## 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

2018

_	Administration	the instructi									
Pensio	n Benefit Guaranty Corporation				This	Form is Open to Po Inspection	ublic				
Part I	Annual Report Ide	entification Information									
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018											
A This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instruction and participating employer plan a DFE (specify)											
		a single-employer plan		· <del></del>							
<b>B</b> This r	return/report is:	the first return/report	the final return								
		an amended return/report	a short plan ye	ear return/report (less than 12	2 months)	)					
C If the	plan is a collectively-bargain	ned plan, check here				•					
<b>D</b> Chec	k box if filing under:	Form 5558	automatic exter	nsion	the	e DFVC program					
special extension (enter description)											
Part II	Basic Plan Inform	ation—enter all requested informatio	n								
	ne of plan COUNTY GARAGE HEALTH	1b	Three-digit plan number (PN) ▶	501							
		1c	1c Effective date of plan 01/01/2017								
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) 84-0348620											
WELD Co	OUNTY GARAGE				2c Plan Sponsor's telephone number 970-352-1313						
2699 47T GREELE	TH AVE Y, CO 80634-3738	2699 47TH AVE GREELEY, CO 80634-3738			2d Business code (see instructions) 441110		e				
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.											
		penalties set forth in the instructions, I as the electronic version of this return.									
SIGN	Filed with authorized/valid e	electronic signature	09/06/2019	BILL JOHNSON							
HERE					ianina oo	nlan administrator					
	Signature of plan admini	istiatui	Date	Enter name of individual s	igning as	pian administrator					
SIGN HERE											
TILIXL	Signature of employer/pl	lan sponsor	Date	Enter name of individual si	signing as employer or plan sponsor						

Date

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

SIGN HERE

Signature of DFE

Form 5500 (2018) v. 171027

Enter name of individual signing as DFE

Page 2 Form 5500 (2018) **3a** Plan administrator's name and address 

☐ Same as Plan Sponsor **3b** Administrator's EIN 3c Administrator's telephone

								number		
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:									
a c	Sponsor's name Plan Name					4d	PN			
5	Total number of participants at the beginning of the plan year					į	5	111		
6	Number of participants as of the end of the plan year unless otherwise stated $6a(2)$ , $6b$ , $6c$ , and $6d$ ).	(welfare p	olans c	omple	te only lines 6a(1)	,				
a(	1) Total number of active participants at the beginning of the plan year					<u>6a</u>	(1)	111		
a(	2) Total number of active participants at the end of the plan year					6a	(2)	113		
b	Retired or separated participants receiving benefits					6	ib diameter			
С	Other retired or separated participants entitled to future benefits					6	ic			
d	Subtotal. Add lines 6a(2), 6b, and 6c.					6	id	113		
е	Deceased participants whose beneficiaries are receiving or are entitled to receiving	eive bene	fits			6	Se Se			
f	Total. Add lines 6d and 6e.					6	Sf .	113		
g	Number of participants with account balances as of the end of the plan year (complete this item)					6	ig			
h	Number of participants who terminated employment during the plan year with less than 100% vested					6	Sh			
7	Enter the total number of employers obligated to contribute to the plan (only m						7			
_	If the plan provides pension benefits, enter the applicable pension feature code.  If the plan provides welfare benefits, enter the applicable welfare feature code.  4A 4B 4D 4E 4Q									
9a	Plan funding arrangement (check all that apply)  (1)	9b Plan (1) (2) (3) (4)	n benet	X In C Ti	ingement (check a surance ode section 412(e rust eneral assets of the	e)(3) insu	rance contracts	S		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are att	tached, ar	nd, whe	ere ind	licated, enter the r	number a	ittached. (See	instructions)		
а	Pension Schedules	b Ge	neral S	Sched		. (				
	(1) R (Retirement Plan Information)	(1) (2)	L F		H (Financial In		,	))		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(3)	L 	X <u>4</u>				7		
	actuary	(4)		Ī	C (Service Pr	ovider Inf	formation)			
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	[ [		<b>D</b> (DFE/Partio		Plan Information	n)		
	, 0 , ,	(0)	L		- (i ilialiolal l		on contoduios)			

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Page 3

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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.)  Receipt Confirmation Code							

