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 Identification Information

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/01/2016

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GERELCO ELECTRICAL CONTRACTORS INC.

560 NW ENTERPRISE DRIVE
PORT ST. LUCIE, FL 34986

2b Employer Identification Number (EIN) 65-0461283

2c Plan Sponsor's telephone number 772-340-7474

2d Business code (see instructions) 238210

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.	12/23/2019	MARIA MERCADO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	144
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	144
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	165
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	165
e	Deceased participants whose beneficiaries are receiving or are entitled to receive 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 (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 9 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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_____

SCHEDULE A (Form 5500)

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

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
BLUE CROSS BLUE SHIELD OF FLORIDA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2015694	98167	90715	99	06/01/2018	05/31/2019

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
39011	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

INSURANCE OFFICE OF AMERICA
4915 W. CYPRESS STREET
SUITE 100
TAMPA, FL 33607-3846

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
39011			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	648978		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	648978
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	476115
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	39011		
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**	110407		
(E) Taxes	**9c(1)(E)**	3975		
(F) Charges for risks or other contingencies	**9c(1)(F)**	19469		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	172862
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ..... [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
HEALTH OPTIONS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2403696	95089	90715	41	06/01/2018	05/31/2019

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
10838	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

INSURANCE OFFICE OF AMERICA
4915 W. CYPRESS STREET
SUITE 100
TAMPA, FL 33607-3846

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10838			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	180626		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	180626
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	128656
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	10838		
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**	35713		
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**	5419		
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	51970
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ..... [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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.**

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OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00513032	165	06/01/2018	05/31/2019

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
7766	5963

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

INSURANCE OFFICE OF AMERICA
W. STATE ROAD 434
SUITE
LONGWOOD, FL 32750

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7766	5963	FEES PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [X] Vision
- **d** [X] Life insurance
- **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
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	96903
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	94056	61	06/01/2018	05/31/2019

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
7138	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ENROLLMENT ALLIANCE
3030 N ROCKY POINT DR
SUITE 150
TAMPA, FL 33607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
4997			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
INSURANCE OFFICE OF AMERICA
P.O. BOX 162207
ALTAMONTE SPRINGS, FL 32716

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2141			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **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
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ VOLUNTARY WORK SITE DISABILITY

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	48884
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ..... [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	31242	42	06/01/2018	05/31/2019

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
5810	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SEE ATTACHED LIST AND VAR ADDRESSES
9113 79TH AVENUE
SEMINOLE, FL 33777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5810			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate 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	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **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
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ ACCIDENTAL, CRITICAL ILLNESS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	19885
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ..... [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	31243	31	06/01/2018	05/31/2019

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
1730	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SEE ATTACHED LIST & VAR ADDRESSES
9113 79TH AVE
SEMINOLE, FL 33777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1730			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate 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	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **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
- **l** ☐ Indemnity contract
- **m** ☒ Other (specify) ▶ ACCIDENTAL, CRITICAL ILLNESS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	7611
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	31244	14	06/01/2018	05/31/2019

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
1621	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SEE ATTACHED LIST & VAR ADDRESSES
9113 79TH AVE
SEMINOLE, FL 33777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1621			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate 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	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **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
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ ACCIDENTAL, CRITICAL ILLNESS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	5866
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ..... [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	81047	20	06/01/2018	05/31/2019

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
2241	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SEE ATTACHED LIST
9113 79 TH AVE
SEMINOLE, FL 33777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2241			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate 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	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **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
- **l** ☐ Indemnity contract
- **m** ☒ Other (specify) ▶ ACCIDENT, CRITICAL ILLNESS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	10315
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

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

For calendar plan year 2018 or fiscal plan year beginning 06/01/2018 and ending 05/31/2019

A Name of plan
GERELCO ELECTRICAL CONTRACTORS INC.

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
GERELCO ELECTRICAL CONTRACTORS INC.

