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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

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.	02/01/2023	JON BURDZY
	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**	245
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)**	245
a(2) Total number of active participants at the end of the plan year	**6a(2)**	252
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**	252
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

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	171	09/01/2021	08/31/2022

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
23049	45

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	
23049	45	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**	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** [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**	151888
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

2021

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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

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
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	00515600	252	09/01/2021	08/31/2022

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
28990	9925

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	
19138	9925	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	
9852			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** [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**	197049
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	$151,887.90	171

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 33907	**PLAN YEAR 9/1/2021-8/31/2022**

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	$13,467.57	$0.00
JAMIE HARTT 29323 PELICAN DR PUNTA GORDA, FL 33982	$2,309.73	$0.00
MELANIE MARIE ROGERS 14027 DANPARK LOOP FORT MYERS, FL 33912	$1,667.02	$0.00
DANIEL TENOR SAX 14620 BALD EAGLE DR FORT MYERS, FL 33912	$1,350.04	$45.00
LAURA ANNE DAVIDSON 2201 MAJESTIC CT S NAPLES, FL 34110	$702.96	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
BRENDA LYNN GARRETT 12475 KENTWOOD AVE FORT MYERS, FL 33913	$365.37	$0.00
LARRY J MOORE 3270 HAMPTON BLVD ALVA, FL 33920	$340.95	$0.00
BARBARA J DYE 1834 LAKEVIEW BLVD N FT MYERS, FL 33903	$307.17	$0.00
THERESA A CHAMBLISS 2059 PINE RIVER DR KINGWOOD, TX 77339	$198.91	$0.00
KELLY ANN IRVINE 15801 WHITE ORCHID LN FORT MYERS, FL 33908	$191.78	$0.00
JIMMY D BOONE 12626 BAYPOINTE TER CORTEZ, FL 34215	$187.38	$0.00
DEREK R MANN 155 LEE ROAD 2213 SALEM, AL 36874	$180.07	$0.00
HAROLD L STAFFORD 8544 TOWNLEY RD APT 1B HUNTERSVILLE, NC 28078	$155.71	$0.00
ERIC W HIRSCHKORN 718 SE ABLETT LN PORT ST LUCIE, FL 34984	$135.65	$0.00
- C HUDSON AND ASSOCIATES 2843 TWIN PINE RD THOMSON, GA 30824	$132.14	$0.00
SCOTT C BLACK 5509 FORESTER POND AVE SARASOTA, FL 34243	$84.56	$0.00
- J W GRIMES INC 6165 WATERFORD RD COLUMBUS, GA 31904	$78.11	$0.00
ALAN R LECLAIRE 28 GEORGETOWN FORT MYERS, FL 33919	$67.88	$0.00
DEXTER ANTONIO HARRIS 100 GALLERIA PKWY SE STE 900 ATLANTA, GA 30339	$66.79	$0.00
- CASE PEARLMAN CORP BENEFITS INC 12140 CARISSA COMMERCE CT STE 104 FORT MYERS, FL 33966	$63.74	$0.00
SUSAN C BRIMHALL PO BOX 8 LAKE PLACID, NY 12946	$62.70	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
JENNIFER A LECLAIRE 28 GEORGETOWN FORT MYERS, FL 33919	$61.48	$0.00
- VERTICH INS AGCY INC 6379 MORGAN LA FEE LN FORT MYERS, FL 33912	$61.10	$0.00
KELLI D RUFFINO 2011 SW 8TH PL CAPE CORAL, FL 33991	$60.97	$0.00
CHRISTINA HAGAR 12639 DAISY PL BRADENTON, FL 34212	$52.47	$0.00
