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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
HOOLEY FAMILY MANAGEMENT, INC. WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 503

1c Effective date of plan 01/01/1995

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)
HOOLEY FAMILY MANAGEMENT, INC.

707 NORTH STATE ROAD 7
PLANTATION, FL 33317

2b Employer Identification Number (EIN) 59-2441916

2c Plan Sponsor's telephone number 954-584-2400

2d Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/28/2021	MANOUK COSTANIAN
	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**	289
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)**	289
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	244
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**	244
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 4L

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] 3 **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
HOOLEY FAMILY MANAGEMENT, INC. WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
HOOLEY FAMILY MANAGEMENT, INC.

D Employer Identification Number (EIN)
59-2441916

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
AFLAC

(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
58-0663085	60380	A8744	50	01/01/2020	12/31/2020

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
9110	241

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
AFLAC - SEE ATTACHED LISTING

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
9110	241	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		
	(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** ☐ 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 WORKSITE BENEFITS

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**	65878
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

2020

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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
HOOLEY FAMILY MANAGEMENT, INC. WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
HOOLEY FAMILY MANAGEMENT, INC.

D Employer Identification Number (EIN)
59-2441916

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
AFLAC

(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
82-2723296	60380	Q4683	55	01/01/2020	12/31/2020

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
8618	80

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
AFLAC - SEE ATTACHED LISTING

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8618	80	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** [ ] 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 WORKSITE BENEFITS

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**	56147
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).

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OMB No. 1210-0110

2020

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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
HOOLEY FAMILY MANAGEMENT, INC. WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
HOOLEY FAMILY MANAGEMENT, INC.

D Employer Identification Number (EIN)
59-2441916

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
HUMANA 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
39-1263473	73288	809796	210	01/01/2020	12/31/2020

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
67710	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

REFINED BENEFITS DBA SULLIVAN
1105 NIKKI VIEW DRIVE
BRANDON, FL 33511-4879

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
67710			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

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

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	(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

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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** [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** [X] HMO contract
- **k** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ AD&D; VOLUNTARY LIFE; VOLUNTARY AD&D

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**	1096876
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.			**10b**	

Specify nature of costs.

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. ▶

***Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.**
****Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.**

SCHEDULE A EARNINGS REPORT

Group Number	Total Premium Collected	Group Covered Count
A8744	$65,877.60	50

Group Address	Name of Insurance Carrier
PLANTATION FORD	AFLAC
ATTN DEENA L. O'BRIEN	1932 WYNNTON ROAD
707 N STATE ROAD 7	COLUMBUS, GA 31999
PLANTATION, FL 00003-3317	**PLAN YEAR 1/01/2020 to 12/31/2020**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
BARRY M BAYUK 7193 VENETO DR BOYNTON BEACH, FL 33437	$2,593.67	$59.69
KENDALL C HUDSON 1645 PALM BEACH LAKES BLVD STE 1200 WEST PALM BEACH, FL 33401	$2,177.39	$66.66
KATTY W COHEN 21711 TOWN PLACE DR BOCA RATON, FL 33433	$2,021.71	$54.15
MICHELLE T DUBE 251 ROYAL CT DELRAY BEACH, FL 33444	$402.74	$13.33