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

2018

, , , , , , , , , , , , , , , , , , , ,	This Fo	his Form is Open to Public Inspection					
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	iding 12/31	/2018	
A Name of plan WELD COUNTY GARAG	E HEALTH AN	ID WELFARE BENEFIT PLAN			e-digit number (PN	) •	501
C Plan sponsor's name a WELD COUNTY GARAGI				84-	oyer Identifica 0348620		
on a separa		rning Insurance Contrac A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca	rrier		(a) Approximate puri	mbor of	Γ	Policy or a	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered at policy or contract	end of	(f)	From	(g) To
43-0949844	71870	10099651001	122	•	01/01/2018		12/31/2018
2 Insurance fee and coming descending order of the		ation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, b	orokers, and	other persons in
(a) Total a							
. ,	0						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all p	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to whon	n commiss	ions or fees v	were paid	
SHIRAZI-MILLER BENEFI	TS LLC		W 20TH ST ELEY, CO 80634				
(b) Amount of sales ar	nd base	Fe	ees and other commission	s paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	946	0					3
	(a) Name a	and address of the agent, broke	r, or other person to whon	n commiss	ions or fees v	were paid	
(b) Amount of sales ar			ees and other commission		_		(2) Ormani, ii.
commissions pai	a	(c) Amount		d) Purpose	e 		(e) Organization code

Schedule A (Form 5500	) 2018	Page <b>2</b> – 1				
<b>(a)</b> Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid				
		From and other constitutions and	(-)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
<b>(a)</b> Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	T					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
, ,	<u> </u>					
		Fees and other commissions paid	(e)			
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
•						
(a) Na	The standard of the stand business					
( <b>a)</b> Na	me 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	(c) Amount	(d) Purpose	Organization			
commissions paid	(0)	(a) supers	code			
<b>(a)</b> Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid				
	T		1			
(h) Amount of sales and hase		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code			
			Organization			

Part II		Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of									
		this report.									
		ent value of plan's interest under this contract in the general account at year			4						
-		ent value of plan's interest under this contract in separate accounts at year e	nd		5						
6		ontracts 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 co			6d						
		retention of the contract or policy, enter amount.			<b>-</b>						
		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	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	rate accounts)							
	<b>a</b> Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee										
		(3) ☐ guaranteed investment (4) ☐ other ▶									
		<del>-</del>									
	b	Balance at the end of the previous year			7b						
	С	Additions: (1) Contributions deposited during the year									
		(2) Dividends and credits	7c(2)								
		(3) Interest credited during the year	. 7c(3)								
		(4) Transferred from separate account	7c(4)								
		(5) Other (specify below)	. 7c(5)								
		•									
	_	(6)Total additions			7c(6)						
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d						
		Deductions:	7-(4)								
		(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) 7e(4)								
		(4) Other (specify below)	. /e(4)								
		•									
		(5) Total deductions			7e(5)						
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f						

Pa	art	Ш	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					
Ω	Bon	ofit o	nd contract type (check all applicable boxes)		amer may be	treated as a unit for p	urposes or t	ль торота
	г	_		. <del>–</del>	<b>.</b> ∨	l Maion		d 🗆 Life incurence
	a [	=	ealth (other than dental or vision)	<b>b</b> Dental	_	Vision		d Life insurance
	е	Te	emporary disability (accident and sickness)	f Long-term disabilit		Supplemental unem	ployment	h Prescription drug
	i	St	op loss (large deductible)	j HMO contract	k _	PPO contract		I Indemnity contract
	m	Ot	ther (specify)					
9	Ехр€	eriend	ce-rated contracts:	ı				
	a	Prem	iums: (1) Amount received		9a(1)			
			ncrease (decrease) in amount due but unpaid		9a(2)			
			ncrease (decrease) in unearned premium res	•	9a(3)		1 2 (0)	
	<b>L</b>	. ,	Earned ((1) + (2) - (3))	ī			. 9a(4)	
	b		efit charges (1) Claims paid	ŀ				
		` '	ncrease (decrease) in claim reserves	L.	. , ,		0h/3\	
			ncurred claims (add (1) and (2))				9b(3) 9b(4)	
	С	` '	Claims charged				. 30(4)	
	•		(A) Commissions	ĺ	9c(1)(A)			
			(B) Administrative service or other fees					
			(C) Other specific acquisition costs		9c(1)(C)			
			(D) Other expenses	ľ	9c(1)(D)			
			(E) Taxes		9c(1)(E)			
			(F) Charges for risks or other contingencies		9c(1)(F)			
			(G) Other retention charges		9c(1)(G)		•	
			(H) Total retention				. 9c(1)(H)	)
		(2) [	Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)	
	d	Stat	us of policyholder reserves at end of year: (1	) Amount held to provide	benefits after	retirement	. 9d(1)	
		(2) (	Claim reserves				. 9d(2)	
		` '	Other reserves				. 9d(3)	
40	e		dends or retroactive rate refunds due. (Do n	ot include amount entered	l in line <b>9c(2)</b> .	.)	. 9e	
10	_		erience-rated contracts:				40-	
	а		al premiums or subscription charges paid to c				. 10a	10728
	b		e carrier, service, or other organization incur ntion of the contract or policy, other than rep	, ,			10b	
	Spe		nature of costs.	Sited in Fait I, line 2 above	e, report amo	,uiit	. 100	
	•	•						
Pa	art	IV	Provision of Information					
11	Dio	d the	insurance company fail to provide any inform	nation necessary to compl	ete Schedule	A?	Yes	X No
			nswer to line 11 is "Yes," specify the informat					
	_		, , ,	'				

