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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.)
- [X] 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
HANLEES DEALERSHIP GROUP HEALTH AND WELFARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 12/01/2009

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)

HANLEES DEALERSHIP GROUP
DKD OF DAVIS, INC
BARBARA MARTINEZ
4640 W AMERICA DR
FAIRFIELD, CA 94534-4186

4640 W AMERICA DR
FAIRFIELD, CA 94534-4186

2b Employer Identification Number (EIN) 26-1445589

2c Plan Sponsor's telephone number 707-759-6222

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.	07/28/2023	BARBARA MARTINEZ
	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**	331
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)**	331
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	328
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	328
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	328
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 4F 4D

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]	4	**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HANLEES DEALERSHIP GROUP HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
HANLEES DEALERSHIP GROUP

D Employer Identification Number (EIN)
26-1445589

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
WESTERN HEALTH ADVANTAGE

(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
68-0393304		108294	248	01/01/2022	12/31/2022

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
28706	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

AMES GRENZ INSURANCE SERVICES INC
3435 AMERICAN RIVER DR
STE C
SACRAMENTO, CA 95864

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28706			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. Specify nature of costs ▶	**6d**	

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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(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)	
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)	
(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)	
(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	574117
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HANLEES DEALERSHIP GROUP HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
HANLEES DEALERSHIP GROUP

D Employer Identification Number (EIN)
26-1445589

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
MUTUAL OF OMAHA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	G000BSCW	328	01/01/2022	12/31/2022

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
4321	1757

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

USI INSURANCE SERVICES
PO BOX 66119
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2229			

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

AMES GRENZ INSURANCE SERVICES INC
3435 AMERICAN RIVER DR
STE C
SACRAMENTO, CA 95864

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1571	1647		3

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

USI INSURANCE SERVICES LLC - WEST
PO BOX 66119
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
306			3

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

AMES GRENZ INSURANCE SERVICES INC
3435 AMERICAN RIVER DR
STE C
SACRAMENTO, CA 95864

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
215	110		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	

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. Specify nature of costs ▶	**6d**	

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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [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) ▶ 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)	
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)	
(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)	
(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	43202
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HANLEES DEALERSHIP GROUP HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
HANLEES DEALERSHIP GROUP

D Employer Identification Number (EIN)
26-1445589

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
KAISER FOUNDATION HEALTH PLAN

(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
94-1340523	00000	602379	184	01/01/2022	12/31/2022

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
16234	

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

AMES GRENZ INSURANCE SERVICES INC
3435 AMERICAN RIVER DR
STE C
SACRAMENTO, CA 95864

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9508	0		3

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

USI INSURANCE SERVICES
PO BOX 66119
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6726	0		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. Specify nature of costs ▶	**6d**	

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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(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)	
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)	
(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)	
(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	1296195
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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
HANLEES DEALERSHIP GROUP HEALTH AND WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
HANLEES DEALERSHIP GROUP

D Employer Identification Number (EIN)
26-1445589

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	Policy or contract year (g) To
82-2723296	60380	LT806 ET AL	61	01/01/2022	12/31/2022

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
6882	445

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

WILLIAM A WEST
PO BOX 765
PALO CEDRO, CA 96073

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
1			3

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

KELLY E TIMS
866 REDWOOD BLVD
REDDING, CA 96003

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
1			3

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

CHRIS KELLY
252 WIKIUP MEADOWS DR
SANTA ROSA, CA 95403

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7			3

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

MARK C HUBER
1100 COLD SPRINGS RD
PLACERVILLE, CA 95667

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	6		3

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

LAWLEN INSURANCE SOLUTIONS LLC
1901 66TH AVE
SACRAMENTO, CA 95822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
39			3

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

ROBERT D WILKINS
2685 BAYBERRY DR
FRUITLAND, ID 83619

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
22			3

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

EDGEWOOD PARTNERS INSURANCE CTR
PO BOX 734004
CHICAGO, IL 60673

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
67			3

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

AUSTIN J RICE
205 PERSIMMON TRL
WOODSTOCK, GA 30188

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
90			3

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

LEE C GARLAND
398 ALBERTON CIR
LINCOLN, CA 95648

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
100			3

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

ANDY B GLENN II
2999 DOUGLAS BLVD SUIE 180
ROSEVILLE, CA 95661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
226	50		3

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

RONDA MATHEW
2030 13TH ST APT 3
SACRAMENTO, CA 95818

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
277	74		3

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

MICHAEL JAMES RHODD
4160 GREEN VALLEY RD
FAIRFIELD, CA 94534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
46			3

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

APRIL MARIE ROBERTS
3540 SPRINGFIELD DR
FAIRFIELD, CA 94534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	20		3

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

PETER JAMES SARANTIS
7775 DUTRA BEND DR
SACRAMENTO, CA 95831

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
222			3

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

LES HEINSEN INS SERVICES INC
4416 VIA PALAGIO
FAIR OAKS, CA 95628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	49		3

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

DARRYL W VIDOR
3314 EUROPA ST
ROSEVILLE, CA 95661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	25		3

