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 09/01/2020 and ending 08/31/2021

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [X] 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
PHYSICIANS' PRIMARY CARE OF SOUTHWEST FLORIDA, P.L. WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1996

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)
PHYSICIANS' PRIMARY CARE OF SOUTHWEST FLORIDA

12730 NEW BRITTANY BLVD.
SUITE 602
FORT MYERS, FL 33907

2b Employer Identification Number (EIN)
65-0603006

2c Plan Sponsor's telephone number
239-275-5522

2d Business code (see instructions)
621491

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.	03/29/2022	MARY YANKASKAS
	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**	238
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)**	238
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	240
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**	240
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:

4B 4D 4E 4F 4L

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[ ]	Trust
(4)	[X]	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)	[X]	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] 2 **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 09/01/2020 and ending 08/31/2021

A Name of plan
PHYSICIANS' PRIMARY CARE OF SOUTHWEST FLORIDA, P.L. WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PHYSICIANS' PRIMARY CARE OF SOUTHWEST FLORIDA

D Employer Identification Number (EIN)
65-0603006

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	M5062	152	09/01/2020	08/31/2021

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
18707	779

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
LIST ATTACHED

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18707	779	FEES	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** [X] 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) ▶

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**	174013
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. ▶

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 09/01/2020 and ending 08/31/2021

A Name of plan
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B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
PHYSICIANS' PRIMARY CARE OF SOUTHWEST FLORIDA

D Employer Identification Number (EIN)
65-0603006

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	04240	00515600	240	09/01/2020	08/31/2021

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
29832	8604

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

DIGITAL INSURANCE LLC
200 GALLERIA PARKWAY
SUITE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19680	8604	FEES	3

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

CENTRO BENEFITS RESEARCH LLC
325 N. KIRKWOOD ROAD
SUITE 300
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10152			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**	
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 & 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**	203039
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. ▶