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
JAMES B SMITH 100 NW 62ND ST STE 630 FT LAUDERDALE, FL 33309	$256.20	$13.33
- C HUDSON AND ASSOCIATES 2843 TWIN PINE RD THOMSON, GA 30824	$198.06	$0.00
G SCOTT COOKE 2832 NE 17TH AVE WILTON MANORS, FL 33334	$151.27	$10.81
JAVIER L ORTIZ 9620 NE 2ND AVE STE 203 MIAMI SHORES, FL 33138	$149.89	$10.81
DE VITA B MCKENZIE 300 E ESPLANADE DR STE 1220 OXNARD, CA 93036	$141.66	$0.00
SUWAT ASSAWAMATIYANONT 8171 HAMPTON WOOD DR BOCA RATON, FL 33433	$109.85	$11.95
ROGER HUGH JONES 2204 COMMERCE ST ALPHARETTA, GA 30009	$77.88	$0.00
HAROLD L STAFFORD 8544 TOWNLEY RD APT 1B HUNTERSVILLE, NC 28078	$69.52	$0.00
- J W GRIMES INC 6165 WATERFORD RD COLUMBUS, GA 31904	$65.76	$0.00
- LEONAGGEO BENEFITS INC 1 E CHESTERFIELD DR BOYNTON BEACH, FL 33426	$60.48	$0.00
ARASAY LOPEZ 17000 NW 89TH AVE HIALEAH, FL 33018	$45.78	$0.00
MICHAEL A ORTIZ 3219 RENARD LN SAINT CHARLES, IL 60175	$40.06	$0.00
SHERILL ASHLEY HERNANDEZ 6750 N ANDREWS AVE STE 200 FORT LAUDERDALE, FL 33309	$34.56	$0.00
HAROLD L STAFFORD 10722 NW 20TH DR CORAL SPRINGS, FL 33071	$34.24	$0.00
DEXTER ANTONIO HARRIS 100 GALLERIA PKWY SE STE 900 ATLANTA, GA 30339	$29.05	$0.00
MARIALENA SELVAGGIO 1685 SW 4TH AVE BOCA RATON, FL 33432	$29.04	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
TOM LEE KOCH 695 ORCHARD COURSE DR LAS VEGAS, NV 89148	$25.56	$0.00
JOSHUA BUZZARD 6848 HENDRY DR LAKE WORTH, FL 33463	$25.01	$0.00
FRANK ROBERT SOBOCINSKI 528 SWEET BAY CIR JUPITER, FL 33458	$24.95	$0.00
- CROWN INS SERV INC 2901 CLINT MOORE RD STE 288 BOCA RATON, FL 33496	$23.52	$0.00
- BILINGUAL BENEFITS CONSULTANTS INC 1025 PINHURST DR ATLANTA, GA 30339	$22.25	$0.00
BRENDA LYNN GARRETT 12475 KENTWOOD AVE FORT MYERS, FL 33913	$21.51	$0.00
JOHN DEE MAULDIN 4116 KENTSHIRE LN DALLAS, TX 75287	$20.96	$0.00
MELANIE B COSTA SILVA 9315 BOCA GARDENS CIR S APT C BOCA RATON, FL 33496	$20.58	$0.00
- CLEFCO CORP 1801 SE BERKSHIRE BLVD PORT ST LUCIE, FL 34952	$20.20	$0.00
- TALLON AND ASSOCIATES INC PO BOX 30668 PALM BEACH GARDENS, FL 33420	$18.04	$0.00
MARIA E GADEA 5921 SW 32ND ST MIAMI, FL 33155	$16.20	$0.00
MICHAEL H MCCLAIN 6237 ROSE TER PLANTATION, FL 33317	$15.52	$0.00
STEVEN WILLIAM KAISER 6447 IVY SPRINGS DR FLOWERY BRANCH, GA 30542	$15.36	$0.00
- ALFRED RIETKERK 438 PISGAH PIKE PULASKI, TN 38478	$14.60	$0.00
DEBORAH L JONGES PO BOX 31994 PALM BEACH GARDENS, FL 33420	$13.78	$0.00
MARIA C ORTIZ 7400 SW 50TH TER STE 300 MIAMI, FL 33155	$13.68	$0.00
WILLIAM K GILDAY 3911 JAMAICA ST SARASOTA, FL 34233	$11.76	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
JOHN DEE MAULDIN 1400 BURLINGTON DR PLANO, TX 75025	$10.48	$0.00
JONATHAN A HERNANDEZ 6750 N ANDREWS AVE STE 200 FORT LAUDERDALE, FL 33309	$10.44	$0.00
MATTHEW W PINER 13633 WAVERTON LN HUNTERSVILLE, NC 28078	$9.96	$0.00
SUSAN P WATLEY 6366 INDEPENDENCE DR COLUMBUS, GA 31909	$9.22	$0.00
JILL ANNE HALVERSON 3359 GARDENS EAST DR APT A PALM BEACH GARDENS, FL 33410	$7.55	$0.00
MARTA M SASTRE 1214 COLUMBUS BLVD CORAL GABLES, FL 33134	$7.44	$0.00
EILEEN SANCHEZ MEDINA 6100 SW 44TH TER MIAMI, FL 33155	$5.76	$0.00
MARK C LEE 11500 COUNTY LINE RD MIDLAND, GA 31820	$5.40	$0.00
THOMAS R BAILEY 142 MAPLE CT NW CHARLESTON, TN 37310	$3.96	$0.00
CYNTHIA L SAMUELS 3619 SANWOOD ST LAS VEGAS, NV 89147	$3.78	$0.00
KELLIE A BATES 3040 NE 10TH AVE POMPANO BEACH, FL 33064	$3.48	$0.00
JOSEPH H WILLIS JR 1431 NE 55TH ST FORT LAUDERDALE, FL 33334	$3.15	$0.00
MICHAEL K PORTER 5881 TOWN BAY DR APT 916 BOCA RATON, FL 33486	$2.95	$0.00
RICHARD G AMUNDSEN JR 1125 N GREENWAY DR CORAL GABLES, FL 33134	$2.76	$0.00
DAVID S MORRIS 950 PENINSULA CORPORATE CIR STE 1005 BOCA RATON, FL 33487	$2.44	$0.00
JAMES GRAYDON BROWN 2522 OWENS LANDING TRL NW KENNESAW, GA 30152	$2.00	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
OMER S BASS IV 565 W GATEWAY CT MERRITT ISLAND, FL 32952	$1.56	$0.00
SUZANN T EUSEPI-GREEN PO BOX 631 JUPITER, FL 33468	$1.54	$0.00
JUAN C FERLINI 2984 SUNSET SMT NEW BRAUNFELS, TX 78130	$1.32	$0.00
LANA M KLIMEK 605 WOODRIDGE DR LITTLE ELM, TX 75068	$1.30	$0.00
MARIA ORBE 8362 PINES BLVD STE 250 PEMBROKE PINES, FL 33024	$0.80	$0.00
CHRISTINE M SINTAY 2645 GRASSY SPRING PL LAS VEGAS, NV 89135	$0.48	$0.00
JAMES W BENCIN 11 SHELDRAKE LN WEST PALM BEACH, FL 33418	$0.36	$0.00
Sum:	$9,110.42	$240.73