D Employer Identification Number (EIN)
65-0461283

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 carrier
AMERICAN HERITAGE LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	81047	20	06/01/2018	05/31/2019

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
2241	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SEE ATTACHED LISTING & VAR ADDRESSE
9113 79TH AVE
SEMINOLE, FL 33777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2241			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate 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	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **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
- **l** ☐ Indemnity contract
- **m** ☒ Other (specify) ▶ VOLUNTARY: ACCIDENT AND CRITICAL ILLNESS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) 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**	10315
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

GERELCO FAMILY OF COMPANIES **ATTN MARTY PEARSON** **560 NW ENTERPRISE DR** **PORT ST LUCIE, FL 34986**	 Plan/Contract Year 06/01/2018-05/31/2019 Part I (a) Name of Insurance Carrier: **AMERICAN HERITAGE LIFE INSURANCE COMPANY** Part I (b) EIN: 59-0781901 Part I (c) NAIC Code: 60534

Includes the Following Account(s): 00001, 31242, 31243 & 31244

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid
94056 **Disability, Hospital Indemnity**	**61**	**$ 48,884.12**			**$ 7,137.93**
			INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS, FL 32716	1TPA0	**$ 2,141.34**
			ENROLLMENT ALLIANCE 3030 N ROCKY POINT DR SUITE 150 TAMPA, FL 33607	2A0K0	**$ 4,996.59**

GERELCO ELECTRIC(31242)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34986



Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31242

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Accident Account: 31242							
Accident	**42**	**$11,360.79**			**$2,812.81**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$59.50	$0.00	
			BRANCH STEPHANIE D 2200 CABOOSE LN APT 301	341W0	$33.26	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	3W1T0	$24.97	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$96.71	$0.00	
			CARLONE JENNA 573 SCRUBJAY LANE JUPITER FL 33458	8C0T0	$78.89	$0.00	
			CARLONE JENNA L 7933 HAMPTON LAKE DRIVE TAMPA FL 33647	441W0	$9.54	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$800.87	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$387.69	$0.00	
	EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$20.79	$0.00	
	FERNANDEZ MALLIBIS 1842 41ST TER SW NAPLES FL 34116	3M1W0	$75.12	$0.00	
	HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$15.14	$0.00	
	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$35.56	$0.00	
	IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$15.89	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$812.50	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$146.09	$0.00	
	LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$91.19	$0.00	
	MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$37.62	$0.00	
	YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$46.10	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	ZIMMERMAN JAKE 6302 NESTING CT TAMPA FL 33625	661F0	$25.38	$0.00	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCO ELECTRIC(31242)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34986

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31242

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Critical Illness Account: 31242							
Critical Illness	**33**	**$8,523.88**			**$2,996.75**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$26.79	$0.00	
			BRANCH STEPHANIE D 2200 CABOOSE LN APT 301	341W0	$43.99	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	3W1T0	$89.43	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$94.28	$0.00	
			CARLONE JENNA 573 SCRUBJAY LANE JUPITER FL 33458	8C0T0	$101.10	$0.00	
			CARLONE JENNA L 7933 HAMPTON LAKE DRIVE TAMPA FL 33647	441W0	$30.42	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$728.06	$0.00	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$501.57	$0.00	
	EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$22.09	$0.00	
	FERNANDEZ MALLIBIS 1842 41ST TER SW NAPLES FL 34116	3M1W0	$124.96	$0.00	
	HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$13.17	$0.00	
	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$134.46	$0.00	
	IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$4.26	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$852.14	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$143.06	$0.00	
	LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$32.75	$0.00	
	MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$6.96	$0.00	
	YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$32.71	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

		ZIMMERMAN JAKE 6302 NESTING CT TAMPA FL 33625	661F0	$14.55	$0.00	
Grand Total	**$19,884.67**			**$5,809.56**	**$0.00**	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCO TRAFFIC CONTROL(81047)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689



Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 81047

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Accident Account: 81047							
Accident	**20**	**$6,130.21**			**$1,253.86**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$58.00	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$38.84	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$13.10	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$419.28	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$50.38	$0.00	
			EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$18.78	$0.00	
			HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$6.02	$0.00	

Disclaimers:

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- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$100.29	$0.00	
	IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$17.70	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$372.83	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$93.95	$0.00	
	LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$57.30	$0.00	
	YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$7.39	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCO TRAFFIC CONTROL(81047)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 81047

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Critical Illness Account: 81047							
Critical Illness	**16**	**$4,184.32**			**$987.37**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$19.03	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$15.41	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$7.50	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$326.40	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$11.00	$0.00	
			EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$12.13	$0.00	
			HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$3.23	$0.00	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

		HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$140.43	$0.00	
		INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$298.11	$0.00	
		LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$86.35	$0.00	
		LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$46.45	$0.00	
		YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$21.33	$0.00	
Grand Total	**$10,314.53**			**$2,241.23**	**$0.00**	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

PREMIER FABRICATORS(31243)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31243

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Accident Account: 31243							
Accident	**31**	**$5,355.72**			**$1,060.92**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$33.05	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$35.25	$0.00	
			CARLONE JENNA L 7933 HAMPTON LAKE DRIVE TAMPA FL 33647	441W0	$50.17	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$18.44	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$291.34	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$146.01	$0.00	
			HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$4.85	$0.00	

Disclaimers:

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- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$19.71	$0.00	
	IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$7.83	$0.00	
	IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$12.32	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$308.02	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$45.68	$0.00	
	LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$76.07	$0.00	
	MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$12.18	$0.00	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

PREMIER FABRICATORS(31243)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31243

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Critical Illness Account: 31243							
Critical Illness	**22**	**$2,254.88**			**$668.75**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$3.91	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$44.12	$0.00	
			CARLONE JENNA L 7933 HAMPTON LAKE DRIVE TAMPA FL 33647	441W0	$52.69	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$21.32	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$121.48	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$157.01	$0.00	
			HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$5.15	$0.00	

Disclaimers:

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- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

		HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$4.89	$0.00	
		IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$8.43	$0.00	
		IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$5.37	$0.00	
		INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$187.79	$0.00	
		LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$28.16	$0.00	
		LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$11.42	$0.00	
		MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$17.01	$0.00	
Grand Total	**$7,610.60**			**$1,729.67**	**$0.00**	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCOM(31244)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31244

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Accident Account: 31244							
Accident	**14**	**$3,941.52**			**$848.14**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$14.09	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$7.72	$0.00	
			CARLONE JENNA 573 SCRUBJAY LANE JUPITER FL 33458	8C0T0	$28.43	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$18.70	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$282.32	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$93.94	$0.00	
			EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$23.19	$0.00	

Disclaimers:

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- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$13.88	$0.00	
	IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$9.08	$0.00	
	IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$34.95	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$247.16	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$35.80	$0.00	
	MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$29.50	$0.00	
	YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$9.38	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCOM(31244)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31244

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Critical Illness Account: 31244							
Critical Illness	**10**	**$1,924.72**			**$772.48**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$18.43	$0.00	
			CARLONE JENNA 573 SCRUBJAY LANE JUPITER FL 33458	8C0T0	$14.67	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$69.50	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$141.57	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$195.61	$0.00	
			EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$11.41	$0.00	
			HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$7.02	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

		IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$21.70	$0.00	
		IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$19.73	$0.00	
		INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$219.95	$0.00	
		LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$14.99	$0.00	
		MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$37.90	$0.00	
Grand Total	**$5,866.24**			**$1,620.62**	**$0.00**	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

PREMIER FABRICATORS(31243)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31243

