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

2018

This Form is Open to Public Inspection

Part I	Annual Report le	dentification Information					
For calenda	ar plan year 2018 or fis	cal plan year beginning 01/01/2	18	and ending 12/31/2018			
A This retu	urn/report is for:	a multiemployer plan		ployer plan (Filers checking this employer information in accorda			ns.)
		X a single-employer plan	a DFE (specif	ý)			
B This return/report is:		the first return/report	the final return	•			
		an amended return/report	a short plan y	ear return/report (less than 12 n	nonths)	
C If the pla	an is a collectively-barg	ained plan, check here				•	
D Check b	oox if filing under:	X Form 5558	automatic exte	ension	the	e DFVC program	
		special extension (enter des	ription)		_		
Part II	Basic Plan Infor	mation—enter all requested in	ormation				
1a Name	of plan	•			1b	Three-digit plan	
HOMELAN	ND VINYL PRODUCTS	, INC. EMPLOYEE BENEFIT PL	1			number (PN) ▶	501
					1c	Effective date of pla 05/01/1995	an
		er, if for a single-employer plan) n, apt., suite no. and street, or P.	. Box)		2b	Employer Identifica Number (EIN)	tion
•		, country, and ZIP or foreign pos	al code (if foreign, see inst	ructions)		63-1155229	
HOMELAND VINYL PRODUCTS, INC. 2c Plan Sponsor's telephon number 205-854-4330							
3300 PINSON VALLEY PKWY BIRMINGHAM, AL 35217 3300 PINSON VALLEY PKWY BIRMINGHAM, AL 35217				2d	Business code (see instructions) 325900)	

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	07/28/2019 Date	ERIC SCOTT SMITH Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	07/28/2019	ERIC SCOTT SMITH
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as employer or plan sponsor Enter name of individual signing as DFE

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

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3a	Plan administrator's name and address X Same as Plan Sponsor		3b Administrat	or's EIN
			3c Administrate number	or's telephone
4	If the name and/or EIN of the plan sponsor or the plan name has changed sine enter the plan sponsor's name, EIN, the plan name and the plan number from		lan, 4b EIN	
a C	Sponsor's name Plan Name		4d PN	
5	Total number of participants at the beginning of the plan year		5	427
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d).	d (welfare plans complete only lines 6a	(1),	
a(1) Total number of active participants at the beginning of the plan year		6a(1)	427
a(2) Total number of active participants at the end of the plan year		6a(2)	427
b	Retired or separated participants receiving benefits		6b	
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines 6a(2), 6b, and 6c		6d	427
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	6e	
f	Total. Add lines 6d and 6e		6f	
g	Number of participants with account balances as of the end of the plan year complete this item)		6g	
h	Number of participants who terminated employment during the plan year with less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item	n) 7	
b	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits.	es from the List of Plan Characteristics	s Codes in the instruction	
9a	Plan funding arrangement (check all that apply) (1) X Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	9b Plan benefit arrangement (check (1) X Insurance (2) Code section 412 (3) X Trust (4) General assets of	2(e)(3) insurance contrac	cts
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ttached, and, where indicated, enter th	e number attached. (Se	e instructions)
а	Pension Schedules	b General Schedules		
	(1) R (Retirement Plan Information)	(1) X H (Financia	al Information)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) I (Financia	l Information – Small Pla	an)
	Purchase Plan Actuarial Information) - signed by the plan	(3) X 17 A (Insurance	ce Information)	
	actuary	(4) X C (Service	Provider Information)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Pa	rticipating Plan Informati	on)
	Information) - signed by the plan actuary	(6) G (Financia	al Transaction Schedules	s)

Form 5500 (2018)

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.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2018

		pursuant to E	RISA section 103(a)(2).			110 1 011	Inspection
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan HOMELAND VINYL PRO	DUCTS, INC. E	EMPLOYEE BENEFIT PLA		B Three	e-digit number (PN	N) •	501
C Plan sponsor's name a HOMELAND VINYL PRO		e 2a of Form 5500			yer Identific 1155229	ation Number (EIN)
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca							
# N = N .	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To
35-1817054	92711	HCL18413	227	01/01/20		3	04/30/2018
2 Insurance fee and come descending order of the		ation. Enter the total fees and tota	l commissions paid. Li	st in line 3	the agents,	brokers, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all p	persons).			
		nd address of the agent, broker,	<u> </u>			were paid	
USI INSURANCE SERVIC	ES LLC		RBAN CENTER DRIVE GHAM, AL 35242	SUITE 62	5		
(b) Amount of sales ar	nd base	Fees	s and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose				(e) Organization code
	(a) Name a	nd address of the agent, broker,	or other person to whon	n commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fees	s and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose				(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) 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
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) 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
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗀 🖫			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	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 ting p	p of e	ses if	such co	ontracts a	are exp	eri	ience-rated as a uni	t. Where o	contrac	ts cover individua	
8	Bene	efit a	nd contract type (check all applicable boxes)												
	а	Не	ealth (other than dental or vision)	b	De	ental			С	١	Vision		d	Life insurance	
	е	Te	emporary disability (accident and sickness)	f 🗍	= Lc	ong-te	rm disal	oility	g	_ 	Supplemental unem	ployment	hΠ	Prescription dru	ıq
	i 5	=	op loss (large deductible)	ιĖ		-	ontract	,			PPO contract	. ,	- =	Indemnity contra	
	L	_		, _	٦	1410 00	Jilliaot			١.	i i o contract		•⊔	macming contro	201
	m] 0	ther (specify)												
a	Evne	rion	ce-rated contracts:												
,			niums: (1) Amount received					9:	(1)						
			ncrease (decrease) in amount due but unpaid						(2)						
			ncrease (decrease) in unearned premium res						(3)						
		` '	Earned ((1) + (2) - (3))									. 9a(4)			
		. ,	efit charges (1) Claims paid									1 7			
			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	accr	rual ba	asis)								
			(A) Commissions					9c()(A)						
			(B) Administrative service or other fees)(B)						
			(C) Other specific acquisition costs		•••••)(C)						
			(D) Other expenses					0-/)(D)						
			(E) Taxes												
			(F) Charges for risks or other contingencies.					0-7)(F))(G)				_		
			(G) Other retention charges									9c(1)(F	1/		
			(H) Total retention Dividends or retroactive rate refunds. (These						_				''		
	a														
	d		tus of policyholder reserves at end of year: (1 Claim reserves									. 9d(1) . 9d(2)			
		` '	Other reserves												
	е	` '	dends or retroactive rate refunds due. (Do n												
10			perience-rated contracts:	01110	naao	amoc	ant onto		<u> </u>	, .,.		., 00			
			al premiums or subscription charges paid to o	carrie	r							. 10a			118696
	b	If th	e carrier, service, or other organization incur- ntion of the contract or policy, other than rep	red ar	ny sp	pecific	costs in	n connec	tion wit	th t	the acquisition or				
n	Spe	rete	ntion of the contract or policy, other than repnature of costs.									. 10b			
Р	art I	V	Provision of Information												
11	Did	the	insurance company fail to provide any inform	nation	า nec	cessar	ry to con	nplete S	hedule	e A	.?	Yes	X N	lo	
12	If th	ne ar	nswer to line 11 is "Yes," specify the informat	ion no	ot pro	ovided	d. •								

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 E	RISA section 103(a)(2)			111101011	Inspection	
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	ding 12/3	1/2018		
A Name of plan HOMELAND VINYL PRO	DUCTS, INC. E	EMPLOYEE BENEFIT PLA		B Three	e-digit number (PN	N) •	501	
C Plan sponsor's name a HOMELAND VINYL PRO		e 2a of Form 5500			oyer Identific 1155229	ation Number (EIN)	
		ning Insurance Contract . Individual contracts grouped as						
1 Coverage Information:								
(a) Name of insurance ca								
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To	
57-0523959	77828	CLI 96451	232		05/01/2018	3	12/31/2018	
2 Insurance fee and communication descending order of the		ation. Enter the total fees and tota	l commissions paid. Li	ist in line 3	the agents,	brokers, and o	her persons in	
(a) Total a	amount of comm			(b) To	otal amount	of fees paid		
		0					0	
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all	persons).				
		nd address of the agent, broker,				were paid		
JH BERRY RISK SERVICE	ES, LLC		RNESS CENTER PKW GHAM, AL 35242	Y SUITE 31	10			
(b) Amount of sales ar	nd base	Fees	s and other commission	ns paid				
commissions pai		(c) Amount	(d) Purpose				(e) Organization code	
							3	
	(a) Name a	nd address of the agent, broker,	or other person to whor	m commiss	ions or fees	were paid		
(b) Amount of sales ar	nd base	Fees	s and other commission	ns paid				
commissions pai		(c) Amount	(d) Purpose				(e) Organization code	

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) 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
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) 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
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗀 🖫			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Pa	art	III Welfare Benefit Contract Information	tion				
		If more than one contract covers the same g					
		the information may be combined for reportir employees, the entire group of such individual					
Ω	Bon	nefit and contract type (check all applicable boxes)	ui contracto with cach ca	amer may be	troated as a unit for p	uipooco oi t	по горога
•	F		h Dontal	٦	l Vision		d ☐ Life insurance
	a		b Dental	_	Vision		<u> </u>
	e	Temporary disability (accident and sickness)	f Long-term disabilit	· - <u>-</u>	Supplemental unem	ployment	h Prescription drug
	i	X Stop loss (large deductible)	j HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Ехр	perience-rated contracts:					
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid.		9a(2)			
		(3) Increase (decrease) in unearned premium rese					
		(4) Earned ((1) + (2) - (3))				. 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	Remainder of premium: (1) Retention charges (on	· · · · · · · · · · · · · · · · · · ·	00/1)/(1)			
		(A) Commissions(B) Administrative service or other fees		9c(1)(A) 9c(1)(B)			
		(C) Other specific acquisition costs		0 (4)(0)			
		(D) Other expenses		0 (4)(D)			
		(E) Taxes					
		(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 a	amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)	—	_			
		(2) Claim reserves				. 9d(2)	
		(3) Other reserves				. 9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not	include amount entered	d in line 9c(2) .	.)	. 9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	rrier			. 10a	178484
	b	If the carrier, service, or other organization incurre			•		
	Cna	retention of the contract or policy, other than repor	ted in Part I, line 2 abov	e, report amo	unt	10b	
	Spe	ecify nature of costs.					
P	art	IV Provision of Information					
			ation nooneens to compl	oto Sobodula	л2 П	Yes	No No
		id the insurance company fail to provide any informa		ere ocueanie	A!	169	V 140
12	If t	the answer to line 11 is "Yes," specify the information	n not provided. ▶				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