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

2018

pursuant to ERISA section 103(a)(2).									
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018	and	ending 12/3	31/2018				
A Name of plan WELD COUNTY GARAG	E HEALTH ANI	D WELFARE BENEFIT PLAN		nree-digit lan number (P	N) •	501			
C Plan sponsor's name a WELD COUNTY GARAG	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		IPANY OF AMERICA							
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number o persons covered at end of	•	Policy or co	contract year			
(5) EIIV	code	identification number	policy or contract year	(f)	From	<b>(g)</b> To			
13-5123390	64246	369742	84	01/01/201	18	12/31/2018			
2 Insurance fee and come descending order of the		ation. Enter the total fees and total	commissions paid. List in line	e 3 the agents,	, brokers, and of	her persons in			
(a) Total amount of commissions paid (b) Total amount of fees paid									
		3122				0			
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	s needed to report all persons	).					
OLUBAZI MILLED DENEEL		nd address of the agent, broker, c	•	issions or fees	s were paid				
SHIRAZI-MILLER BENEFI	15 LLC		20TH ST. EY, CO 80634						
(b) Amount of sales ar	nd base	Fees	and other commissions paid						
commissions pai	id	(c) Amount	<b>(d)</b> Purp	(d) Purpose					
	1454	0				3			
	(a) Name a	nd address of the agent, broker, o	or other person to whom comm	issions or fees	s were paid				
NATIONAL BENEFIT CEN		1105 NC SUITE 1	ORTH MARKET STREET						
<b>(b)</b> Amount of sales ar	nd hase	Fees	and other commissions paid						
commissions pai		(c) Amount	(d) Purpose			(e) Organization code			
	50	0				3			
F B	n Ast Nation	as the Instructions for Form FF	200		0-1				

Schedule A (Form 5500	) 2018	Page <b>2</b> – 1				
<b>(a)</b> Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid				
		From and other constitutions and	(-)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
<b>(a)</b> Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	T					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
, ,	<u> </u>					
		Fees and other commissions paid	(e)			
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
•						
(a) Na	The standard of the stand business					
( <b>a)</b> Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
<b>(b)</b> Amount of sales and base	(c) Amount	(d) Purpose	Organization			
commissions paid	(0)	(a) supers	code			
<b>(a)</b> Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid				
	T		1			
(h) Amount of sales and hase		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code			
			Organization			

Part II		Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of									
		this report.									
		ent value of plan's interest under this contract in the general account at year			4						
-		ent value of plan's interest under this contract in separate accounts at year e	nd		5						
6		ontracts 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 co			6d						
		retention of the contract or policy, enter amount.			<b>-</b>						
		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	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	rate accounts)							
	<b>a</b> Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee										
		(3) ☐ guaranteed investment (4) ☐ other ▶									
		<del>-</del>									
	b	Balance at the end of the previous year			7b						
	С	Additions: (1) Contributions deposited during the year									
		(2) Dividends and credits	7c(2)								
		(3) Interest credited during the year	. 7c(3)								
		(4) Transferred from separate account	7c(4)								
		(5) Other (specify below)	. 7c(5)								
		•									
	_	(6)Total additions			7c(6)						
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d						
		Deductions:	7-(4)								
		(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) 7e(4)								
		(4) Other (specify below)	. /e(4)								
		•									
		(5) Total deductions			7e(5)						
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f						