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Accident Account: 31243							
Accident	**31**	**$5,355.72**			**$1,060.92**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$33.05	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$35.25	$0.00	
			CARLONE JENNA L 7933 HAMPTON LAKE DRIVE TAMPA FL 33647	441W0	$50.17	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$18.44	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$291.34	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$146.01	$0.00	
			HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$4.85	$0.00	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$19.71	$0.00	
	IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$7.83	$0.00	
	IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$12.32	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$308.02	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$45.68	$0.00	
	LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$76.07	$0.00	
	MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$12.18	$0.00	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

PREMIER FABRICATORS(31243)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31243

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Critical Illness Account: 31243							
Critical Illness	**22**	**$2,254.88**			**$668.75**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$3.91	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$44.12	$0.00	
			CARLONE JENNA L 7933 HAMPTON LAKE DRIVE TAMPA FL 33647	441W0	$52.69	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$21.32	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$121.48	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$157.01	$0.00	
			HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$5.15	$0.00	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

		HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$4.89	$0.00	
		IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$8.43	$0.00	
		IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$5.37	$0.00	
		INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$187.79	$0.00	
		LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$28.16	$0.00	
		LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$11.42	$0.00	
		MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$17.01	$0.00	
Grand Total	**$7,610.60**			**$1,729.67**	**$0.00**	

Disclaimers:

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCO ELECTRIC(31242)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34986



Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31242

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Accident Account: 31242							
Accident	**42**	**$11,360.79**			**$2,812.81**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$59.50	$0.00	
			BRANCH STEPHANIE D 2200 CABOOSE LN APT 301	341W0	$33.26	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	3W1T0	$24.97	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$96.71	$0.00	
			CARLONE JENNA 573 SCRUBJAY LANE JUPITER FL 33458	8C0T0	$78.89	$0.00	
			CARLONE JENNA L 7933 HAMPTON LAKE DRIVE TAMPA FL 33647	441W0	$9.54	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$800.87	$0.00	

Disclaimers:

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- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$387.69	$0.00	
	EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$20.79	$0.00	
	FERNANDEZ MALLIBIS 1842 41ST TER SW NAPLES FL 34116	3M1W0	$75.12	$0.00	
	HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$15.14	$0.00	
	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$35.56	$0.00	
	IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$15.89	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$812.50	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$146.09	$0.00	
	LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$91.19	$0.00	
	MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$37.62	$0.00	
	YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$46.10	$0.00	

Disclaimers:

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- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
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	ZIMMERMAN JAKE 6302 NESTING CT TAMPA FL 33625	661F0	$25.38	$0.00	

Disclaimers:

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GERELCO ELECTRIC(31242)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34986

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31242

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Critical Illness Account: 31242							
Critical Illness	**33**	**$8,523.88**			**$2,996.75**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$26.79	$0.00	
			BRANCH STEPHANIE D 2200 CABOOSE LN APT 301	341W0	$43.99	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	3W1T0	$89.43	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$94.28	$0.00	
			CARLONE JENNA 573 SCRUBJAY LANE JUPITER FL 33458	8C0T0	$101.10	$0.00	
			CARLONE JENNA L 7933 HAMPTON LAKE DRIVE TAMPA FL 33647	441W0	$30.42	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$728.06	$0.00	

Disclaimers:

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- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$501.57	$0.00	
	EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$22.09	$0.00	
	FERNANDEZ MALLIBIS 1842 41ST TER SW NAPLES FL 34116	3M1W0	$124.96	$0.00	
	HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$13.17	$0.00	
	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$134.46	$0.00	
	IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$4.26	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$852.14	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$143.06	$0.00	
	LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$32.75	$0.00	
	MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$6.96	$0.00	
	YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$32.71	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
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		ZIMMERMAN JAKE 6302 NESTING CT TAMPA FL 33625	661F0	$14.55	$0.00	
Grand Total	**$19,884.67**			**$5,809.56**	**$0.00**	

Disclaimers:

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- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCOM(31244)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31244