		pursuant to	ERISA section 103(a)(2)	-			Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018							
A Name of plan HOMELAND VINYL PRO	DUCTS, INC.	EMPLOYEE BENEFIT PLA			e-digit number (PN	N) •	501
C Plan sponsor's name as shown on line 2a of Form 5500 HOMELAND VINYL PRODUCTS, INC. D Employer Identification Number (Electron Section Number) 63-1155229					EIN)		
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		AMA					
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
63-0103830	55433	46181	357	,	01/01/2018	8	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 amount of commissions paid (b) Total amount of fees paid							
	0						
3 Persons receiving com		fees. (Complete as many entrie					
	(a) Name	and address of the agent, broke	r, or other person to whor	m commiss	ions or fees	were paid	
(b) Amount of sales a	nd base	F(ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	Э		(e) Organization code
	(a) Name	and address of the agent, broke	r. or other person to who	m commissi	ions or fees	were paid	
	(4)		, o. ca.e. posce, coc.			word pane	
(b) Amount of sales a	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	e		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) 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
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) 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
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗀 🖫			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	art II	Welfare Benefit Contract Info If more than one contract covers the s the information may be combined for employees, the entire group of such in	same group of employees of the reporting purposes if such cor	ntracts are expe	erience-rated as a unit. Where o	contracts cover individual
8	Bene	efit and contract type (check all applicable b	oxes)			
	а	Health (other than dental or vision)	b X Dental	с	Vision	d Life insurance
	e 🗀	Temporary disability (accident and sickne	. H	lity g	Supplemental unemployment	h Prescription drug
	i F		j HMO contract		PPO contract	- =
	<u> </u>	Stop loss (large deductible)	J HIMO CONTIACT	<u> </u>	FFO contract	I Indemnity contract
	m	Other (specify)				
0		priones rated contracts.				
9		erience-rated contracts:		00/1)		_
		Premiums: (1) Amount received(2) Increase (decrease) in amount due but u				
		(3) Increase (decrease) in unearned premiu				_
	,	(4) Earned ((1) + (2) - (3))			9a(4)	
		Benefit charges (1) Claims paid			3408	
		(2) Increase (decrease) in claim reserves				
		(3) Incurred claims (add (1) and (2))			9b(3)	34080
		(4) Claims charged				
	C	Remainder of premium: (1) Retention charge	ges (on an accrual basis)			
		(A) Commissions		9c(1)(A)		
		(B) Administrative service or other fees			468	6
		(C) Other specific acquisition costs				
		(D) Other expenses				
		(E) Taxes				
		(F) Charges for risks or other contingen	cies	9c(1)(F)		
		(G) Other retention charges			0-(4)/1	1) 4000
		(H) Total retention	_	_		
		(2) Dividends or retroactive rate refunds. (
		Status of policyholder reserves at end of ye				
		(2) Claim reserves			· · · · ·	
		(3) Other reserves Dividends or retroactive rate refunds due.				
10		nexperience-rated contracts:	(Do not include amount entere	ed iii iiile 90(2) .	.j 3e	
		Total premiums or subscription charges pai	id to carrier		10a	
	b	If the carrier, service, or other organization	incurred any specific costs in	connection witl	h the acquisition or	
	b	If the carrier, service, or other organization retention of the contract or policy, other tha cify nature of costs.	incurred any specific costs in	connection witl	h the acquisition or	
Р	art I\	V Provision of Information				
11	Did	the insurance company fail to provide any i	information necessary to comp	olete Schedule	A? Yes	X No
12	If th	he answer to line 11 is "Yes," specify the info	ormation not provided.			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2018

		pursuant to El	RISA section 103(a)(2).			111101011	Inspection
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan HOMELAND VINYL PRO	DUCTS, INC. E	MPLOYEE BENEFIT PLA		B Three	e-digit number (PN	N) •	501
C Plan sponsor's name as shown on line 2a of Form 5500 HOMELAND VINYL PRODUCTS, INC. D Employer Identification Number (E 63-1155229)					EIN)		
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca UNUM LIFE INSURANCE		AMERICA					
(1.) FINI	(c) NAIC	(d) Contract or	(e) Approximate nui			Policy or co	ontract year
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To
01-0278678	62235	934271	154		01/01/2018	8	01/01/2019
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid (b) Total amount of fees paid							
	4504 0						
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all p	ersons).			
		nd address of the agent, broker, o		commiss	ions or fees	were paid	
USI INSURANCE SERVIC	ESTLC	PO BOX VIRGINI	A BEACH, VA 23466				
(b) Amount of sales ar	nd base	Fees	s and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose				(e) Organization code
	2286						3
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commissi	ions or fees	were paid	
JH BERRY RISK SERVICE		22 IVER	NESS CENTER PKWY GHAM, AL 35242			·	
(b) Amount of sales ar	nd base	Fees	s and other commission	s paid			
commissions pai		(c) Amount	(1	d) Purpose	Э		(e) Organization code
	2218						3

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) 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
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) 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
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	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	ting purpo	ses if such con	tracts are exp	erience-rated as a	unit. Where co	ontracts cover indivi	
8	Ben	efit a	nd contract type (check all applicable boxes)							
	а	Не	ealth (other than dental or vision)	b De	ental	С	Vision		d X Life insurance	е
	еĪ	_ Τε	emporary disability (accident and sickness)	f 🗆 Lo	ong-term disabi	ity g	Supplemental und	emplovment	h Prescription	drua
	i [=	op loss (large deductible)		MO contract	·	PPO contract		I Indemnity co	-
	. [, □	vio contract		1 1 0 contract			Titlact
	m		ther (specify)							
a	Evn	arian	ce-rated contracts:							
			niums: (1) Amount received			9a(1)				
	_		ncrease (decrease) in amount due but unpaid							
			ncrease (decrease) in unearned premium res			1 1 1				
			Earned ((1) + (2) - (3))					9a(4)		
	b	. ,	efit charges (1) Claims paid					, , ,		
		(2) li	ncrease (decrease) in claim reserves			. 9b(2)				
		(3) lı	ncurred claims (add (1) and (2))					9b(3)		
		(4) C	Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	n an accr	ual basis)		T			
			(A) Commissions							
			(B) Administrative service or other fees			2 (4)(2)				
			(C) Other specific acquisition costs			0 (4)(D)				
			(D) Other expenses						_	
			(E) Taxes			9c(1)(E)				
			(F) Charges for risks or other contingencies. (G) Other retention charges			9c(1)(G)				
			(H) Total retention(H)					9c(1)(H))	
			Dividends or retroactive rate refunds. (These						,	
	d		tus of policyholder reserves at end of year: (1							
	u		Claim reserves					9d(1)		
		` '	Other reserves							
	е	` '	dends or retroactive rate refunds due. (Do n							
10	No	nexp	perience-rated contracts:							
	а	Tota	al premiums or subscription charges paid to o	arrier				10a		14961
	b Spe	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep nature of costs.	, ,						
Pa	art	IV	Provision of Information							
			insurance company fail to provide any inform	nation nec	essary to comr	olete Schedule	e A?	Yes	X No	
			nswer to line 11 is "Yes," specify the informat					<u> </u>		
	11 (iic ai	one to line in the rea, specify the informati	on not pit	Ovidod. F					

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

2018

This Form is Open to Public Inspection

		pursuant to	ERISA section 103(a)(2)				Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/201					1/2018		
A Name of plan HOMELAND VINYL PRO	DUCTS, INC. I	EMPLOYEE BENEFIT PLA			B Three-digit plan number (PN) 501		
C Plan sponsor's name as shown on line 2a of Form 5500 HOMELAND VINYL PRODUCTS, INC. D Employer Identification Number (E 63-1155229				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		FAMERICA					
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
01-0278678	62235	934272	461		01/01/2018	8	01/01/2019
	2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total amount of commissions paid (b) Total amount of fees paid							
	4612 0						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).			
		and address of the agent, broke				were paid	
JH BERRY RISK SERVICE	ES, LLC		ERNESS CENTER PKW INGHAM, AL 35242	Y SUITE 31	10		
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	2363						
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid	
USI INSURANCE SERVIC	ES LLC	PO B VIRG	OX 61187 NIA BEACH, VA 23466				
(b) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid						
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code
	2249						3

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) 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
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) 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
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Pa	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each care.	racts are expe	érience-rated as a unit. Wh	here contracts	cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision)	С	Vision	d 🛚 L	ife insurance
	e	▼ Temporary disability (accident and sickness) ▼ Long-term disability	<u>-</u> -	Supplemental unemployn		rescription drug
	i [Stop loss (large deductible) j HMO contract	່ ອ_ k	PPO contract	- =	idemnity contract
	' L		ν_	110 contract	•□ "	definity contract
	m	Other (specify)				
9	Evne	perience-rated contracts:				
		Premiums: (1) Amount received	9a(1)			
	a	(2) Increase (decrease) in amount due but unpaid	· · · ·			
		(3) Increase (decrease) in unearned premium reserve				
		(4) Earned ((1) + (2) - (3))		c	9a(4)	
	b			•	λα(4)	
	-	(2) Increase (decrease) in claim reserves				
		(3) Incurred claims (add (1) and (2))		g	9b(3)	
		(4) Claims charged			b(4)	
					(.)	
	_	(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	9c(1)(F)			
		(G) Other retention charges				
		(H) Total retention		9c	(1)(H)	
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	n cash, or	credited.)g	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after		9d(1)	
		(2) Claim reserves)d(2)	
		(3) Other reserves			d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entered	d in line 9c(2)	.)	9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	19624
	b Sno	retention of the contract or policy, other than reported in Part I, line 2 above			10b	
	Spe	ecify nature of costs.				
Pa	art l	IV Provision of Information				
		id the insurance company fail to provide any information necessary to comp	lete Schedule	A? Yes	X No	
		the answer to line 11 is "Yes," specify the information not provided.	.c.o conoddio			

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). Inspection										
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018	and en	nding 12/31/2	018					
A Name of plan HOMELAND VINYL PRO	DUCTS, INC. E	MPLOYEE BENEFIT PLA		e-digit number (PN)	•	501				
C Plan sponsor's name a HOMELAND VINYL PRO		e 2a of Form 5500		oyer Identification 1155229	on Number (EIN)				
		ning Insurance Contract (Individual contracts grouped as								
1 Coverage Information:										
(a) Name of insurance ca		AMERICA								
/b) [IN]	(c) NAIC	(d) Contract or	(e) Approximate number of		Policy or co	ontract year				
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) Fro	om	(g) To				
01-0278678	62235	934273	165	01/01/2018		01/01/2019				
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	commissions paid. List in line 3	the agents, bro	kers, and ot	her persons in				
(a) Total amount of commissions paid (b) Total amount of fees paid										
4569 0										
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	s needed to report all persons).							
		nd address of the agent, broker, o	•	ions or fees we	re paid					
USI INSURANCE SERVIC	ES LLC	PO BOX VIRGINI.	61187 A BEACH, VA 23466							
(b) Amount of sales a	nd base	Fees	and other commissions paid							
commissions pa		(c) Amount	(d) Purpose		(e) Organization code					
	2352					3				
	(a) Name a	nd address of the agent, broker, c	or other person to whom commiss	ions or fees we	re paid					
JH BERRY RISK SERVICE		22 IVER	NESS CENTER PKWY SUITE 3' GHAM, AL 35242		•					
(b) Amount of sales a	nd base	Fees	and other commissions paid							
commissions pa		(c) Amount	(d) Purpos	e		(e) Organization code				
	2217					3				
F B	n Act Nation	as the Instructions for Form FF	200		Cabaa					

Schedule A (Form 5500) 2018	Page 2 – 1					
(a) 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				
(a) 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							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
•							
(a) Na	The standard of the stand business						
(a) 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	(0,1	(a) supers	code				
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	art	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 ting pu	of e	ses if suc	ch cont	racts are	expe	erience-rated as a uni	t. Where c	ontract	s cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)										
	а	Н	ealth (other than dental or vision)	b	De	ntal			С	Vision		d	Life insurance
	е	Te	emporary disability (accident and sickness)	f X	Lor	ng-term	disabili	tv	g∏	Supplemental unem	ployment	h∏	Prescription drug
	ιĖ	_	op loss (large deductible)	i⊢	_	10 contra		-	ᅟᆜ	PPO contract	. ,	- =	Indemnity contract
	L	_		, _□]	10 001111	uot		., □	110 contract		• Ш	macrimity contract
	m		ther (specify)										
a	Evne	rion	ce-rated contracts:										
•			niums: (1) Amount received					9a(1)					
			ncrease (decrease) in amount due but unpaid						_				
			ncrease (decrease) in unearned premium res						_				
		` '	Earned ((1) + (2) - (3))								. 9a(4)		
	b	. ,	efit charges (1) Claims paid										
		(2) I	ncrease (decrease) in claim reserves					9b(2)				
		(3) I	ncurred claims (add (1) and (2))								. 9b(3)		
		(4) (Claims charged								. 9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	n an a	accru	ual basis	·)	_					
			(A) Commissions										
			(B) Administrative service or other fees					0 (4)//					
			(C) Other specific acquisition costs					0.7417					
			(D) Other expenses					0 - /4 \ /	_				
			(E) Taxes										
			(F) Charges for risks or other contingencies.					0 - /4 \ /	3)				
			(G) Other retention charges(H) Total retention								9c(1)(H	1)	
			Dividends or retroactive rate refunds. (These						_			'	
	d		tus of policyholder reserves at end of year: (1										
	u		Claim reserves								9d(1)		
		` '	Other reserves										
	е	` '	dends or retroactive rate refunds due. (Do n										
10			perience-rated contracts:						- (/	,			
	а		al premiums or subscription charges paid to o	carrier							. 10a		20113
	b Spe	If th	e carrier, service, or other organization incur ntion of the contract or policy, other than rep nature of costs.	red an	ny spe	ecific co	sts in c	onnectio	n with	h the acquisition or			
D		cify r	nature of costs.	ortea II	IN Pa	arti, iine	2 abov	e, report	amo	unt	. 105		
	art l		Provision of Information									_	
11	Dic	l the	insurance company fail to provide any inform	nation	nece	essary to	compl	ete Sche	dule	A?	Yes	X No)
12	lf tl	ne ai	nswer to line 11 is "Yes," specify the informat	ion no	t pro	vided.	>						

