the insurance company fail to provide			edule A?	Yes	∧ INO
12	12 If the answer to line 11 is "Yes," specify the information not provided.						