***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
M5062	$174,012.64	152

Group Address	Name of Insurance Carrier
PHYSICIANS PRIMARY CARE OF	AFLAC
ATTN MELISSA TENZEL	1932 WYNNTON ROAD
12730 NEW BRITTANY BLVD	COLUMBUS, GA 31999
FORT MYERS, FL 00003-3907	**PLAN YEAR 09/01/2020 to 08/31/2021**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
GRETCHEN C SAX 14620 BALD EAGLE DR FORT MYERS, FL 33912	$10,688.24	$558.36
JAMIE HARTT 23285 WILBER AVE PORT CHARLOTTE, FL 33980	$1,988.62	$113.96
LAURA ANNE DAVIDSON 2201 MAJESTIC CT S NAPLES, FL 34110	$950.97	$0.00
BRENDA LYNN GARRETT 12475 KENTWOOD AVE FORT MYERS, FL 33913	$509.38	$0.00
LARRY J MOORE 3270 HAMPTON BLVD ALVA, FL 33920	$422.84	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
BARBARA J DYE 1834 LAKEVIEW BLVD N FT MYERS, FL 33903	$390.74	$0.00
THERESA A CHAMBLISS 2059 PINE RIVER DR KINGWOOD, TX 77339	$262.02	$0.00
JIMMY D BOONE 5346 DOMINICA CIR SARASOTA, FL 34233	$249.90	$0.00
MATTHEW SHANE STRONG 3860 COLONIAL BLVD STE 200 FORT MYERS, FL 33966	$241.15	$90.54
KELLY ANN IRVINE 15801 WHITE ORCHID LN FORT MYERS, FL 33908	$239.83	$0.00
DEREK R MANN 111 LEE ROAD 802 UNIT 122 VALLEY, AL 36854	$228.97	$0.00
ANNE MARIE M CARTIER 2465 AINSWORTH AVE DELTONA, FL 32738	$212.51	$15.70
HAROLD L STAFFORD 8544 TOWNLEY RD APT 1B HUNTERSVILLE, NC 28078	$198.59	$0.00
ERIC W HIRSCHKORN 718 SE ABLETT LN PORT ST LUCIE, FL 34984	$182.61	$0.00
- C HUDSON AND ASSOCIATES 2843 TWIN PINE RD THOMSON, GA 30824	$170.40	$0.00
SCOTT C BLACK 5509 FORESTER POND AVE SARASOTA, FL 34243	$118.43	$0.00
KELLI D RUFFINO 2011 SW 8TH PL CAPE CORAL, FL 33991	$100.28	$0.00
- J W GRIMES INC 6165 WATERFORD RD COLUMBUS, GA 31904	$98.68	$0.00
DEXTER ANTONIO HARRIS 100 GALLERIA PKWY SE STE 900 ATLANTA, GA 30339	$87.45	$0.00
ALAN R LECLAIRE 28 GEORGETOWN FORT MYERS, FL 33919	$86.29	$0.00
- VERTICH INS AGCY INC 6379 MORGAN LA FEE LN FORT MYERS, FL 33912	$79.43	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
JENNIFER A LECLAIRE 28 GEORGETOWN FORT MYERS, FL 33919	$79.07	$0.00
- CASE PEARLMAN CORP BENEFITS INC 12140 CARISSA COMMERCE CT STE 104 FORT MYERS, FL 33966	$79.06	$0.00
CHRISTINA HAGAR 12639 DAISY PL BRADENTON, FL 34212	$68.12	$0.00
JAMES W BENCIN 11 SHELDRAKE LN WEST PALM BEACH, FL 33418	$65.16	$0.00
CRAIG H BROWN 2450 WINDROW DR UNIT D101 FORT COLLINS, CO 80525	$57.20	$0.00
SAMANTHA J AYBAR 15433 CORTONA WAY NAPLES, FL 34120	$56.16	$0.00
JEANNE M CARLONE 1102 SWEET HILL DR JUPITER, FL 33458	$51.61	$0.00
ARASAY LOPEZ 17000 NW 89TH AVE HIALEAH, FL 33018	$45.80	$0.00
SUSAN C BRIMHALL PO BOX 13877 MEXICO BEACH, FL 32410	$42.13	$0.00
- POORAK BEEMA LLC 175 STRAFFORD AVE STE 1 # 223 WAYNE, PA 19087	$37.31	$0.00
SUSAN C BRIMHALL PO BOX 13877 MEXICO BEACH,, FL 33410	$36.18	$0.00
C-D FRIDAY FLATT 4570 CARLTON GOLF DR WELLINGTON, FL 33449	$33.28	$0.00
WILLIAM P HILL 7 HIGH ST STE 308 HUNTINGTON, NY 11743	$32.45	$0.00
JEFFREY GLENN YARISH 16122 ARMISTEAD LN ODESSA, FL 33556	$29.76	$0.00