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 E	RISA section $103(a)(2)$.				nspection			
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and ending	g 12/31/2018					
A Name of plan HOMELAND VINYL PRO	DUCTS, INC. E	MPLOYEE BENEFIT PLA	В	Three-di plan nu	git mber (PN)	•	501			
C Plan sponsor's name a HOMELAND VINYL PRO		e 2a of Form 5500	D	Employer 63-115	Identification N 55229	umber (I	EIN)			
		ning Insurance Contract Individual contracts grouped as								
1 Coverage Information:										
(a) Name of insurance ca		MPANY								
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end		Pol	icy or co	ntract year			
(b) LIN	code	identification number	policy or contract year		(f) From		(g) To			
36-2739571	79413	02W4986	197	01	1/01/2018		12/31/2018			
2 Insurance fee and come descending order of the		ation. Enter the total fees and total	Il commissions paid. List in	line 3 the	agents, brokers	s, and ot	her persons in			
(a) Total a	amount of comn	nissions paid		(b) Total	amount of fees	paid				
33202 0										
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).										
		nd address of the agent, broker,			s or fees were p	aid				
JH BERRY RISK SERVICE	S, LLC		RNESS CENTER PKWY SU GHAM, AL 35242	JITE 310						
(b) Amount of sales ar	nd base	Fee	s and other commissions pa	aid						
commissions pai		(c) Amount	(d) F		(e) Organization code					
	29675						3			
	(a) Name a	nd address of the agent, broker,	or other person to whom co	mmissions	s or fees were p	aid				
USI INSURANCE SERVIC	ES LLC	VEOTA	RBAN CENTER DRIVE VIA, AL 35242							
(b) Amount of sales ar	nd hase	Fee	s and other commissions pa	aid						
commissions pai		(c) Amount	(d) F	Purpose			(e) Organization code			
·	3527		.,				3			
	A - (N - ()	and the leastweet are for France F	E00				l. A /Farm FF00) 2040			

Schedule A (Form 5500) 2018	Page 2 – 1					
(a) 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				
(a) 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							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
•							
(a) Na	The standard of the stand business						
(a) 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	(0,1	(a) supers	code				
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

If more than one contract covers the same group of employees of the same employee (s) or members of the same employee organizations(s), the information may be combined for reporting upropose if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. Benefit and contract type (check all applicable boxes) a	P	art III											
a Mealth (other than dental or vision) b Dental C Sision d Life insurance e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug l Indemnity contract M Other (specify) Experience-rated contracts: a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearned premium reserve. (3) Increase (decrease) in claim reserves. (4) Earned ((1) + (2) - (3)) (5) Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (9) (2) Increase (decrease) in decrease (decrease) in decrease (decrease) in decrease			the information may be combined for reporti	ng p	urpo	ses if such	contra	acts are	expe	rience-rated as a unit	. Where c	ontrac	ts cover individual
e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug i Stop loss (large deductible) j HMO contract k PPO contract I Indemnity contract m Other (specify) P Experience-rated contracts: a Premiums: (1) Amount received	8	Benef	it and contract type (check all applicable boxes)										
i		a X	Health (other than dental or vision)	b	De	ental		(сП	Vision		d	Life insurance
i		е ⊟	Temporary disability (accident and sickness)	fΓ]] Lo	na-term dis	ability	,	αП	Supplemental unemp	olovment	h∏	Prescription drug
### Dither (specify) #### #### Dither (specify) #### #### Dither (specify) ##### ##### Dither (specify) ##### ##############################		. H		iΓ	_	_	-				,		
B Experience-rated contracts: a Premiums: (1) Amount received		<u>" </u>		ı L	1 111	//O COMMACI		•	` 🗆	FFO Contract		•⊔	indenning contract
a Premiums: (1) Amount received		m \square	Other (specify)										
a Premiums: (1) Amount received	_		and the second s										
(2) Increase (decrease) in amount due but unpaid	9	•					Г	00(4)	1				
(3) Increase (decrease) in unearned premium reserve 9a(3) (4) Earned ((1) + (2) - (3)). 9a(4) b Benefit charges (1) Claims paid 9b(1) (2) Increase (decrease) in claim reserves 9b(2) (3) Incurred claims (add (1) and (2)) 9b(2) C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions 9c(1)(B) (C) Other specific acquisition costs 9c(1)(C) (D) Other expenses 9c(1)(C) (E) Taxes 9c(1)(E) (F) Charges for risks or other contingencies 9c(1)(E) (G) Other retention charges 9c(1)(G) (H) Total retention (arges (1) Amount held to provide benefits after retirement 9d(1) (2) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) 9e 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier 10a b(1) and 10a 78188							<u> </u>						
(4) Earned ((1) + (2) - (3))		,	,				<u> </u>						
b Benefit charges (1) Claims paid											9a(4)		
(2) Increase (decrease) in claim reserves		- `									Ju(+)		
(3) Incurred claims (add (1) and (2)) (4) Claims charged													
(4) Claims charged		•	,				_				9b(3)		
C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions		•											
(B) Administrative service or other fees		`	,										
(B) Administrative service or other fees			(A) Commissions					9c(1)(A	١)				
(D) Other expenses													
(E) Taxes			(C) Other specific acquisition costs					9c(1)(C	;)				
(F) Charges for risks or other contingencies			(D) Other expenses				_						
(G) Other retention charges			(E) Taxes				_		_				
(H) Total retention			(F) Charges for risks or other contingencies										
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)			(G) Other retention charges					9c(1)(G	3)				
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves 9d(2) (3) Other reserves 9d(3) e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) 9e 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier 10a 78185 b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or						_			_)	
(2) Claim reserves		(:	2) Dividends or retroactive rate refunds. (These	amo	unts	were pa	id in	cash, or	С	credited.)	9c(2)		
(3) Other reserves		d 8	Status of policyholder reserves at end of year: (1)	Am	ount	held to prov	/ide b	enefits a	fter	retirement	9d(1)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		(:	2) Claim reserves										
10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier		,	,										
a Total premiums or subscription charges paid to carrier	40			t inc	lude	amount ent	ered	in line 90	(2).)	9e		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or	10										40		
		_									10a		781893
Specify nature of costs.		r	etention of the contract or policy, other than repo							•	10b		
	P	art IV	Provision of Information										
Part IV Provision of Information				ation	nec	essary to co	mnle	te Scher	- Jule	A? Π	Yes	X N	0
							, iii bie	LO GOITEL	aui c	/ \ :		<u> </u>	=
Part IV Provision of Information 11 Did the insurance company fail to provide any information necessary to complete Schedule A?	12	ii the	e answer to line 11 is res," specify the information	חכ מי	אנ pro	ovided. 🚩							

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

			ERISA section 103(a)(2).	mionnad	1011	This For	m is Open to Public Inspection		
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	ding 12/31	1/2018	•		
A Name of plan HOMELAND VINYL PRO	DUCTS, INC.	EMPLOYEE BENEFIT PLA		B Three plan	e-digit number (PN))	501		
C Plan sponsor's name a HOMELAND VINYL PRO		ne 2a of Form 5500			yer Identifica 1155229	ation Number	(EIN)		
		rning Insurance Contract A. Individual contracts grouped							
1 Coverage Information:									
(a) Name of insurance ca UNITEDHEALTHCARE IN:		DMPANY							
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nun persons covered at			Policy or c	ontract year		
(6) LIN	code	identification number	policy or contract y		(f)	From	(g) To		
36-2739571	79413	0909070	170		01/01/2018	}	12/31/2018		
2 Insurance fee and composite descending order of the		nation. Enter the total fees and to	otal commissions paid. Lis	in line 3	the agents, b	orokers, and o	ther persons in		
		nmissions paid		(b) To	tal amount o	of fees paid			
9173 0									
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all pe	ersons).					
		and address of the agent, broke			ions or fees	were paid			
USI INSURANCE SERVIC	ES LLC		URBAN CENTER DRIVE AVIA, AL 35242						
(b) Amount of sales ar	nd hase	Fe	ees and other commissions	paid					
commissions pai		(c) Amount	(c	(e) Organization code					
	9173						7		
	(a) Name	and address of the agent, broke	r, or other person to whom	commissi	ions or fees	were paid			
	(4)	and addition of the agony brone	, o. oo, po.ooo	<u> </u>					
(b) Amount of sales ar	nd base	Fe	ees and other commissions	paid					
commissions pai		(c) Amount	(c	l) Purpose	e		(e) Organization code		

Schedule A (Form 5500) 2018	Page 2 – 1					
(a) 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				
(a) 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							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code				
•							
(a) Na	The standard of the stand business						
(a) 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	(0,1	(a) supers	code				
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Pa	art III								
		If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ting pu	rposes if such o	contracts are exp	oeri	ience-rated as a unit. Where co	ontrac	ts cover individual
8	Benefi	it and contract type (check all applicable boxes)							
	a X	Health (other than dental or vision)	b	Dental	с	٦,	Vision	d□	Life insurance
	е 🗍	Temporary disability (accident and sickness)	fΠ	Long-term disa	ability g	Ī;	Supplemental unemployment	h∏	Prescription drug
	iΗ	Stop loss (large deductible)	_ =	HMO contract			PPO contract	ıH	Indemnity contract
	<u>~</u> ⊟		,	Tivio contract	L	┙ '	T O contract	•□	macming contract
	m 📗	Other (specify)							
9	Evneri	ence-rated contracts:							
_	•	emice-rated contracts. emiums: (1) Amount received			9a(1)	T	119702	2	
		2) Increase (decrease) in amount due but unpaid					119702	_	
	,	B) Increase (decrease) in unearned premium res							
		1) Earned ((1) + (2) - (3))					9a(4)		119702
	b B	Benefit charges (1) Claims paid			9b(1)				
	(2	2) Increase (decrease) in claim reserves			9b(2)				
	(3	B) Incurred claims (add (1) and (2))					9b(3)		
	,	l) Claims charged					9b(4)		
	C F	Remainder of premium: (1) Retention charges (c	n an a	ccrual basis)					
		(A) Commissions							
		(B) Administrative service or other fees			0 (4)(0)				
		(C) Other specific acquisition costs(D) Other expenses			0 (4)(D)				
		(E) Taxes			0 - (4)(5)				
		(F) Charges for risks or other contingencies							
		(G) Other retention charges			0 (4)(0)				
		(H) Total retention					9c(1)(H)	
	(2	2) Dividends or retroactive rate refunds. (These	amou	nts were pai	id in cash, or	cre	edited.)9c(2)		
	d 8	Status of policyholder reserves at end of year: (1) Amo	unt held to prov	ide benefits afte	er re			
	(2	2) Claim reserves					9d(2)		
	,	3) Other reserves							
		Dividends or retroactive rate refunds due. (Do n	ot inclu	ide amount ente	ered in line 9c(2)	() .) .	9e		
10		experience-rated contracts:							
		otal premiums or subscription charges paid to c							
	re	f the carrier, service, or other organization incurietention of the contract or policy, other than reprify nature of costs.	,	•			•		
	Speci	ry nature of costs.							
P	art IV	Provision of Information							
			otion :	200000000000000000000000000000000000000	malata Cabadula	^ ^	√? Yes	X N	0
		he insurance company fail to provide any inform			mpiete Schedule	e A	.: <u> </u>	^ IV	
12	it the	e 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