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Accident Account: 31244							
Accident	**14**	**$3,941.52**			**$848.14**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$14.09	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$7.72	$0.00	
			CARLONE JENNA 573 SCRUBJAY LANE JUPITER FL 33458	8C0T0	$28.43	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$18.70	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$282.32	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$93.94	$0.00	
			EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$23.19	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$13.88	$0.00	
	IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$9.08	$0.00	
	IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$34.95	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$247.16	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$35.80	$0.00	
	MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$29.50	$0.00	
	YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$9.38	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCOM(31244)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 31244

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Critical Illness Account: 31244							
Critical Illness	**10**	**$1,924.72**			**$772.48**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$18.43	$0.00	
			CARLONE JENNA 573 SCRUBJAY LANE JUPITER FL 33458	8C0T0	$14.67	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$69.50	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$141.57	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$195.61	$0.00	
			EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$11.41	$0.00	
			HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$7.02	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

		IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$21.70	$0.00	
		IGLESIAS ENRIQUE ALFREDO 2500 WINDING CREEK BLVD F204	5T100	$19.73	$0.00	
		INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$219.95	$0.00	
		LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$14.99	$0.00	
		MACRI DANA S 15704 JERICHO DRIVE ODESSA FL 33556	541W0	$37.90	$0.00	
Grand Total	**$5,866.24**			**$1,620.62**	**$0.00**	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

GERELCO TRAFFIC CONTROL(81047)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689



Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 81047

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Accident Account: 81047							
Accident	**20**	**$6,130.21**			**$1,253.86**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$58.00	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$38.84	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$13.10	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$419.28	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$50.38	$0.00	
			EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$18.78	$0.00	
			HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$6.02	$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$100.29	$0.00	
	IGLESIAS ENRIQUE A 6054 TIVOLI GARDENS BLVD ORLANDO FL 32829	7W1T0	$17.70	$0.00	
	INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$372.83	$0.00	
	LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$93.95	$0.00	
	LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$57.30	$0.00	
	YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$7.39	$0.00	

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GERELCO TRAFFIC CONTROL(81047)
560 NW ENTERPRIDE DRIVE
PORT ST LUCIE FL 34689

Allstate BENEFITS

Plan/Contract Year:6/1/2018-5/31/2019
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: 81047

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
Critical Illness Account: 81047							
Critical Illness	**16**	**$4,184.32**			**$987.37**	**$0.00**	
			BENEFITS WITH FRIENDS 9113 79TH AVE SEMINOLE FL 33777	6M150	$19.03	$0.00	
			BRENNAN CRISTINA 18102 PORTSIDE ST TAMPA FL 33647	5L150	$15.41	$0.00	
			CONBOY MARK 142 OCEAN COVE DR JUPITER FL 33477	5G0X0	$7.50	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	2A0K0	$326.40	$0.00	
			ENROLLMENT ALLIANCE 1724 EAST 5TH AVENUE TAMPA FL 33605	8M1T0	$11.00	$0.00	
			EVANS JAHNOI 5349 SOUTHWICK DR TAMPA FL 33624	6G1C0	$12.13	$0.00	
			HAGENBUCH SCOTT 9688 105TH AVE LARGO FL 33773	1B1A0	$3.23	$0.00	

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		HYLTON ROBERT 6287 GARRETT ST JUPITER FL 33458	1F0Y0	$140.43	$0.00	
		INSURANCE OFFICE OF AMERICA P O BOX 162207 ALTAMONTE SPRINGS FL 32716	1TPA0	$298.11	$0.00	
		LEESMAN ENTERPRISES LLC 7933 HAMPTON LAKE DR TAMPA FL 33647	2T190	$86.35	$0.00	
		LEESMAN JAMIE 3030 N ROCKY PT DR STE 150 TAMPA FL 33607	4Y0M0	$46.45	$0.00	
		YOUNG STEPHANIE 235 GOLF CLUB CIRCLE TEQUESTA FL 33469	4F160	$21.33	$0.00	
Grand Total	**$10,314.53**			**$2,241.23**	**$0.00**	

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- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.