JOAN A FARNHAM 113 BROOKWOOD DR THOMASVILLE, GA 31792	$29.51	$0.00
DEBORAH L JONGES PO BOX 31994 PALM BEACH GARDENS, FL 33420	$29.25	$0.00
MARGARET ANN PEARSON 1 BAY HARBOR RD TEQUESTA, FL 33469	$29.12	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
PAMELA G GIORDANO 5114 33RD ST E BRADENTON, FL 34203	$27.82	$0.00
LINDA B CAMPBELL 174 PALMETTO GREEN DR LONGS, SC 29568	$27.56	$0.00
SUSAN P WATLEY 6366 INDEPENDENCE DR COLUMBUS, GA 31909	$23.25	$0.00
- BARTLEIN AND ASSOC INC 22465 PANTHER LOOP BRADENTON, FL 34202	$21.32	$0.00
JAYNE A STALLINGS 8056 TIGER PALM WAY FORT MYERS, FL 33966	$21.05	$0.00
MARY REBECCA WEATHERLY 1934 E LEEWYNN DR SARASOTA, FL 34240	$18.75	$0.00
THOMAS R BAILEY 142 MAPLE CT NW CHARLESTON, TN 37310	$18.73	$0.00
FRANK ROBERT SOBOCINSKI 528 SWEET BAY CIR JUPITER, FL 33458	$16.77	$0.00
G SCOTT COOKE 2832 NE 17TH AVE WILTON MANORS, FL 33334	$16.64	$0.00
DEBORAH L JONGES PO BOX 5432 BELLA VISTA, AR 72714	$16.14	$0.00
- LTC INS & FIN PARTNERS INC 6203 MARINA DR HOLMES BEACH, FL 34217	$16.12	$0.00
- RAIMEY CORPORATION 12450 BRANTLEY COMMONS CT FORT MYERS, FL 33907	$14.43	$0.00
JOSHUA BUZZARD 6848 HENDRY DR LAKE WORTH, FL 33463	$14.05	$0.00
ARASAY LOPEZ 31401 SW 191ST AVE HOMESTEAD, FL 33030	$13.74	$0.00
DONNA G SMITH PO BOX 2207 MYRTLE BEACH, SC 29578	$13.52	$0.00
JESSICA RAE ESKEW 10426 SPRINGROSE DR TAMPA, FL 33626	$10.59	$0.00
RICHARD D PETERSON 19 IDLE DAY DR CENTERPORT, NY 11721	$9.36	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- SHERI CROOK INC 2151 COOK LN ALVA, FL 33920	$9.10	$0.00
JANINE FOX 18 HAVILAND DR SCHENECTADY, NY 12302	$9.07	$0.00
MARK C LEE 11500 COUNTY LINE RD MIDLAND, GA 31820	$8.95	$0.00
ROBERT G RHINE 130 SE 43RD ST CAPE CORAL, FL 33904	$7.92	$0.00
ANGEL STOKEY 15761 PRENTISS POINTE CIR APT 102 FORT MYERS, FL 33908	$7.54	$0.00
RANDOLPH POWERS 15 BRUINS LN RAYMOND, NH 03077	$7.20	$0.00
JUSTIN M REYNOLDS 8433 ENTERPRISE CIR STE 100 LAKEWOOD RANCH, FL 34202	$7.15	$0.00
SUZANN T EUSEPI-GREEN PO BOX 631 JUPITER, FL 33468	$6.10	$0.00
WILLIAM P HILL 14107 20TH AVE STE 507 WHITESTONE, NY 11357	$5.90	$0.00
MARCO JOE KLIMEK 1501 LYNDON B JOHNSON FWY STE 660 FARMERS BRANCH, TX 75234	$4.29	$0.00
THOMAS B HERBY PO BOX 152832 CAPE CORAL, FL 33915	$3.90	$0.00
MELANIE MARIE ROGERS 14027 DANPARK LOOP FORT MYERS, FL 33912	$3.53	$0.00
JULIE W CRAIG 8544 TOWNLEY RD APT 1B HUNTERSVILLE, NC 28078	$3.40	$0.00
DAVID S MORRIS 950 PENINSULA CORPORATE CIR STE 1005 BOCA RATON, FL 33487	$3.03	$0.00
LANA M KLIMEK 605 WOODRIDGE DR LITTLE ELM, TX 75068	$2.86	$0.00
OMER S BASS IV 565 W GATEWAY CT MERRITT ISLAND, FL 32952	$2.65	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
JOHN D TYLER 2131 KILEY WAY EDMOND, OK 73034	$1.95	$0.00
- DAYTON LLC 5445 DTC PKWY STE 1036 GREENWOOD VILLAGE, CO 80111	$1.30	$0.00
GARY W JOHNSON 802 LITTLE CREEK RD ANDERSON, SC 29621	$1.30	$0.00
JULIE W CRAIG 10722 NW 20TH DR CORAL SPRINGS, FL 33071	$1.02	$0.00
FRANCIS V CRUZ 150 MAPLE DR WEXFORD, PA 15090	$0.48	$0.00
Sum:	$18,706.98	$778.56