OMB No. 1210-0110

2018

	pursuant to ERISA section 103(a)(2).						Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018							
A Name of plan HOMELAND VINYL PRO	В	B Three-digit plan number (PN) ▶			501		
C Plan sponsor's name as shown on line 2a of Form 5500 HOMELAND VINYL PRODUCTS, INC.				D Employer Identification Number (EIN) 63-1155229			
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		AMERICA					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate numb persons covered at er		Policy or con		ontract year
			policy or contract ye		(f)	From	(g) To
01-0278678	62235	396319	92	(01/01/2018	3	01/01/2019
2 Insurance fee and com- descending order of the		tion. Enter the total fees and total	commissions paid. List i	n line 3 th	e agents, l	brokers, and o	her persons in
(a) Total a	amount of comn					of fees paid	
5595							0
3 Persons receiving com	missions and fe	es. (Complete as many entries a	s needed to report all per	rsons).			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
USI INSURANCE SERVICES LLC 1000 URBAN CENTER DRIVE VESTAVIA, AL 35242-2532							
(b) Amount of sales ar	nd base	Fees and other commissions paid					
commissions paid		(c) Amount	(d) Purpose				(e) Organization code
	5595						3
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales ar	nd base	Fees and other commissions paid					
commissions paid		(c) Amount	(d)	(d) Purpose			(e) Organization code
E D	n Ant Nation	see the Instructions for Form 55	-00			0-1	iula A (Farm FF00) 2019

Schedule A (Form 5500) 2018 Page 2 – 1						
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid				
		For any distribution and section and secti	(-)			
(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	, 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
•						
(a) Na	The standard of the stand business					
(a) 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	(0,1	(a) supers	code			
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	ч	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	art I	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group	of er urpos	es if such	contr	acts are	expe	erience-rated as a unit	Where	contrac	ts cover individual
8	Bene	efit a	nd contract type (check all applicable boxes)										
	а	He	ealth (other than dental or vision)	b	Der	ntal			c 🗌	Vision		d	Life insurance
	e	₹ Τε	emporary disability (accident and sickness)	f	Lon	ng-term dis	abilit	y <u></u>	gΠ	Supplemental unemp	loymen	t h	Prescription drug
	iΪ	St	op loss (large deductible)	ı⊢	_	O contract			k∏	PPO contract	•	ıΠ	Indemnity contract
	m	_	ther (specify)	, _					- Ш			- Ц	,
	∟		inci (specify)										
9	Expe	erien	ce-rated contracts:										
-	•		iums: (1) Amount received					9a(1)			99	908	
			ncrease (decrease) in amount due but unpaid				-						
			ncrease (decrease) in unearned premium res										
		(4) E	Earned ((1) + (2) - (3))				<u>-</u>				9a(4	l)	9908
	b	Ben	efit charges (1) Claims paid				[9b(1)					
		(2) lı	ncrease (decrease) in claim reserves				[9b(2)					
		(3) lı	ncurred claims (add (1) and (2))								9b(3	3)	
		(4) (Claims charged								9b(4	l)	
	С	Ren	nainder of premium: (1) Retention charges (c	n an a	accru	al basis) -							
			(A) Commissions					9c(1)(<i>A</i>					
			(B) Administrative service or other fees										
			(C) Other specific acquisition costs				Г	9c(1)(0					
			(D) Other expenses				F	9c(1)(E	-				
			(E) Taxes					9c(1)(E					
			(F) Charges for risks or other contingencies					90(1)(6	<u>)</u>				
			(G) Other retention charges								00/1)	/LI\	
			(H) Total retention						_		9c(1)		
			Dividends or retroactive rate refunds. (These			L-1			_		9c(2	•	
	d		us of policyholder reserves at end of year: (1								9d(1	•	
		` '	Claim reserves								9d(2	•	
	_	` '	Other reserves								9d(3		
10			dends or retroactive rate refunds due. (Do n erience-rated contracts:	ot inci	iude a	amount en	terea	in line 90	3(2).)	9e		
10			enence-rated contracts. al premiums or subscription charges paid to c	arriar							10a		
	_										100	•	
	_	rete	e carrier, service, or other organization incurnation of the contract or policy, other than repetature of costs.								10k)	
P	art I	V	Provision of Information										
11	Did	the	insurance company fail to provide any inform	nation	nece	ssary to c	omple	ete Sched	dule	A?	Yes	X N	lo
12	If th	ne ar	nswer to line 11 is "Yes," specify the informat	ion no	ot pro	vided.							

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 El	RISA section 103(a)(2)				Inspection	
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	ding 12/3	1/2018		
A Name of plan HOMELAND VINYL PRO	DUCTS, INC. E	EMPLOYEE BENEFIT PLA		B Three	e-digit number (PN	N) •	501	
C Plan sponsor's name a HOMELAND VINYL PRO		e 2a of Form 5500			oyer Identific 1155229	ation Number (EIN)	
		ning Insurance Contract . Individual contracts grouped as						
1 Coverage Information:								
(a) Name of insurance ca UNUM LIFE INSURANCE		AMERICA						
ALL FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To	
01-0278678	62235	R0585877	340		01/01/2018	8	01/01/2019	
2 Insurance fee and come descending order of the		ation. Enter the total fees and tota	I commissions paid. Li	st in line 3	the agents,	brokers, and of	her persons in	
(a) Total a	amount of comr			(b) To	otal amount	of fees paid		
		1183					0	
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all	persons).				
		nd address of the agent, broker, o		n commiss	ions or fees	were paid		
USI INSURANCE SERVIC	ES LLC	PO BOX VIRGINI	(61187 A BEACH, VA 23466					
(b) Amount of sales ar	nd base	Fees	s and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code	
	1183						3	
	(a) Name a	nd address of the agent, broker, o	or other person to whor	n commiss	ions or fees	were paid		
(b) Amount of sales ar	nd base	Fees	and other commission	ns paid				
commissions pai		(c) Amount	(d) Purpose				(e) Organization code	

Schedule A (Form 5500) 2018 Page 2 – 1						
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid				
		For any distribution and section and secti	(-)			
(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	, 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
•						
(a) Na	The standard of the stand business					
(a) 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	(0,1	(a) supers	code			
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:		···········	
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	ч	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

ack all applicable boxes) tall or vision) b Dental c Vision g Supplemental unemployment h Prescription drug tible) j HMO contract k PPO contract l Indemnity contract EE, GRPACCVO, GRPHSPVO Service or other fees Service or other fees Service or other contingencies Serves at end of year: (1) Amount held to provide benefits after retirement Serves at end of year: (1) Amount held to provide benefits after retirement Services policy, other than reported in Part I, line 2 above, report amount.	P	art l	II	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such indivice	group ting p	p of e	oses if su	ch con	tracts are	expe	erience-rated as a ur	it. Where o	contract	ts cover individual	j
tal or vision) b Dental c C Vision d Life insurance baccident and sickness) f Long-term disability g Supplemental unemployment b Prescription drug tible) j HMO contract k PPO contract l I Indemnity contract EE, GRPACCVO, GRPHSPVO Ceived	8	Ben	efit a	and contract type (check all applicable boxes)						,					
accident and sickness) Composition of the process of the proces	•	аГ	-1	ealth (other than dental or vision)		ام ٦	ental			cГ	Vision		дΠ	Life insurance	
tible) j		_ _	_			=		ا: ما ماد دا	·		1				
ceived		e	_		. ' ⊨	=	•		ity		1 -	прюуттепт	- =		
ceived		1	St	op loss (large deductible)	J L] HN	MO contr	ract		K _	PPO contract		IЦ	Indemnity contract	
in unwant due but unpaid		m	(O	ther (specify) FGCIEE, GRPACCVO, GRPI	HSPV	0									
in unwant due but unpaid	_														
in unwant due but unpaid	9	•		ce-rated contracts:											
in unearmed premium reserve				()						-					
ms paid										-					
In claim reserves			` '	, ,								00(4)			
In claim reserves		_	. ,									9a(4)			
(1) Retention charges (on an accrual basis) Sec(1)(A) Service or other fees. Sec(1)(B) Sec(1)(C) Sec										_					
(1) Retention charges (on an accrual basis) arvice or other fees. 9c(1)(B) squisition costs 9c(1)(C) 9c(1)(D) 9c(1)(F) 9c(1)(G) 9c(1)(F) 9charges 9c(1)(G) serves at end of year: (1) Amount held to provide benefits after retirement 9d(2) serves at end of year: (1) Amount entered in line 9c(2).) 9e active rate refunds due. (Do not include amount entered in line 9c(2).) 9e fortice of the roganization incurred any specific costs in connection with the acquisition or or policy, other than reported in Part I, line 2 above, report amount.												9h/3)			
(1) Retention charges (on an accrual basis) 9c(1)(A) 9c(1)(B) 9c(1)(C) 9c(1)(C) 9c(1)(E) 9c(1)(E) 9c(1)(F) 9c(1)(G) 9c(1)(G) 9c(1)(G) 9c(1)(H) tive rate refunds. (These amounts were paid in cash, or cash cash cash cash cash cash cash cash															
service or other fees. 9c(1)(B) 9c(1)(C) 9c(1)(C) 9c(1)(E) 9c(1)(F) 9c(1)(G) 9c(1)(F) 9c(1)(G) 9c(1)(F) 9c(1)(G) 9c(1)(F) 9c(1)(G) 9c(1)(H) 9c(2) 9c(3) 9c(2) 9c(2) 9c(3) 9c(2) 9c(3) 9c(4) 9c(5) 9c(6) 9c(7) 9		С	` '	<u> </u>					••••••			05(4)			
arvice or other fees		•							9c(1)(A)					
equisition costs				` '											
9c(1)(D) 9c(1)(E) 9c(1)(F) 9c(1)(F) 9c(1)(G) 9c(1)(G) 9c(1)(H) size rate refunds. (These amounts were paid in cash, or credited.)									0 (4)/						
sor other contingencies				•						D)					
charges															
charges				(F) Charges for risks or other contingencies.					9c(1)(F)					
tive rate refunds. (These amounts were paid in cash, or credited.)				(G) Other retention charges					9c(1)(G)					
eserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) 9d(2) 9d(3) rate refunds due. (Do not include amount entered in line 9c(2).) 9e exists: cription charges paid to carrier 10a 16965 other organization incurred any specific costs in connection with the acquisition or or policy, other than reported in Part I, line 2 above, report amount 10b				(H) Total retention			<u></u>			<u></u>		9c(1)(H	I)		
gd(2) 9d(3) rate refunds due. (Do not include amount entered in line 9c(2).) per sects: cription charges paid to carrier			(2) I	Dividends or retroactive rate refunds. (These	e amo	ounts	s were	paid i	n cash, o	r 📗 d	credited.)	·· 9c(2)			
rate refunds due. (Do not include amount entered in line 9c(2).) 9e acts: cription charges paid to carrier 10a 16965 other organization incurred any specific costs in connection with the acquisition or or policy, other than reported in Part I, line 2 above, report amount 10b		d	Stat	tus of policyholder reserves at end of year: (1	I) Am	ount	t held to p	provide	benefits	after	retirement	9d(1)			
rate refunds due. (Do not include amount entered in line 9c(2).)			(2)	Claim reserves								9d(2)			
acts: cription charges paid to carrier			` '												
other organization incurred any specific costs in connection with the acquisition or or policy, other than reported in Part I, line 2 above, report amount					ot inc	lude	amount	entere	d in line 9	Oc(2).	.)	9e			
other organization incurred any specific costs in connection with the acquisition or or policy, other than reported in Part I, line 2 above, report amount	10			perience-rated contracts:											
or policy, other than reported in Part I, line 2 above, report amount		а		, , ,								10a		1	6965
nformation		b Spe	rete									10b			
fail to provide any information necessary to complete Schedule A?		b Spe	If the rete cify r	e carrier, service, or other organization incurention of the contract or policy, other than report of costs. Provision of Information	red ar	ny sp	pecific cc	osts in G	connectio ve, report	n with	h the acquisition or bunt	10b	N N	0	
	12	lf ti	ne ai	nswer to line 11 is "Yes," specify the informat	ion no	ot pr	ovided.	•							