P	art I	II	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group o	rpose	s if such	contracts a	re exp	erience-rated as a ur	nit. Where c	ontracts c	over individual
8	Ben	efit a	nd contract type (check all applicable boxes)									
	а	Н	ealth (other than dental or vision)	b X	Dent	tal		С	Vision		d X Life	e insurance
	е	Te	emporary disability (accident and sickness)	f∏	Long	g-term dis	ability	g	Supplemental uner	nployment	h Pre	escription drug
	i F	_	op loss (large deductible)		_	contract	-		PPO contract	, ,	- 📛	demnity contract
	Ļ	_		, ⊔		ooninaoi			1110001111111111		• 🗆c	ioninity oontraot
	m		ther (specify)									
a	Evne	rion	ce-rated contracts:									
,			niums: (1) Amount received				9a	11)				
			ncrease (decrease) in amount due but unpaid					_				
			ncrease (decrease) in unearned premium res					• •				
		` '	Earned ((1) + (2) - (3))							9a(4)		
		. ,	efit charges (1) Claims paid									
			ncrease (decrease) in claim reserves									
			ncurred claims (add (1) and (2))							9b(3)		
		(4) (	Claims charged							9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	n an ac	ccrua	ıl basis)						
			(A) Commissions				9c(1	)(A)				
			(B) Administrative service or other fees									
			(C) Other specific acquisition costs									
			(D) Other expenses				0-14				_	
			(E) Taxes								_	
			(F) Charges for risks or other contingencies.				90(1	)(F)				
			(G) Other retention charges							9c(1)(H	١	
			(H) Total retention Dividends or retroactive rate refunds. (These			_					,	
	a											_
	d		tus of policyholder reserves at end of year: (1 Claim reserves									
		` '	Other reserves									
	е	` '	dends or retroactive rate refunds due. (Do n									_
10			perience-rated contracts:	ot mora	ac ai	TIOUTIC CITE	orda iii iiiid	, 00( <u>L)</u>	·· /· ······	00		
			al premiums or subscription charges paid to o	carrier						10a		49767
	b	If th	e carrier, service, or other organization incur- ntion of the contract or policy, other than rep- nature of costs.	red any	/ spec	cific costs	in connect	ion wit	th the acquisition or			
		rete	ntion of the contract or policy, other than repnature of costs.							<u>10b</u>		
P	art I	٧	Provision of Information								_	
11	Dic	l the	insurance company fail to provide any inform	nation n	neces	sary to co	omplete Sc	hedule	e A?	Yes	X No	
12	If ti	ne ai	nswer to line 11 is "Yes," specify the informat	ion not	provi	ided.						

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

2018

This Form is Open to Public

		pursuant to E	RISA section $103(a)(2)$ .			Inspection				
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and ending	12/31/2018					
A Name of plan WELD COUNTY GARAG	E HEALTH ANI	D WELFARE BENEFIT PLAN	В	Three-dig		501				
C Plan sponsor's name a WELD COUNTY GARAG	dentification Number	er (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		COMPANY								
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end		Policy o	r contract year				
(D) EIN	code	identification number	policy or contract year		(f) From	<b>(g)</b> To				
59-1031071	67369	548793	114	01/0	01/2018	12/31/2018				
2 Insurance fee and com- descending order of the		ation. Enter the total fees and tota	al commissions paid. List in	line 3 the a	agents, brokers, and	d other persons in				
(a) Total amount of commissions paid (b) Total amount of fees paid										
928 1530										
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all pers	ons).						
	(a) Name a	nd address of the agent, broker,	or other person to whom co	mmissions	or fees were paid					
SHIRAZI MILLER BENEFI	TS LLC		20TH ST EY, CO 80634							
(b) Amount of sales ar	nd base	Fee	s and other commissions pa	aid						
commissions pa		(c) Amount	(d) F	Purpose	(e) Organization code					
	932	0				3				
	(a) Name a	nd address of the agent, broker,	or other person to whom co	mmissions	or fees were paid					
SHIRAZI BENEFITS LLC	(1)	8205 W	20TH ST EY, CO 80634							
(b) Amount of sales ar	nd hase	Fee	s and other commissions pa	aid						
commissions pa		(c) Amount	(d) Purpose			(e) Organization code				
·	-4	1530 IN	CENTIVE COMPENSATIO		TS	3				
	A - ( N - ( '	and the best weeks as for France F	F00		0-1	andula A (Form FF00) 2019				