JAMES W BENCIN 11 SHELDRAKE LN WEST PALM BEACH, FL 33418	$50.79	$0.00
ARASAY LOPEZ 31401 SW 191ST AVE HOMESTEAD, FL 33030	$49.10	$0.00
CRAIG H BROWN 2450 WINDROW DR UNIT D101 FORT COLLINS, CO 80525	$48.40	$0.00
SAMANTHA J AYBAR 15433 CORTONA WAY NAPLES, FL 34120	$44.28	$0.00
ANNE MARIE M CARTIER 2465 AINSWORTH AVE DELTONA, FL 32738	$39.37	$0.00
DEBORAH L JONGES PO BOX 5432 BELLA VISTA, AR 72714	$31.17	$0.00
PAMELA G GIORDANO 325 ALKMAAR ST ELLENTON, FL 34222	$30.60	$0.00
WILLIAM P HILL 7 HIGH ST STE 308 HUNTINGTON, NY 11743	$29.50	$0.00
- POORAK BEEMA LLC 175 STRAFFORD AVE STE 1 # 223 WAYNE, PA 19087	$28.70	$0.00
C-D FRIDAY FLATT 4570 CARLTON GOLF DR WELLINGTON, FL 33449	$27.30	$0.00
JEANNE M CARLONE 1102 SWEET HILL DR JUPITER, FL 33458	$23.82	$0.00
JOAN A FARNHAM 113 BROOKWOOD DR THOMASVILLE, GA 31792	$22.70	$0.00
JEFFREY GLENN YARISH 8575 SUNSET CT TREASURE ISLAND, FL 33706	$22.22	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- BARTLEIN AND ASSOC INC 22465 PANTHER LOOP BRADENTON, FL 34202	$21.00	$0.00
SUSAN P WATLEY 6366 INDEPENDENCE DR COLUMBUS, GA 31909	$18.25	$0.00
JAYNE A STALLINGS 8056 TIGER PALM WAY FORT MYERS, FL 33966	$17.23	$0.00
THOMAS R BAILEY 142 MAPLE CT NW CHARLESTON, TN 37310	$15.15	$0.00
MARY REBECCA WEATHERLY 1934 E LEEWYNN DR SARASOTA, FL 34240	$14.41	$0.00
G SCOTT COOKE 2832 NE 17TH AVE WILTON MANORS, FL 33334	$13.80	$0.00
MARGARET ANN PEARSON 1 BAY HARBOR RD TEQUESTA, FL 33469	$13.44	$0.00
FRANK ROBERT SOBOCINSKI 2000 PGA BLVD STE 4440 PALM BEACH GARDENS, FL 33408	$13.05	$0.00
LINDA B CAMPBELL 174 PALMETTO GREEN DR LONGS, SC 29568	$12.72	$0.00
- RAIMEY CORPORATION 12450 BRANTLEY COMMONS CT FORT MYERS, FL 33907	$9.99	$0.00
JOSHUA BUZZARD 6848 HENDRY DR LAKE WORTH, FL 33463	$9.14	$0.00
JESSICA RAE ESKEW 10426 SPRINGROSE DR TAMPA, FL 33626	$7.93	$0.00
JANINE FOX 18 HAVILAND DR SCHENECTADY, NY 12302	$7.48	$0.00
ROBERT G RHINE 130 SE 43RD ST CAPE CORAL, FL 33904	$7.26	$0.00
RICHARD D PETERSON 19 IDLE DAY DR CENTERPORT, NY 11721	$7.20	$0.00
MARK C LEE 11500 COUNTY LINE RD MIDLAND, GA 31820	$7.06	$0.00
RANDOLPH POWERS 15 BRUINS LN RAYMOND, NH 03077	$6.60	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
ANGEL STOKEY 15761 PRENTISS POINTE CIR APT 102 FORT MYERS, FL 33908	$6.38	$0.00
DONNA G SMITH PO BOX 2207 MYRTLE BEACH, SC 29578	$6.24	$0.00
JUSTIN M REYNOLDS 8433 ENTERPRISE CIR STE 100 LAKEWOOD RANCH, FL 34202	$5.50	$0.00
DEBORAH L JONGES PO BOX 31994 PALM BEACH GARDENS, FL 33420	$4.50	$0.00
SUZANN T EUSEPI-GREEN PO BOX 631 JUPITER, FL 33468	$2.76	$0.00
DAVID S MORRIS 950 PENINSULA CORPORATE CIR STE 1005 BOCA RATON, FL 33487	$2.47	$0.00
- HUB INTERNATIONAL MIDWEST LIMITED 12450 BRANTLEY COMMONS CT FORT MYERS, FL 33907	$2.22	$0.00
JULIE W CRAIG 8544 TOWNLEY RD APT 1B HUNTERSVILLE, NC 28078	$2.18	$0.00
LANA M KLIMEK 579 LLOYDS RD APT 921B LITTLE ELM, TX 75068	$2.12	$0.00
OMER S BASS IV 565 W GATEWAY CT MERRITT ISLAND, FL 32952	$2.03	$0.00
MARCO JOE KLIMEK 1501 LYNDON B JOHNSON FWY STE 660 DALLAS, TX 75234	$1.98	$0.00
THOMAS B HERBY PO BOX 152832 CAPE CORAL, FL 33915	$1.94	$0.00
SUZANN T EUSEPI-GREEN 216 RIVER DR TEQUESTA, FL 33469	$1.84	$0.00
- LTC INS & FIN PARTNERS INC 6203 MARINA DR HOLMES BEACH, FL 34217	$1.24	$0.00
JOHN D TYLER 2131 KILEY WAY EDMOND, OK 73034	$0.90	$0.00
- SHERI CROOK INC 2151 COOK LN ALVA, FL 33920	$0.70	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- DAYTON LLC 5445 DTC PKWY STE 1036 GREENWOOD VILLAGE, CO 80111	$0.60	$0.00
GARY W JOHNSON 210 CAMPBELL CIR MT JULIET, TN 37122	$0.60	$0.00
FRANCIS V CRUZ PO BOX 302 BRADFORDWOODS, PA 15015	$0.44	$0.00
Sum:	$23,048.55	$45.00