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

			ERISA section 103(a)(2)		.1011	This Fo	orm is Open to Public Inspection
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	ding 12/31	/2018	
A Name of plan HOMELAND VINYL PRO	DUCTS, INC.	EMPLOYEE BENEFIT PLA			e-digit number (PN) •	501
C Plan sponsor's name a HOMELAND VINYL PRO	DUCTS, INC.			63-	oyer Identifica 1155229		
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca UNITED OF OMAHA LIFE		COMPANY				Deliana	
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year		(f)	From	contract year (g) To
47-0322111	69868	G000BCBZ	458	•	01/01/2018		01/01/2019
2 Insurance fee and composition descending order of the		nation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, b	rokers, and	other persons in
		nmissions paid		(b) To	otal amount o	f fees paid	
		2098					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
		and address of the agent, broke	· · · · · · · · · · · · · · · · · · ·			vere paid	
JH BERRY RISK SERVICE	ES, LLC		ERNESS CENTER PKW` INGHAM, AL 35242	7 SUITE 31	10		
(b) Amount of sales ar	nd hase	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
	2098						3
	(a) Name	and address of the agent, broke	r, or other person to whor	n commiss	ions or fees v	were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code

Schedule A (Form 5500) 2018 Page 2 – 1						
(a) 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			
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
•						
(a) Na	The standard of the stand business					
(a) 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	(0,1	(a) supers	code			
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	ч	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	art II	III Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such employees, the entire group of such individual contracts with each of the contracts with each of the contracts.	contracts are expe	erience-rated as a unit. Where o	contracts cover individual
8	Bene	nefit and contract type (check all applicable boxes)			
	а	Health (other than dental or vision) b Dental	С	Vision	d X Life insurance
	e X		ability g	Supplemental unemployment	h Prescription drug
	i Ē	Stop loss (large deductible) j	·	PPO contract	I Indemnity contract
	<u> </u>		· · L	1 1 0 dominade	I I machinity contract
	m _	Other (specify)			
a	Evne	erience-rated contracts:			
,	•	Premiums: (1) Amount received	9a(1)		_
		(2) Increase (decrease) in amount due but unpaid	- ` ' 		
		(3) Increase (decrease) in unearned premium reserve			
		(4) Earned ((1) + (2) - (3))		9a(4)	
		Benefit charges (1) Claims paid			
	((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 (on an accrual basis)			
		(A) Commissions			
		(B) Administrative service or other fees	0 (4)(0)		
		(C) Other specific acquisition costs	0 (4)(D)		
		(D) Other expenses	0-(4)(5)		
		(E) Charges for risks or other contingencies			-
		(F) Charges for risks or other contingencies	0-(4)(0)		
		(H) Total retention charges		9c(1)(F	1)
		(2) Dividends or retroactive rate refunds. (These amounts were page 2)	_		
		Status of policyholder reserves at end of year: (1) Amount held to pro-			
		(2) Claim reserves			
		(3) Other reserves			
		Dividends or retroactive rate refunds due. (Do not include amount en			
10		onexperience-rated contracts:		,	
	а	Total premiums or subscription charges paid to carrier		10a	13988
		If the carrier, service, or other organization incurred any specific costs retention of the contract or policy, other than reported in Part I, line 2 accify nature of costs.			
	Spec	retention of the contract or policy, other than reported in Part I, line 2 acify nature of costs. IV Provision of Information	above, report amo	ount	
11	Did	d the insurance company fail to provide any information necessary to co	omplete Schedule	A? Yes	X No
		the answer to line 11 is "Yes," specify the information not provided.	omplote conedule	,,,	_ Ц ***

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

,			ERISA section 103(a)(2).		lion	This Fo	orm is Open to Public Inspection
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	nding 12/31	1/2018	
A Name of plan HOMELAND VINYL PRO	DUCTS, INC.	EMPLOYEE BENEFIT PLA			e-digit number (PN) •	501
C Plan sponsor's name a HOMELAND VINYL PRO	DUCTS, INC.			63-	1155229	ation Number	
		rning Insurance Contract A. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca UNITED OF OMAHA LIFE		COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered at	end of	(f)	Policy or of From	contract year (g) To
47-0322111	69868	G000BCBZ	policy or contract year 380 0		01/01/2018		01/01/2019
	33333	333333	333		01/01/2010		01/01/2010
2 Insurance fee and come descending order of the		nation. Enter the total fees and to	otal commissions paid. Lis	st in line 3	the agents, b	orokers, and	other persons in
(a) Total a	amount of com	nmissions paid		(b) To	otal amount o	of fees paid	
		3337					0
3 Persons receiving com	missions and	fees. (Complete as many entries	s as needed to report all p	ersons).			
	(a) Name	and address of the agent, broker	r, or other person to whon	n commiss	ions or fees	were paid	
JH BERRY RISK SERVICE	ES, LLC		ERNESS CENTER PKWY INGHAM, AL 35242	' SUITE 31	10		
(b) Amount of sales ar	nd book	Fe	es and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose	е		(e) Organization code
	3337						3
	(a) Name	and address of the agent, broker	r, or other person to whon	n commiss	ions or fees	were paid	
(b) Amount of sales ar	nd hase	Fe	es and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose	e		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) 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
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) 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	(0,1	(a) supers	code
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	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 individ	group ting p	p of e	ses if	f such co	ontracts a	re exp	erie	ence-rated as a un	it. Where c	ontrac	ts cover individual	
8	Ben	efit a	and contract type (check all applicable boxes)												
	а	Не	ealth (other than dental or vision)	b	Dε	ental			С	V	/ision		d	Life insurance	
	e	_ (Te	emporary disability (accident and sickness)	f □	= Lo	ong-tei	rm disal	oility	g	Īs	Supplemental unem	ployment	h∏	Prescription drug	
	i Ē	_	op loss (large deductible)	ιĖ	_	-	ontract	,		="	PPO contract	' '	ᅩ片	Indemnity contract	
	Ļ	_		, _	۱	WIO 00	Jilliaot		., _	_ '	1 O contract		• Ш	macrimity contract	
	m	_ 0	ther (specify)												
a	Evne	rion	ce-rated contracts:												
•			niums: (1) Amount received					9a	(1)						
			ncrease (decrease) in amount due but unpaid						` _						
			ncrease (decrease) in unearned premium res						` '						
		` '	Earned ((1) + (2) - (3))									. 9a(4)			
	b	Ben	nefit charges (1) Claims paid					9b	(1)						
		(2) lı	ncrease (decrease) in claim reserves					9b	(2)						
		(3) lı	ncurred claims (add (1) and (2))									. 9b(3)			
		(4) C	Claims charged									. 9b(4)			
	С	Ren	nainder of premium: (1) Retention charges (c	n an	accr	rual ba	asis)								
			(A) Commissions)(A)						
			(B) Administrative service or other fees					0.74							
			(C) Other specific acquisition costs					0.74							
			(D) Other expenses					0-14							
			(E) Taxes(F) Charges for risks or other contingencies.												
			(G) Other retention charges					0-14							
			(H) Total retention									. 9c(1)(H)		
			Dividends or retroactive rate refunds. (These				_		_				,		
	d		tus of policyholder reserves at end of year: (1												_
	ŭ		Claim reserves									. 9d(2)			
		` '	Other reserves												
	е	` '	dends or retroactive rate refunds due. (Do n												
10	No	nexp	perience-rated contracts:												
	а	Tota	al premiums or subscription charges paid to o	carrie	r							. 10a		222	245
	b Spe	rete	e carrier, service, or other organization incur- ention of the contract or policy, other than rep- nature of costs.									. 10b			
P	Spe	cify r		orted	in Pa	art I, li	line 2 ab	ove, repi	ort amo	oun	nt	. 106			
										_		Vaa	V	-	_
			insurance company fail to provide any inform				-	nplete Sc	hedule	e A'	?	Yes	X N	0	
12	If ti	ne ar	nswer to line 11 is "Yes," specify the informat	ion no	ot pro	ovided	d. •								

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

,			ERISA section 103(a)(2).	e iniormati	ion	This Fo	orm is Open to Public Inspection
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	ding 12/31	1/2018	
A Name of plan HOMELAND VINYL PRO	DUCTS, INC.	EMPLOYEE BENEFIT PLA		B Three	e-digit number (PN) •	501
C Plan sponsor's name a HOMELAND VINYL PRO	DUCTS, INC.			63-	yer Identifica		
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca UNITED OF OMAHA LIFE		COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nun persons covered at o	end of	(f)	Policy or From	contract year (g) To
47-0322111	69868	G000BCBZ	policy or contract y	year	01/01/2018		01/01/2019
2 Insurance fee and com- descending order of the		nation. Enter the total fees and to	otal commissions paid. List	t in line 3	the agents, b	orokers, and	other persons in
(a) Total a	amount of com	nmissions paid		(b) To	tal amount o	of fees paid	
		1499					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all pe	ersons).			
	(a) Name	and address of the agent, broke	r, or other person to whom	commissi	ions or fees	were paid	
JH BERRY RISK SERVICE	ES, LLC		ERNESS CENTER PKWY INGHAM, AL 35242	SUITE 31	0		
(h) Amount of colon or	nd book	Fe	es and other commissions	paid			
(b) Amount of sales ar commissions pa		(c) Amount		I) Purpose	9		(e) Organization code
	1499	, ,	·	,			3
	(a) Name	and address of the agent, broke	r, or other person to whom	commissi	ions or fees	were paid	
	,,	V	•	-		·	
(b) Amount of sales ar			ees and other commissions				
commissions pa	id	(c) Amount	(d	l) Purpose	9		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) 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
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) 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	(0,1	(a) supers	code
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Ρ	art III												
		If more than one contract covers the same g the information may be combined for reporting employees, the entire group of such individu	ng p	urpos	ses if such co	ontracts	are exp	perie	ence-rated as a unit.	. Where c	ontrac	ts cover individual	
8	Benef	fit and contract type (check all applicable boxes)											
	а	Health (other than dental or vision)	b	De	ntal		С	\	√ision		d	Life insurance	
	e X	Temporary disability (accident and sickness)	f	_ Lo	ng-term disal	oilitv	g	_ s	Supplemental unemp	olovment	h∏	Prescription drug	
	i 🖺	Stop loss (large deductible)	ιĖ	_	10 contract	,			PPO contract		ıH	Indemnity contract	
	. H		, _	_ ' '''	io contract		., Γ	┙'	1 O contract		•□	indefinity contract	
	m 📗	Other (specify)											
9	Evnori	ionae rated contracte:											_
9	•	ience-rated contracts: remiums: (1) Amount received				0	2/1)	1					
		2) Increase (decrease) in amount due but unpaid.					a(1) a(2)	1					
	,	3) Increase (decrease) in amount due but unpaid:					a(3)	1					
		4) Earned ((1) + (2) - (3))					• •			9a(4)			
	_ `	Benefit charges (1) Claims paid					b(1)	T		(-)			
		2) Increase (decrease) in claim reserves					b(2)						
	(3	3) Incurred claims (add (1) and (2))								9b(3)			
	(4	4) Claims charged								9b(4)			
	C F	Remainder of premium: (1) Retention charges (or	n an	accru	ual basis)								
		(A) Commissions				9c(1)(A)						
		(B) Administrative service or other fees					1)(B)						
		(C) Other specific acquisition costs					1)(C)						
		(D) Other expenses				0-4	1)(D)						
		(E) Taxes					1)(E)	-					
		(F) Charges for risks or other contingencies					1)(F) 1)(G)						
		(G) Other retention charges				<u> </u>				9c/1\/H	\ <u> </u>		_
	,	(H) Total retention			_					9c(1)(H	,		_
		(2) Dividends or retroactive rate refunds. (These								. ,			
		Status of policyholder reserves at end of year: (1)			•					9d(1)			_
	,	(2) Claim reserves(3) Other reserves								9d(2) 9d(3)			_
	,	Dividends or retroactive rate refunds due. (Do no								9e			_
10		experience-rated contracts:		iaao	arriourit orito	100 111 111	10 00(2)	, .,					
		Total premiums or subscription charges paid to ca	arriei	r						10a		999	<u> </u>
	_	f the carrier, service, or other organization incurre											
	r	retention of the contract or policy, other than repoilify nature of costs.							'	10b			
	Оресі	iy flature or costs.											
P	art IV	/ Provision of Information											
11	Did t	the insurance company fail to provide any informa	ation	nec	essary to cor	nplete S	chedule	e A	?	Yes	X N	lo	
		e answer to line 11 is "Yes," specify the information				F. 0.0 C		1					_
. 2		Zanomor to into 11 to 100, specify the information) I I I I	or bic	viucu. F								