Schedule A (Form 5500	) 2018	Page <b>2 –</b> 1	
<b>(a)</b> Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
( <b>a)</b> Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
<b>(a)</b> Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts v	vith each carrier may be	e treated a	as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at year			4	
-		ent value of plan's interest under this contract in separate accounts at year e	nd		5	
6		racts 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 co			6d	
		retention of the contract or policy, enter amount.			<b>-</b>	
		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	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	rate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	te participation	guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
		<del>-</del>				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
	_	(6)Total additions			7c(6)	
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
		Deductions:	7-(4)			
		(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) 7e(4)			
		(4) Other (specify below)	. /e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

P	art I	II	Welfare Benefit Contract Information if more than one contract covers the same the information may be combined for report employees, the entire group of such individual.	group ting pu	of e	ses if su	ch cont	tracts are	expe	erience-rated as a ur	nit. Where o	ontract	s cover individual
8	Bene	efit a	and contract type (check all applicable boxes)										
	а	Не	ealth (other than dental or vision)	b	De	ental			с	Vision		d X	Life insurance
	еĒ	_	emporary disability (accident and sickness)	f 🗏		ng-term	disahili	itv	g	Supplemental uner	nnlovment	- =	Prescription drug
		-			_	_		ity		1	прюутноги	- =	
	'	_	op loss (large deductible)	ı 🗆	HIV	10 contr	act		K_	PPO contract		'⊔	Indemnity contract
	m	( O	ther (specify) AD&D										
_													
9			ce-rated contracts:					0-/4					
			niums: (1) Amount received						_			_	
			ncrease (decrease) in amount due but unpaid						-				
		` '	ncrease (decrease) in unearned premium res Earned ((1) + (2) - (3))								9a(4)		
		. ,	nefit charges (1) Claims paid								3a(4)		
			ncrease (decrease) in claim reserves										
			ncurred claims (add (1) and (2))								9b(3)		
			Claims charged										
		` '	nainder of premium: (1) Retention charges (c										
			(A) Commissions				•	9c(1)(	(A)				
			(B) Administrative service or other fees										
			(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)		1		
			(H) Total retention						_		— <u>`                                   </u>	I)	
			Dividends or retroactive rate refunds. (These						ш				
	d		tus of policyholder reserves at end of year: (1										
		` '	Claim reserves										
		` '	Other reserves										
10			dends or retroactive rate refunds due. (Do n	ot incl	lude	amount	entere	d in line s	€C(2)	.)	9e		
10			perience-rated contracts:								100		44544
	_		al premiums or subscription charges paid to c								10a		41514
	_	rete	e carrier, service, or other organization incurention of the contract or policy, other than repnature of costs.								10b		
P	Spec	cify r		oned i	III Fo	art I, illie	: 2 abov	е, терип	ати	JUI II.			
											1 v	V	_
			insurance company fail to provide any inform					lete Sche	edule	A?	Yes	X No	)
12	If th	ne ai	nswer to line 11 is "Yes," specify the informat	ion no	ot pro	ovided.	<b>&gt;</b>						