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SCHEDULE A EARNINGS REPORT

Group Number	Total Premium Collected	Group Covered Count
Q4683	$56,147.28	55

Group Address	Name of Insurance Carrier
WESTON NISSAN-VOLVO	AFLAC
ATTN DEENA O'BRIEN	1932 WYNNTON ROAD
707 N STATE ROAD 7	COLUMBUS, GA 31999
PLANTATION, FL 00003-3317	**PLAN YEAR 1/01/2020 to 12/31/2020**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
BARRY M BAYUK 7193 VENETO DR BOYNTON BEACH, FL 33437	$3,794.47	$32.62
KENDALL C HUDSON 1645 PALM BEACH LAKES BLVD STE 1200 WEST PALM BEACH, FL 33401	$2,620.92	$31.27
KATTY W COHEN 21711 TOWN PLACE DR BOCA RATON, FL 33433	$510.72	$0.00
MICHELLE T DUBE 251 ROYAL CT DELRAY BEACH, FL 33444	$465.80	$6.26

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
JAMES B SMITH 100 NW 62ND ST STE 630 FT LAUDERDALE, FL 33309	$311.45	$6.26
DE VITA B MCKENZIE 300 E ESPLANADE DR STE 1220 OXNARD, CA 93036	$171.08	$0.00
- C HUDSON AND ASSOCIATES 2843 TWIN PINE RD THOMSON, GA 30824	$101.64	$0.00
TOM LEE KOCH 695 ORCHARD COURSE DR LAS VEGAS, NV 89148	$94.26	$0.00
SUWAT ASSAWAMATIYANONT 8171 HAMPTON WOOD DR BOCA RATON, FL 33433	$87.44	$3.84
- SHAZAM BENEFITS INC 804 E WINDWARD WAY APT 511 LANTANA, FL 33462	$71.82	$0.00
DEXTER ANTONIO HARRIS 100 GALLERIA PKWY SE STE 900 ATLANTA, GA 30339	$56.16	$0.00
MICHAEL A ORTIZ 3219 RENARD LN SAINT CHARLES, IL 60175	$43.56	$0.00
HAROLD L STAFFORD 8544 TOWNLEY RD APT 1B HUNTERSVILLE, NC 28078	$37.92	$0.00
JOHN DEE MAULDIN 4116 KENTSHIRE LN DALLAS, TX 75287	$36.40	$0.00
- J W GRIMES INC 6165 WATERFORD RD COLUMBUS, GA 31904	$27.36	$0.00
ROGER HUGH JONES 2204 COMMERCE ST ALPHARETTA, GA 30009	$24.60	$0.00
HAROLD L STAFFORD 10722 NW 20TH DR CORAL SPRINGS, FL 33071	$22.95	$0.00
JOHN DEE MAULDIN 1400 BURLINGTON DR PLANO, TX 75025	$18.20	$0.00
GREGG L DENHOFFER 25061 E OTTAWA DR AURORA, CO 80016	$16.68	$0.00
SUSAN P WATLEY 6366 INDEPENDENCE DR COLUMBUS, GA 31909	$15.84	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
FRANK ROBERT SOBOCINSKI 528 SWEET BAY CIR JUPITER, FL 33458	$15.81	$0.00
THOMAS R BAILEY 142 MAPLE CT NW CHARLESTON, TN 37310	$11.52	$0.00
JAMES W BENCIN 11 SHELDRAKE LN WEST PALM BEACH, FL 33418	$10.80	$0.00
DEBORAH L JONGES PO BOX 31994 PALM BEACH GARDENS, FL 33420	$10.08	$0.00
- ALFRED RIETKERK 438 PISGAH PIKE PULASKI, TN 38478	$8.79	$0.00
- CROWN INS SERV INC 2901 CLINT MOORE RD STE 288 BOCA RATON, FL 33496	$6.84	$0.00
- GALLAGHER BENEFITS SERVICES 2056 VISTA PKWY STE 300 WEST PALM BEACH, FL 33411	$6.69	$0.00
JOSEPH H WILLIS JR 1431 NE 55TH ST FORT LAUDERDALE, FL 33334	$5.85	$0.00
DAVID S MORRIS 950 PENINSULA CORPORATE CIR STE 1005 BOCA RATON, FL 33487	$4.68	$0.00
JOSHUA BUZZARD 6848 HENDRY DR LAKE WORTH, FL 33463	$3.72	$0.00
MARK C LEE 11500 COUNTY LINE RD MIDLAND, GA 31820	$1.68	$0.00
SUZANN T EUSEPI-GREEN PO BOX 631 JUPITER, FL 33468	$1.44	$0.00
OMER S BASS IV 565 W GATEWAY CT MERRITT ISLAND, FL 32952	$0.48	$0.00
Sum:	$8,617.65	$80.25