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

			ERISA section 103(a)(2).		lion	This Fo	orm is Open to Public Inspection
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	nding 12/31	I/2018	
A Name of plan HOMELAND VINYL PRO	DUCTS, INC.	EMPLOYEE BENEFIT PLA			e-digit number (PN) •	501
C Plan sponsor's name a HOMELAND VINYL PRO	DUCTS, INC.			63-	oyer Identifica 1155229		
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca UNITED OF OMAHA LIFE		COMPANY					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered at			•	contract year
(5) 2	code	identification number	policy or contract		(f)	From	(g) To
47-0322111	69868	G000BCBZ	0		01/01/2018		01/01/2019
2 Insurance fee and come descending order of the		nation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, b	orokers, and	other persons in
		nmissions paid		(b) To	otal amount o	of fees paid	
		7085					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all p	persons).			
	(a) Name	and address of the agent, broke	r, or other person to whon	n commiss	ions or fees	were paid	
JH BERRY RISK SERVICE	ES, LLC		ERNESS CENTER PKW\ INGHAM, AL 35242	′ SUITE 31	10		
(b) Amount of sales ar	nd base	Fe	ees and other commission	s paid			
commissions pai		(c) Amount		d) Purpose	е		(e) Organization code
	7085						3
	(a) Name	and address of the agent, broke	r, or other person to whon	n commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose				(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) 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
(a) 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) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) 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	(0,1	(a) supers	code
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗀 🖫			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Ρ	art II	ı	Welfare Benefit Contract Informa										
			If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ing p	urp	ooses if su	uch cont	racts are	expe	rience-rated as a unit	. Where c	ontrac	ts cover individual
8	Benet	fit ar	nd contract type (check all applicable boxes)							· ·	<u>'</u>		<u>'</u>
	а ∏		alth (other than dental or vision)	b	٦,	Dental			с□	Vision		d□	Life insurance
	e 🗆		mporary disability (accident and sickness)	f	_	Long-term	dicabili	tı.,	=	Supplemental unemp	Novmont	h∏	Prescription drug
	: 🗆			' <u>'</u>	_	-		-	g∐		лоуппепі	"⊟	
	' ∐		p loss (large deductible)	l [_	HMO cont	ract		k 📗	PPO contract		ıЦ	Indemnity contract
	m	Oth	ner (specify)										
9	Exper	ienc	e-rated contracts:										
	•		ums: (1) Amount received					9a(1))				
	(2) In	crease (decrease) in amount due but unpaid	d									
	(:	3) In	crease (decrease) in unearned premium res	erve				9a(3))				
	(4) E	arned ((1) + (2) - (3))								9a(4)		
	b i	Bene	efit charges (1) Claims paid					9b(1))				
	(2) In	crease (decrease) in claim reserves					9b(2))				
	(3) In	curred claims (add (1) and (2))								9b(3)		
	,	,	laims charged								9b(4)		
	C		ainder of premium: (1) Retention charges (o				,						
		,	A) Commissions					. , ,					
		,	B) Administrative service or other fees					0 (4)(
		•	C) Other specific acquisition costs					0 (4)/	_				
		,	D) Other expenses					0 - /4\//					
		,	E) Taxes F) Charges for risks or other contingencies						_				
			G) Other retention charges					a (4)(
		,	H) Total retention								9c(1)(H)	
	(,	Dividends or retroactive rate refunds. (These			_	_		_			*	
			us of policyholder reserves at end of year: (1			<u> </u>	1		_		9d(1)		
			Claim reserves	•			•				9d(2)		
		` '	Other reserves								9d(3)		
	e 1	Divid	lends or retroactive rate refunds due. (Do no	ot inc	lud	de amount	t entered	d in line 9	c(2).)	9e		
10	Non	ехре	erience-rated contracts:										
	a ⁻	Total	I premiums or subscription charges paid to c	arrie	r						10a		
	ı	reter	e carrier, service, or other organization incurration of the contract or policy, other than repo		,	•				•	10b		
	Spec	ify na	ature of costs.										
					_								
P	art I\	/	Provision of Information										
11	Did	the i	nsurance company fail to provide any inform	atior	n ne	ecessary t	to comp	lete Sche	dule	A?	Yes	X N	0
12	If the	e an	swer to line 11 is "Yes," specify the informati	on no	ot p	orovided.	•						

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

r ension benefit duaranty	Corporation	Insurance companies ar pursuant to El	re required to provide th RISA section 103(a)(2).	e informat			orm is Open to Public Inspection
For calendar plan year:	2018 or fiscal pla	n year beginning 01/01/2018		and er	nding 12/31	/2018	
A Name of plan HOMELAND VINYL PR	RODUCTS, INC.	EMPLOYEE BENEFIT PLA			e-digit number (PN) •	501
C Plan sponsor's name HOMELAND VINYL PR		ne 2a of Form 5500			oyer Identifica 1155229	ition Number	(EIN)
on a sep	arate Schedule	rning Insurance Contract A. Individual contracts grouped as					
1 Coverage Informatio	n:						
(a) Name of insurance UNITED OF OMAHA LIF		COMPANY			T	D. II	
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nur persons covered at policy or contract	end of	(f)	From	contract year (g) To
47-0322111	69868	G000BCBZ	239	your	01/01/2018		01/01/2019
2 Insurance fee and codescending order of the		nation. Enter the total fees and total	I commissions paid. Lis	st in line 3	the agents, b	orokers, and	other persons in
	al amount of com	nmissions paid		(b) To	otal amount o	f fees paid	
. ,		7541		` '		•	0
3 Persons receiving co	ommissions and	fees. (Complete as many entries a	as needed to report all p	ersons).			
		and address of the agent, broker, o				were paid	
JH BERRY RISK SERV	ICES, LLC		NESS CENTER PKWY GHAM, AL 35242	SUITE 3°	10		
(b) Amount of sales	and base	Fees	s and other commissions	s paid			
commissions		(c) Amount		d) Purpos		(e) Organization code	
	7541						3
	(a) Name	and address of the agent, broker, o	or other person to whom	commiss	sions or fees v	were paid	
	(2)	ana aaa. 000 or ano agom, or oner, s				o.o paia	
(b) Amount of sales	and hase	Fees	s and other commission	s paid			
commissions		(c) Amount	(d) Purpose				(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
		For any distribution and section and the section of	(-)				
(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	, 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) Organization				
(b) Amount of sales and base commissions paid	(c) Amount	(c) Amount (d) Purpose					
•							
(a) Na	The standard of the stand business						
(a) 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	(0,1	(a) supers	code				
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗀 🖫			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group ting p	p of e	oses if	such co	ntracts a	e exp	erience-rated a	as a unit	. Where c	ontract	s cover individual	,
8	Ben	efit a	nd contract type (check all applicable boxes)												
	а	Не	ealth (other than dental or vision)	b	De	ental			С	Vision			d X	Life insurance	
	е	Te	emporary disability (accident and sickness)	f □	= Lc	ong-ter	rm disab	oility	g	Supplementa	al unemp	oloyment	h∏	Prescription drug	
	ιĖ	_	op loss (large deductible)	ιĖ		MO cor		,		PPO contrac		,	- =	Indemnity contract	
	L	_		, _	٦	100 001	Titlaot] 1 1 0 00111140			•П	macrimity contract	
	m		ther (specify)												
a	Evne	rion	ce-rated contracts:												
,	•		niums: (1) Amount received					9a(1)						
	ŭ .		ncrease (decrease) in amount due but unpaid										_		
			ncrease (decrease) in unearned premium res												
		` '	Earned ((1) + (2) - (3))									9a(4)			
	b	٠,	efit charges (1) Claims paid									7			
			ncrease (decrease) in claim reserves												
			ncurred claims (add (1) and (2))									9b(3)			
		(4) (Claims charged									9b(4)			
	C	Ren	nainder of premium: (1) Retention charges (c	n an	accr	rual ba	asis)								
			(A) Commissions					9c(1)(A)						
			(B) Administrative service or other fees												
			(C) Other specific acquisition costs												
			(D) Other expenses					0-/4							
			(E) Taxes												
			(F) Charges for risks or other contingencies.					0-/4							
			(G) Other retention charges									9c(1)(H	`		
			(H) Total retention Dividends or retroactive rate refunds. (These						_				'		
	a														
	d		tus of policyholder reserves at end of year: (1 Claim reserves									9d(1) 9d(2)			
		` '	Other reserves									9d(2)			
	е	` '	dends or retroactive rate refunds due. (Do n												
10			perience-rated contracts:	01110	naao	amou	aric oricor	00 111 11110	00(2)	.,					
	а		al premiums or subscription charges paid to o	carrie	r							10a			50275
	b	If th	e carrier, service, or other organization incur- ntion of the contract or policy, other than rep	red a	ıny sp	pecific	costs in	connecti	on wit	h the acquisition	on or	10b			
		cify r	nature of costs.	orted	in Pa	art I, lii	ine 2 ab	ove, repo	rt amo	ount		10b			
Р	art l	٧	Provision of Information												
11	Dic	the	insurance company fail to provide any inform	nation	n nec	cessary	y to com	plete Scl	nedule	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 pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

v. 171027

For calendar plan year 20°	18 or fiscal plan	year beginning 01/01/2018		and ending 12/31/2018					
A Name of plan HOMELAND VINYL PRO	DUCTS, INC. E	MPLOYEE BENEFIT PLA			e-digit number (PN)	•	501		
C Plan sponsor's name a HOMELAND VINYL PROI		2a of Form 5500			yer Identification No 1155229	umber (EIN)		
		ning Insurance Contraction							
1 Coverage Information:									
(a) Name of insurance car COLONIAL LIFE AND ACC		ANCE CO							
(c) NAIO		(d) Contract or	(e) Approximate nu		Poli	icy or co	contract year		
(b) EIN (c) NA		identification number	persons covered at policy or contract		(f) From		(g) To		
57-0144607 62049		E4894531	268		01/01/2018		12/31/2018		
2 Insurance fee and common descending order of the		tion. Enter the total fees and tot	tal commissions paid. Li	st in line 3	the agents, brokers	s, and ot	her persons in		
(a) Total a	amount of comm	nissions paid		(b) To	otal amount of fees	paid			
		37754					17462		
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all p	persons).					
	(a) Name ar	nd address of the agent, broker,	, or other person to whon	n commiss	ions or fees were pa	aid			
ROBERT H STONE SR			CAHABA RD NGHAM, AL 35223						
(b) Amount of sales an	nd hase	Fe	es and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code		
	11480	11705					3		
	(a) Name ar	nd address of the agent, broker,	, or other person to whon	n commiss	ions or fees were pa	aid			
PAIGE PHILLIPS	(1)	1434 H	HWY 301 RA, AL 35040						
(b) Amount of calca an	nd hase	Fe	es and other commission	ns paid					
(b) Amount of sales and base commissions paid		(c) Amount		(d) Purpose	е		(e) Organization code		
9784 (97 741164111							3		
For Paperwork Reduction	n Act Notice, s	ee the Instructions for Form	5500.			Sched	lule A (Form 5500) 2018		