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

2018

This Form is Open to Public

		pursuant to ERISA section 103(a)(2).			Inspection			
For calendar plan year 20°	18 or fiscal plan	year beginning 01/01/2018		and endi	ing 12/3	1/2018		
A Name of plan WELD COUNTY GARAG	E HEALTH ANI	O WELFARE BENEFIT PLAN	В		digit umber (PN	ı) <b>•</b>	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	rrier							
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	<ul><li>(e) Approximate numb persons covered at er</li></ul>				or contract year	
(b) LIN	code	identification number	policy or contract ye		(f)	From	<b>(g)</b> To	
82-2723296	60380	0CGM6	63	(	01/01/2018	3	12/31/2018	
	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	amount of comn			(b) Tota	al amount o	of fees paid		
		10340					39	
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all per	rsons).				
	(a) Name a	nd address of the agent, broker, o		ommissio	ns or fees	were paid		
DANNIE C JOHNSON		PO BOX GREELI	336243 EY, CO 80633					
(b) Amount of sales ar	nd base	Fees	and other commissions p	oaid				
commissions pai		(c) Amount	(d) Purpose			(e) Organization code		
	1630	0					3	
	(a) Name a	nd address of the agent, broker, o	or other person to whom c	ommissio	ns or fees	were paid		
SHIRAZI MILLER BENEFI	TS LLC	STE A	20TH ST EY, CO 80634					
(b) Amount of sales ar	nd base	Fees	and other commissions p	oaid				
commissions pai		(c) Amount	(d)	Purpose			(e) Organization code	
	1313	0					3	

Schedule A (Form 5500)	2018	Page <b>2 –</b> 1	
(a) Nam	ne and address of the agent broker	, or other person to whom commissions or fees were paid	
DANIEL L FRENCH	240 43	3RD AVE ELEY, CO 80634	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1200	0		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
KYLE PROBASCO	4928 \$	SILVERWOOD DR ISTOWN, CO 80534	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1182	4	FEES PAID	3
(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
LAURA M MARCOTTE	4928 \$	SILVERWOOD DR STOWN, CO 80534	
(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
867	4	FEES PAID	3
(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
HADEN PAUL KEOGH	1112 [ APT G	DAVIDSON DR	
#NA		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
769	9	FEES PAID	3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
NICHOLAS J LIVADITIS	2275	ROCKY MOUNTAIN AVE LAND, CO 80538	

Fees and other commissions paid

(d) Purpose

(c) Amount

0

**(b)** Amount of sales and base commissions paid

769

(e) Organization code

Page	2	_	2

<b>(a)</b> Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
KATHY WIEDEMANN	220 H	IIGH VIEW DR	
	BOUL	DER, CO 80304	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization code
commissions paid 419	0	(-)	code 3
419	l		3
		, or other person to whom commissions or fees were paid	
MARSHALL R BERKLEY		7 HUNTERS CROSSING LN .ESON, TX 76028	
	BOKE	.E.SON, 1X 70020	
			Т ()
(b) Amount of sales and base		Fees and other commissions paid	<b>(e)</b> Organization
commissions paid	(c) Amount	(d) Purpose	code
214	0		3
	<u> </u>		
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
BRITTON L JOHNSON		CENTERVIEW DR	
BRITTON E SOTINGON	STE 3	300	
	LITTLI	E ROCK, AR 72211	
	1	Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid		(u) i uipose	code
208	0		3
<b>(a)</b> Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
DAVID HANCOCK INC		OX 423	
	LAVO	N, TX 75166	
			<del></del>
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
177	0		3
	<u> </u>		
(a) Nov	me and address of the agent broken	or other person to whom commissions or feed were poid	
BONNIE FRENCH		r, or other person to whom commissions or fees were paid	
BOINNIE FRENCH	GREE	3RD AVE ELEY, CO 80634	
		Fees and other commissions paid	(e)
(b) Amount of sales and base		·	Organization
commissions paid	(c) Amount	(d) Purpose	code
161	0		3

Page	2 –	3
Page	2 –	3

<b>(a)</b> Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
CHAD T ATWOOD		60TH AVE ELEY, CO 80634	
		Face and other commissions noid	(0)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
159	0		3
(a) Nan	ne and address of the agent broker	, or other person to whom commissions or fees were paid	·
JOHN P THOMPSON JR	6395 STE 4	S KEWAUNEE WAY	_
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
146	0		3
<b>(a)</b> Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	•
SHIRAZI BENEFITS LLC	STE A	W 20TH ST N ELEY, CO 80634	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
133	0		3
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
JONATHAN SAMUEL KIRKLAND		MILGEN RD IMBUS, GA 31907	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
124	0		3
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	<u> </u>
MICHAEL P BAUMAN	11935	S CONESTOGA TRL S RT, CO 80106	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
120	0		3