Schedule A (Form 5500)	2018	Page 2 – 1								
(a) Nar	me and address of the agent, broker.	or other person to whom commissions or fees were paid								
JH BERRY RISK SERVICES, LLC	22 IVE	RNESS CENTER PKWY SUITE 310 NGHAM, AL 35242								
		Fees and other commissions paid	(e)							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code							
6436			3							
(a) Nar	me and address of the agent, broker,	or other person to whom commissions or fees were paid								
D'ARCIPRETE & ASSOCIATES INC		US HIGHWAY 331 GOMERY, AL 36105								
(h) Associated sples and become		Fees and other commissions paid	(e)							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code							
1986	3518									
(a) Nar	me and address of the agent, broker,	or other person to whom commissions or fees were paid								
USI INSURANCE SERVICES LLC		JRBAN CENTER DRIVE NGHAM, AL 35242								
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization							
commissions paid	(c) Amount	(d) Purpose	code							
5064	225		3							
(a) Nar	me and address of the agent, broker,	or other person to whom commissions or fees were paid								
AIMEE STONE		COVENTRY CIR AVIA, AL 35243								
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization							
commissions paid 3004	(c) Amount 1636	(d) Purpose	code 3							
3004	1030		3							

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

(c) Amount

(b) Amount of sales and base commissions paid

Fees and other commissions paid

(d) Purpose

(e) Organization code

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

P	art	Ш	Welfare Benefit Contract Informatif more than one contract covers the same		e same emplo	oyer(s) or members of t	the same er	mployee organizatio	ns(s),
			the information may be combined for report employees, the entire group of such individ						luaÌ ″
8	Ben	efit a	and contract type (check all applicable boxes)						
	а	Н	ealth (other than dental or vision)	b Dental	С	Vision		d X Life insurance	e
	е	X T	emporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unemp	oloyment	h Prescription of	Irug
	i [top loss (large deductible)	j HMO contract	, <u>5 </u>	PPO contract	,	I Indemnity cor	_
	m		other (specify)	- Ц		1			
9	Ехр	erien	ce-rated contracts:	·					
	а	Pren	niums: (1) Amount received		9a(1)				
		(2)	ncrease (decrease) in amount due but unpaid	t	9a(2)				
			ncrease (decrease) in unearned premium res	· ·					
	_		Earned ((1) + (2) - (3))				9a(4)		
	b	Ber	nefit charges (1) Claims paid		` '				
		. ,	ncrease (decrease) in claim reserves						
			ncurred claims (add (1) and (2))				9b(3)		
		. ,	Claims charged				9b(4)		
	С	Rei	mainder of premium: (1) Retention charges (c	n an accrual basis)					
			(A) Commissions		9c(1)(A)				
			(B) Administrative service or other fees		9c(1)(B)				
			(C) Other specific acquisition costs		9c(1)(C) 9c(1)(D)			_	
			(D) Other expenses		9c(1)(E)				
			(E) Charges for risks or other contingencies		9c(1)(F)				
			(F) Charges for risks or other contingencies.(G) Other retention charges					_	
			(H) Total retention	· ·	l l		9c(1)(H)		
		(2)	Dividends or retroactive rate refunds. (These	_	_				
	d		tus of policyholder reserves at end of year: (1	_			9c(2) 9d(1)		
	u		Claim reserves				9d(1)		
		. ,	Other reserves				9d(3)		
	е	` '	idends or retroactive rate refunds due. (Do n				9e		
10			perience-rated contracts:	<u> </u>		,			
-	а		al premiums or subscription charges paid to o	arrier			10a		69436
	b		ne carrier, service, or other organization incur						
		rete	ention of the contract or policy, other than rep nature of costs.				10b		
	Opc	, c ,							
P	art	IV	Provision of Information						
				otion non-service and	oto Calacalad	Λ2 Π	Yes	X No	
			insurance company fail to provide any inform		ete Schedule	A!	162	X No	
12	IT t	ne a	nswer to line 11 is "Yes," specify the informat	ion not provided. 🕨					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

	pursuant to ERISA section 103(a)(2).						m is Open to Public Inspection	
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	ding 12/31	1/2018	•	
A Name of plan HOMELAND VINYL PRO	DUCTS, INC.	EMPLOYEE BENEFIT PLA			e-digit number (PN) •	501	
C Plan sponsor's name a HOMELAND VINYL PRO		ne 2a of Form 5500			yer Identifica 1155229	ation Number	(EIN)	
on a separa		rning Insurance Contract A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca COMMUNITY EYE CARE	rrier	_						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered at			Policy or c	ontract year	
(b) LIN	code	identification number	policy or contract		(f)	From	(g) To	
56-2109225	52429	TP035012	529	529 05/01/2			12/31/2018	
2 Insurance fee and come descending order of the		nation. Enter the total fees and to	otal commissions paid. Lis	st in line 3	the agents, b	orokers, and o	ther persons in	
		nmissions paid		(b) To	otal amount o	of fees paid		
		2726					0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all p	persons).				
		and address of the agent, broke			ions or fees	were paid		
JH BERRY RISK SERVICE	ES, LLC		ERNESS CENTER PKWY INGHAM, AL 35242	' SUITE 31	10			
(h) Amount of color or	4 6	Fe	ees and other commission	s paid				
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpose				
	2726						3	
	(a) Name	and address of the agent, broke	r, or other person to whom	n commissi	ions or fees v	were paid		
	(4)	ana aaanoo on ano agong brono	, 0. 0.1.0. polou. 10 111.0.			ere pana		
(b) Amount of sales ar	nd base	Fe	ees and other commission	s paid				
commissions pai		(c) Amount	(d) Purpose	Э		(e) Organization code	

Schedule A (Form 5500) 2018	Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid					
		For any distribution and section and the section of	(-)				
(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	, 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) Organization				
(b) Amount of sales and base commissions paid	(c) Amount	(c) Amount (d) Purpose					
•							
(a) Na	The standard of the stand business						
(a) 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	(0,1	(a) supers	code				
(a) 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				
		Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carri	er may be treated as a unit	for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year er			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
		·			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs •			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		(*) 🗋 🕽			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year			
	-	(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)		
		(C)Tatal additions		70(6)	0
	٨	(6)Total additions		— <u> </u>	
		Total of balance and additions (add lines 7b and 7c(6))			
	C		7e(1)		
			7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	76(4)		
		7			
		(5) Total deductions		7e(5)	0
	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	p of e	oses i	if such	contrac	cts are	expe	erience-rated as a un	it. Where o	contract	ts cover individual	
8	Ben	efit a	nd contract type (check all applicable boxes)												
	а	Н	ealth (other than dental or vision)	b	De	ental			(X	Vision		d	Life insurance	
	е	Te	emporary disability (accident and sickness)	f 🗏	- Lc	ong-te	erm dis	ability		ı⊟	Supplemental unen	nployment	h∏	Prescription drug	
	i F	_	op loss (large deductible)	ιĖ		_	contract	-		「 ニ	PPO contract	, ,	- =	Indemnity contract	
		_		, _	١	IVIO 0	Jonnadi	•	•	`□	110 dominade		•Ш	macminty contract	
	m		ther (specify)												
a	Evne	rion	ce-rated contracts:												
,	•		niums: (1) Amount received						9a(1)						
			ncrease (decrease) in amount due but unpaid					-	9a(2)						
			ncrease (decrease) in unearned premium res						9a(3)						
		` '	Earned ((1) + (2) - (3))									9a(4)			_
		. ,	efit charges (1) Claims paid						9b(1)			, ,			Ī
		(2) I	ncrease (decrease) in claim reserves						9b(2)						
		(3) I	ncurred claims (add (1) and (2))									9b(3)			
		(4) (Claims charged									9b(4)			
	C	Ren	nainder of premium: (1) Retention charges (c	n an	accr	rual b	oasis) -								
			(A) Commissions					_	c(1)(A						
			(B) Administrative service or other fees						c(1)(B						
			(C) Other specific acquisition costs						c(1)(C	_					
			(D) Other expenses						c(1)(D c(1)(E	-					
			(E) Taxes					—	c(1)(E	_			_		
			(F) Charges for risks or other contingencies. (G) Other retention charges						c(1)(G						
			(H) Total retention(H)					L				9c(1)(H	1)		-
			Dividends or retroactive rate refunds. (These							_			-,		-
	d		tus of policyholder reserves at end of year: (1						L	_					=
	u		Claim reserves												-
		` '	Other reserves												-
	е	` '	dends or retroactive rate refunds due. (Do n												_
10			perience-rated contracts:								,				Ī
	а	Tota	al premiums or subscription charges paid to o	arrier	r							10a		2271	ę
	b Spe	rete	e carrier, service, or other organization incur- ntion of the contract or policy, other than rep- nature of costs.									10b			
P	Spe	cify r		orted	in Pa	Part I,	, line 2 :	above,	report a	amo	unt	106			
11	Dic	l the	insurance company fail to provide any inform	nation	nec	cessa	ary to co	omplete	Schen	lule	А?Г	Yes	X N	lo	
			nswer to line 11 is "Yes," specify the informat					ompiet	Jonet	au IC	,	1 . 55		<u>-</u>	_

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Service Provider 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 Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending 12/31/2018
A Name of plan	B Three-digit
HOMELAND VINYL PRODUCTS, INC. EMPLOYEE BENEFIT PLA	plan number (PN) 501
	plan namber (i ii)
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
HOMELAND VINYL PRODUCTS, INC.	63-1155229
	00 1100220
Part I Service Provider Information (see instructions)	<u> </u>
Tarri Corvice Freshadi ililorination (coo iliciactione)	
You must complete this Part, in accordance with the instructions, to report the information rec	guired for each person who received, directly or indirectly, \$5,000
or more in total compensation (i.e., money or anything else of monetary value) in connection	
plan during the plan year. If a person received only eligible indirect compensation for which	
answer line 1 but are not required to include that person when completing the remainder of the	nis Part.
4. Information on Develop Bossining Only Fligible Indigest Commenceti	
1 Information on Persons Receiving Only Eligible Indirect Compensation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of thi	· · · · · · · · · · · · · · · · · · ·
indirect compensation for which the plan received the required disclosures (see instructions f	or definitions and conditions)
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see instr	·
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensation
(b) Fater name and FINI or address of name who was ided you dis-	
(b) Enter name and EIN or address of person who provided you disc	losures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disc	closures on eligible indirect compensation

Schedule C (Form 5500) 2018	Page 2- 1
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	no provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person w	ho provided you disclosures on eligible indirect compensation

Schedule C (Form 5500) 2018				Page 3 - 1				
2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).								
		((a) Enter name and EIN or	address (see instructions)				
BLUE CRO	OSS BLUE SHIELD OI	F ALABAMA		/ERCHASE PARKWAY EAST IGHAM, AL 35298				
63-010383	30							
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
12 13	CONTRACT ADMINISTRATOR	157188	Yes No X	Yes No		Yes No		
		1	a) Enter name and EIN or	address (see instructions)				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
			Yes No	Yes No		Yes No		
		(a) Enter name and EIN or	address (see instructions)				
(b) Service Code(s)	Relationship to employer, employer, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		

Yes No

Yes No

Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).							
(1.6., 111011	ey or arrything else or	·		r address (see instructions)	plan during the plan year. (Si	ee manuchons).	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	provider direct Did indirect compensation include eligible indirect compensation compensation received the required Enter total indirect compensation received the required eligible indirect service provider except the required eligible indirect compensation compensation received the required eligible indirect compensation received in compensation compensation received in compensation compensation received in compensation received in compensation compensation received in compensation compensation received in compensation received in compensation received in compensation compensation received in comp		(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes No	
		(a) Enter name and EIN or	address (see instructions)			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes No	
		(a) Enter name and EIN or	address (see instructions)			
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes No	

Page	4	-	I
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Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compen or provides contract administrator, consulting, custodial, investment advisory, investment may questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount many entries as needed to report the required information for each source.	nagement, broker, or recordkeepin lirect compensation and (b) each s	g services, answer the following ource for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	(See IIISH UCHONS)	соттрепоацоп
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any ethe service provider's eligibility the indirect compensation.