Page	2 –	4

(a) Nan	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
STACEY THOMAS CAMPBELL		14TH AVE ELEY, CO 80631	
	OKEL	1221, 00 00031	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
116	0		3
		r, or other person to whom commissions or fees were paid	
LOUIS H PALMIERI		ADOBE DR COLLINS, CO 80525	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
102	0		3
(a) Nan	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
ROBERT J BALL	PO BO	OX 336386	
	GREE	ELEY, CO 80633	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
68	0		3
SUSAN N SCHULZ		r, or other person to whom commissions or fees were paid	
SOSAN N SCHOLZ		COLLINS, CO 80525	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 63	(c) Amount	(d) Purpose	code 3
03	U		3
(a) Nan	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
JOSE DE LOS SANTOS III	15550	E COPPER CREEK LN	
	PARK	KER, CO 80134	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
54	0		3

<b>(a)</b> Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
PAUL J MALO		OX 38 STONE, CO 80520	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
54	0		3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
TINA WAY		DE COPPER CREEK LN KER, CO 80134	
	7,444	21, 33 30101	
		Francisco de albano con constitucione de al	(-)
(b) Amount of sales and base		Fees and other commissions paid	<b>(e)</b> Organization
commissions paid 38	(c) Amount	(d) Purpose	code 3
		r, or other person to whom commissions or fees were paid	
VICTOR M GLAZE	402 P FORT	PLOWMAN CT COLLINS, CO 80526	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
36	0		3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
KIEFER GROUP INSURANCE AGEN		NVERNESS DR	
	ENGL	E 300 LEWOOD, CO 80112	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
31	0		3
	L		
		r, or other person to whom commissions or fees were paid	
ROBERT M SPANGLER	799 R OGAL	OAD WEST A S LLALA, NE 69153	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
22	0		3

14

Page	2 –	6
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<b>(a)</b> Nan	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid		
LIZBETH DOMINGUEZ		E 25TH ST ELEY, CO 80631		
	OKEE	LE1, 00 00031		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid	` '	.,,	code	
31	21	FEES PAID	3	
	•	, or other person to whom commissions or fees were paid		
MARK E FRIEHE	11218 STE 1	3 JOHN GALT BLVD 01		
	OMAH	HA, NE 68137		
	1	Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid	(c) Amount	(u) i dipose	code	
18	U		3	
		, or other person to whom commissions or fees were paid		
WILLIAM O CORNELL		ME RD NE PLACID, FL 33852		
	1	Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
15	0		3	
(a) Nan	ne and address of the agent, broker	, or other person to whom commissions or fees were paid		
ROBERT L OLMSTEAD		W VERDIN RD		
	GOOD	DYEAR, AZ 85338		
			T	
(b) Amount of sales and base		Fees and other commissions paid	(e)	
commissions paid	(c) Amount	(d) Purpose	Organization code	
. 14	0		3	
(a) Nan	ne and address of the agent, broker,	, or other person to whom commissions or fees were paid		
TANYA L MARTINSON	6395	S KEWAUNEE WAY		
	AURO	PRA, CO 80016		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	

0

Page	2	_	7	

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
JOSEPH CHARLES MARCOTTE		BROOKSTONE CT					
0002.1101###220####		LAND, CO 80538					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base			Organization				
commissions paid	(c) Amount	(d) Purpose	code				
13	0		3				
(a) Nar	me and address of the agent broker	, or other person to whom commissions or fees were paid					
ALLISON FARRIS WENDELBERGER		ANTA FE DR					
ALLIOON I ARRIO WENDELBERGE		NUT CREEK, CA 94598					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base			Organization				
commissions paid	(c) Amount	(d) Purpose	code				
12	0		3				
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
JOHN P THOMPSON JR		ABAL SPRINGS CT					
JOHN THOM JON SIX	DEBA	RY, FL 32713					
	Fees and other commissions paid						
(b) Amount of sales and base			<b>(e)</b> Organization				
commissions paid	(c) Amount	(d) Purpose	code				
11	0		3				
	L						
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
SUSAN N SCHULZ	1039 L	LOUISE ST					
	HOUS	STON, TX 77009					
		Fees and other commissions paid	(e)				
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization				
commissions paid		(a) i diposo	code				
11	0		3				
<b>(a)</b> Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid					
ED KRAUSE	3800 [	PIKE RD					
	APT 1	4301 GMONT, CO 80503					
	LONG	11 ( CO 00303					
		Fees and other commissions paid	(e)				
<b>(b)</b> Amount of sales and base	(c) Amount	(d) Purpose	Organization				
commissions paid		(4) : 4:5000	code 3				
12	0		3				

SARA E BRIERY

Page	2 –	8
raye	_	0

	SAVA	NNAH, GA 31411			
		Fees and other commissions paid	(e)		
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
8	0		3		
(a) Nan	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid			
LAWRENCE A ELMORE	PO BO	OX 244 RISON, CO 80465			
4) )		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
4	0		3		
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid			
CAROLYN DEBORAH WALTMAN	1728 (	GREEN RIVER DR SOR, CO 80550			
Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
2	0		3		
<b>(a)</b> Nan	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
<b>(a)</b> Nan	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
			l		

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

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Part II		II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts v	vith each carrier may be	e treated a	as a unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at year			4	
-		ent value of plan's interest under this contract in separate accounts at year e	nd		5	
6		racts 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 co			6d	
		retention of the contract or policy, enter amount.			<b>-</b>	
		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	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	rate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	te participation	guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶				
		<del>-</del>				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
	_	(6)Total additions			7c(6)	
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			7d	
		Deductions:	7-(4)			
		(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) 7e(4)			
		(4) Other (specify below)	. /e(4)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Part III   Welfare Benefit Contract Information												
		If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual	rting pu	ırpose	s if such co	ontracts are	e exp	erience-rated as a un	it. Where co	ontract	ts cover individual	
8	Benefit	t and contract type (check all applicable boxes	)									
	а ∏	Health (other than dental or vision)	b	Dent	tal		с	Vision		d□	Life insurance	
		Temporary disability (accident and sickness)	f⊟		g-term disal	oility	g	Supplemental unem	nlovment	h∏	Prescription drug	
	- =		· 📙		contract	·····		PPO contract	.p.oyo	브	Indemnity contract	
		Stop loss (large deductible)	. J ∐	HIVIC	Contract		<b>^</b>	PPO Contract		•⊔	indemnity contract	
	m X	Other (specify) SUPPLEMENTAL INSURAL	NCE									
_												_
9	•	ence-rated contracts:				0-4				_		
		emiums: (1) Amount received								4		
	,	) Increase (decrease) in amount due but unpai					_			_		
		) Increase (decrease) in unearned premium re ) Earned ( <b>(1) + (2) - (3)</b> )					-		9a(4)	_		
	_ `	enefit charges (1) Claims paid							3a(4)			
		) Increase (decrease) in claim reserves					_					
	,	) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					,		9b(3)	_		_
		) Claims charged							9b(4)	-		_
	,	emainder of premium: (1) Retention charges (										
		(A) Commissions			,	9c(1)	(A)			_		
		(B) Administrative service or other fees				- //						
		(C) Other specific acquisition costs				9c(1)	(C)					
		(D) Other expenses				9c(1)	(D)					
		(E) Taxes				9c(1)	(E)					
		(F) Charges for risks or other contingencies.										
		(G) Other retention charges				9c(1)	(G)					
		(H) Total retention							```	)		
	(2	2) Dividends or retroactive rate refunds. (These	e amou	ınts w	ere paid	l in cash, c	or 📗	credited.)	9c(2)			
	<b>d</b> S	tatus of policyholder reserves at end of year: (	1) Amo	ount he	eld to provi	de benefits	after	retirement	. 9d(1)			
	(2	?) Claim reserves							9d(2)			
	•	3) Other reserves							9d(3)			
		ividends or retroactive rate refunds due. (Do r	not inclu	ude ar	mount ente	red in line	9c(2)	.)	<b>9e</b>			_
10		xperience-rated contracts:										
		otal premiums or subscription charges paid to							10a		646	33
	re	the carrier, service, or other organization incur etention of the contract or policy, other than rep	,	, ,				'	10b			
		etention of the contract or policy, other than rep y nature of costs.	orted ir	n Part	t I, line 2 ab	ove, repor	t amo	ount	. <u>10b</u>			
	art IV	Provision of Information	mation	2000	agary to con	anlata Sah	odulo	. A.2	Vas	X N		_
		ne insurance company fail to provide any inform				nplete Sch	edule	e A?	Yes	X No	<u>5</u>	_
12	If the	answer to line 11 is "Yes," specify the informa	tion not	t provi	ided.							