D	art II Service Providers Who Fail or Refuse to	Drovido Inform	mation			
4						
4	4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.					
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			

Page	6	-	l
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Pa	Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)				
_	Nome		b EIN:		
<u>a</u>	Name:		D EIN:		
d	Position Address		e Telephone:		
u	Addres	55.	e reiepriorie.		
Ex	planation	າ:			
а	Name:		b EIN:		
С	Positio				
d	Addres		e Telephone:		
			·		
Ex	planation	n:			
а	Name:		b EIN:		
С	Positio				
d	Addres	SS:	e Telephone:		
	planation	2.			
LX	φιαιταιτοι	i.			
а	Name:		b EIN:		
C	Positio		U LIIV.		
d	Addres		e Telephone:		
-	, taarot		• receptions.		
Ex	planation	n:			
а	Name:		b EIN:		
С	Positio	n:			
d	Addres	SS:	e Telephone:		
Ex	planation	n:			

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

A Name of plan

Pension Benefit Guaranty Corporation

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

and ending

B

12/31/2018

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

A Name of plan HOMELAND VINYL PRODUCTS, INC. EMPLOYEE BENEFIT PLA			B Three-digit plan number (PN)) •	501
C Plan sponsor's name as shown on line 2a of Form 5500 HOMELAND VINYL PRODUCTS, INC.			D Employer Identifica 63-1155229	ation Number (I	EIN)
Part I Asset and Liability Statement		Į			
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of lines 1c(9) through 1c(14). Do not enter the value of that portion of an insuran benefit at a future date. Round off amounts to the nearest dollar. MTIAs, (and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. So	more than one ce contract whi CCTs, PSAs, ar	plan on a l ich guarant	ine-by-line basis unless ees, during this plan ye	the value is re ear, to pay a spe	portable on ecific dollar
Assets		(a) Be	eginning of Year	(b) End	of Year
a Total noninterest-bearing cash	1a				
b Receivables (less allowance for doubtful accounts):					
(1) Employer contributions	1b(1)				
(2) Participant contributions	1b(2)				
(3) Other	1b(3)				
C General investments: (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		151989		100328
(2) U.S. Government securities	1c(2)				
(3) Corporate debt instruments (other than employer securities):					
(A) Preferred	1c(3)(A)				
(B) All other	1c(3)(B)				
(4) Corporate stocks (other than employer securities):					
(A) Preferred	1c(4)(A)				
(B) Common	1c(4)(B)			,	
(5) Partnership/joint venture interests	1c(5)				
(6) Real estate (other than employer real property)	1c(6)				
(7) Loans (other than to participants)	1c(7)				
(8) Participant loans	1c(8)				
(9) Value of interest in common/collective trusts	1c(9)				
(10) Value of interest in pooled separate accounts	1c(10)				

1c(11)

1c(12)

1c(13)

1c(14)

1c(15)

(11) Value of interest in master trust investment accounts.....

(12) Value of interest in 103-12 investment entities..... (13) Value of interest in registered investment companies (e.g., mutual

(15) Other.....

contracts).....

funds)..... (14) Value of funds held in insurance company general account (unallocated

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	151989	100328
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	151989	100328

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1412236	
	(B) Participants	2a(1)(B)	1837764	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		3250000
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2244	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2244
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

			(a	a) Am	ount		((b) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)						
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)						
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)						
С	Other income	. 2c						
d	Total income. Add all income amounts in column (b) and enter total	. 2d						3252244
	Expenses							
е	Benefit payment and payments to provide benefits:							
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			153	8045		
	(2) To insurance carriers for the provision of benefits	2e(2)			146	8999	-	
	(3) Other	2e(3)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	0-(4)						3007044
f		-						3007044
g	Corrective distributions (see instructions) Certain deemed distributions of participant loans (see instructions)	•						
	Interest expense	OI:						
;	Administrative expenses: (1) Professional fees							
•		0:(0)			00	0004		
	(2) Contract administrator fees	0:(0)			29	6861	-	
	(3) Investment advisory and management fees	2i(4)						
	(4) Other	0:(5)						
	(5) Total administrative expenses. Add lines 2i(1) through (4)							296861
J	Total expenses. Add all expense amounts in column (b) and enter total	. 2j						3303905
	Net Income and Reconciliation	2k						
K	Net income (loss). Subtract line 2j from line 2d	. ZK						-51661
ı	Transfers of assets:	21(1)						
	(1) To this plan	<u> </u>						
	(2) From this plan	. 21(2)						
	art III Accountant's Opinion							
	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	is attached to	o this	Form 5	500. Coi	mplete line 3d	l if an opinion is not
а	The attached opinion of an independent qualified public accountant for this pla	an is (see ins	structions):					
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse						
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 1	03-12(d)?				Yes	X No
С	Enter the name and EIN of the accountant (or accounting firm) below:							
	(1) Name: MDA PROFESSIONAL GROUP, P.C.		(2) EIN:	63-0	681783			
d	The opinion of an independent qualified public accountant is not attached be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta		next Form 55	500 pı	ursuant	to 29 CF	FR 2520.104-	50.
Pa	art IV Compliance Questions							
CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.								
	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributions within							
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			4a		X		
b	Were any loans by the plan or fixed income obligations due the plan in defar							
	close of the plan year or classified during the year as uncollectible? Disrega secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)	Part I if "Yes		4b		X		

Schedule H (Form 5500) 2018	Page 4 - 1

			Yes	No	Amou	int		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X				
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is			X				
	checked.)	4d						
е	Was this plan covered by a fidelity bond?	4e		X				
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X				
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X				
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X				
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X				
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X				
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X				
I	Has the plan failed to provide any benefit when due under the plan?	41		X				
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	s X	No					
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)		
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan yet.		21.)?	Y		ot determined instructions.)		

Birmingham, Alabama

AUDITED FINANCIAL STATEMENTS

December 31, 2018

MDA PROFESSIONAL GROUP, P.C. Certified Public Accountants and Business Consultants Albertville, Anniston, Gadsden, Fort Payne, and Roanoke, Alabama

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MDA PROFESSIONAL GROUP, P.C.

Certified Public Accountants and Business Consultants

125 NORTH THIRD STREET, GADSDEN, ALABAMA 35901 • PHONE 256.546.3371 • FAX 256.546.3373

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of Homeland Vinyl Products, Inc. Employee Benefit Plan & Trust

We have audited the accompanying financial statements of Homeland Vinyl Products, Inc. Employee Benefit Plan & Trust, which comprise the statements of net assets available for benefits (cash basis) as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits (cash basis) for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the cash basis of accounting described in Note 2; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.



Administrative Committee Homeland Vinyl Products, Inc. Employee Benefit Plan & Trust Page 2

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Homeland Vinyl Products, Inc. Employee Benefit Plan & Trust (cash basis) as of December 31, 2018 and 2017, and the changes in its net assets available for benefits (cash basis) for the year then ended, in accordance with the cash basis of accounting described in Note 2.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified which respect to this matter.

MDA Professional Group P.C.

Gadsden, Alabama October 15, 2019

HOMELAND VINYL PRODUCTS, INC. EMPLOYEE BENEFIT PLAN AND TRUST STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - CASH BASIS DECEMBER 31, 2018 AND 2017

<u>ASSETS</u>	 2018	2017		
Cash and Cash Equivalents	\$ 100,328	\$	151,989	
Total Assets	 100,328		151,989	
NET ASSETS AVAILABLE FOR BENEFITS	\$ 100,328	\$	151,989	

The accompanying Notes to Financial Statements are an integral part of these financial statements.

HOMELAND VINYL PRODUCTS, INC. EMPLOYEE BENEFIT PLAN AND TRUST STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - CASH BASIS FOR THE YEAR ENDED DECEMBER 31, 2018

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
ADDITIONS TO NET ASSETS ATTRIBUTED TO.	2018
Contributions:	
Sponsor	\$ 1,412,236
Participants	 1,837,764
Total Contributions	 3,250,000
Interest Income	 2,244
Total Additions	 3,252,244
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Payments for -	
Health Claims	1,538,045
Insurance Premiums	1,468,999
Claims Processing and Administrative Fees	 296,861
Total Deductions	 3,303,905
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(51,661)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	 151,989
End of Year	\$ 100,328

The accompanying Notes to Financial Statements are an integral part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Homeland Vinyl Products, Inc. Employee Benefit Plan & Trust (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a health and welfare plan established on May 1, 1995 to provide benefits to employees and eligible dependents of Homeland Vinyl Products, Inc.'s (the Plan Sponsor) employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. The Plan is not required to obtain a tax ruling or determination letter as such and has not done so.

In order to comply with the provisions of The Patient Protection and Affordable Care Act (PPACA), the Plan Sponsor established a second-tier health plan for employees on May 1, 2014.

BENEFITS

The Plan provides health benefits, dental insurance, vision insurance, life insurance coverage, and disability benefits to employees and eligible dependents. Employees reasonably expected to work 30 hours per week are eligible for coverage. After an employee's separation of employment or retirement, the separated employee may elect coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). The separated employee is notified upon termination and is required to elect the coverage within a specified time. The separated employee is responsible to pay for this coverage but may be eligible for government assistance under certain circumstances.

Health benefits for three of the Plan Sponsor's locations are self-insured and processed by a contract administrator. However, the responsibility for payments is retained by the Plan and ultimately by the Plan Sponsor. The Plan Sponsor purchases insurance to cover claims exceeding annual specified amounts. Health benefits for the Plan Sponsor's various locations are provided through various insurance carriers.

CONTRIBUTIONS

Employees contribute specified amounts for health coverage based upon recommendations of the third-party administrator, and to extend coverage to eligible dependents. The Plan Sponsor pays for certain costs of health and other coverages for employees and pays a substantial portion of the costs of the Plan. Employees have the options to select their coverages by making election for such with payroll deductions.

OTHER

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA.

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements of the Plan are prepared on the cash basis of accounting. The basis differs from accounting principles generally accepted in the United States of America primarily because the Plan does not recognize claims payable, claims incurred but not reported, amounts due for insurance and fees, and amounts withheld from employees and not yet remitted by the Plan.

ACCOUNTING PERIOD

The Plan administrator has elected a calendar year ending December 31.

USE OF ESTIMATES

The preparation of financial statements in accordance with the cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

DEPOSITS

The Plan cash balances consist of money market funds, which are stated at contract value.

INCOME TAX STATUS

There is no provision for income taxes since the Plan is a non-profit organization exempt from both federal and state income taxes. The Plan has received an exemption letter from the Internal Revenue Service granting it tax-exempt status under Internal Revenue Code 501(c)(9).

The Plan's income tax filings are subject to audit by various taxing authorities. The Plan's open audit periods are 2015 - 2018. In evaluating the Plan's tax provisions, future taxable income, and the reversal of temporary differences, interpretations and tax planning strategies are considered. The Plan believes its estimates are appropriate based on current facts and circumstances.

ASC 740-10 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The standards also provides guidance on derecognition, classification, treatment of interest and penalties, and disclosures of such positions. Effective January 1, 2008, the Plan adopted the provisions of ASC 740-10 "Accounting for Uncertainty in Income Taxes" as required. As a result of implementing ASC 740-10, there has been no adjustment to the Plan's financial statements for the year ending December 31, 2018.

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

SUBSEQUENT EVENTS

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 15, 2019, which is the date the financial statements were available to be issued.

NOTE 3 - PLAN RECEIVABLES AND BENEFIT OBLIGATIONS

There are no significant employee contribution receivables as of December 31, 2018 and 2017. Benefit obligations as of December 31, 2018 for health claims incurred by active participants, but not reported or paid at that date, are estimated by the Plan's third-party administrator. The third-party administrator estimates these claims are approximately \$100,100. Because the Plan's financial statements are prepared using the cash basis of accounting, these obligations are not reflected in the accompanying financial statements. The amounts ultimately paid by the Plan are based only on the claims actually submitted and approved for payment.

NOTE 4 - RELATED PARTY TRANSACTIONS

The Plan Sponsor maintains the ability to pay administrative fees (including accounting, tax, and auditing services) of the Homeland Vinyl Products, Inc. Employee Benefit Plan & Trust, except as follows:

The Plan has contracted with a third-party claims administrator, Blue Cross and Blue Shield of Alabama (Blue Cross), which administers the self-insured health coverage claims and provides assistance in complying with applicable laws and regulations including the PPACA, for fees based on a percentage of claims. In addition, Blue Cross receives certain access fees. The total of these fees amounted to approximately \$5,024. These fees are considered Eligible Indirect Compensation under ERISA and are reflected in the statement of changes in net assets available for benefits.

All of the party-in-interest transactions, including the Eligible Indirect Compensations fees, are considered exempt from the prohibited transactions rules of ERISA.