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

ASSUREDPARTNERS OF CA INS SERV LLC
1455 RESPONSE RD STE 260
SACRAMENTO, CA 95815

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
41			3

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

DERREK LYN KECK

18080 DAMIAN WAY
SALINAS, CA 93907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5			3

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

JAMES S SARANTIS

14132 SE FIRCREST CT
PORTLAND, OR 97236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
214			3

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

SLR INSURANCE SOLUTIONS INC

179 PINE HAVEN DR
ST JOHNS, FL 32259

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8			3

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

USI INSURANCE SERVICES LLC

10940 WHITE ROCK RD FL 2
RANCHO CORDOVA, CA 95670

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
418	418		3

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

DANNY J LEON

10550 BAYMEADOWS RD UNIT 429
JACKSONVILLE, FL 32256

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
17			3

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

LARS J RONTEN
3178 SOFIA DR
LINCOLN, CA 95648

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
197			

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

PETER JAMES SARANTIS
7775 DUTRA BEND DR SACRAMENTO
SACRAMENTO, CA 95831

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	222		3

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

DAVID B KITCHEN
5230 HARTER LN
LA CANADA FLINTRIDGE, CA 91011

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4			3

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

NICHOLAS E VIGIL
7808 E CYPRESS ST
SCOTTSDALE, AZ 85257

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4			3

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

AMES GRENZ INS SVCS INC
3435 AMERICAN RIVER DR STE C
SACRAMENTO, CA 95864

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
899			3

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

JACE G KUERSTEN
1574 SAN FERNANDO DR
CORONA, CA 92882

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
647			3

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

RYAN T OLSON
1140 MANGROVE AVE STE D
CHICO, CA 95926

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
36			3

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

MARCI MARIE OTIS
200 JULINA LN
ROSEBURG, OR 97471

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
214			3

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

AMY MARIE LUDWICK
229 MCKAYS POINT PL
WEST SACRAMENTO, CA 95605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10			3

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

CELITA ANN PEDRO
6705 MIRAVISTA DR
ROCKLIN, CA 95677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2862	32		3

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. Specify nature of costs ▶	**6d**	

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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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** [X] 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** [X] Other (specify) ▶ HOSPITAL & CANCER

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)**	
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)**	
(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)**	
(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**	59001
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)

A Name of plan: **DKD OF DAVIS INC**

PART 1 **Information Concerning Insurance Contract, Fees, and Commissions**

1. Coverage

(a) Name of insurance carrier: **WESTERN HEALTH ADVANTAGE**

(b) EIN: **68-0393304**

(d) Contract or identification number: **108294**

(e) Approximate number of persons covered at end of policy or contract year **248**

Policy or contract year: **(f) From Jan 1, 2022** **(g) To Dec 31, 2022**

2. Insurance fees and commissions paid to agents, brokers and other persons

TOTAL AMOUNT OF COMMISSIONS PAID: $28,705.84

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:

AMES GRENZ INSURANCE SERVICES
3435 AMERICAN RIVER DR STE C
SACRAMENTO CA 958645743

(b) Amount of commissions paid: **$28,705.84**

PART 2 **Investment and Annuity Contract Information**

PART 3 **Welfare Benefit Contract Information**

1. Premiums paid to carrier: **$574,117.41**

2. HMO Contract: Yes

KAISER PERMANENTE®

Attention: 5500 Central Team
3840 Murphy Canyon Road
San Diego, CA 92123

HILLTOP TOYOTA, INC.
BARBARA MARTINEZ
4640 W AMERICA DR
FAIRFIELD, CA 94534-4186

Reporting Period: 01/2022 - 12/2022

March 1, 2023

Dear HILLTOP TOYOTA, INC.:

Enclosed is your information from Kaiser Foundation Health Plan Inc that may assist you in completing the Schedule A to the Form 5500. The enclosed report provides you with the following information:

- Kaiser Foundation Health Plan Inc Employer Identification Number (EIN) and National Association of Insurance Commissioners (NAIC) code.
- The name and address of your broker, or other agent working on your behalf, who received compensation from Kaiser Foundation Health Plan Inc during your plan's contract year.
- The amount of sales and base commissions paid to your broker, or other agent working on your behalf, during your plan's contract year.
- The amount of any fees paid to your broker, or other agent working on your behalf during your plan's contract year. (Please note that bonus payments and non-monetary compensation are defined as fees on the actual Schedule A to the Form 5500.)
- The approximate number of covered persons as of the last day of your plan's contract year. (The approximate number of covered persons includes the number of health plan subscribers in addition to their spouses and dependents, if any.)
- The total amount of premiums applied by Kaiser Foundation Health Plan Inc during your plan's contract year.

Please be aware that the amount of premium dollars provided on the enclosed report is based on the date Kaiser Foundation Health Plan Inc posted the premium payment to your account. The enclosed premium information is not based on coverage or billing periods.

Kaiser Foundation Health Plan Inc is providing the enclosed information pursuant to section 103 (a)(2) of the Employee Income Securities Act of 1974 (ERISA) to assist you in completion of Schedule A to the Form 5500. If you feel you have received this information in error and do not file the Form 5500, please contact your Kaiser Permanente representative to request to have this report discontinued in future years. If you are unsure about your requirement to file the Form 5500 you should contact your broker, tax advisor, legal counsel or other qualified advisor for guidance. Kaiser Permanente is unable to help determine if you are required to file the Form 5500.

We at Kaiser Foundation Health Plan Inc value our business relationship with you and trust that you share our philosophy of maintaining the highest ethical standards of business practices. Our practices for broker compensation disclosure reporting reflect our shared commitment to full compliance with the law. Thank you for your continued support.

Sincerely,
Kaiser Foundation Health Plan Inc
5500-Central-Team@kp.org

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KAISER PERMANENTE®

INSURANCE INFORMATION

Insurance companies are required to provide the following information pursuant to section 103 (a)(2) of the Employee Income Securities Act of 1974 (ERISA) to assist you in completing the Schedule A of your Form 5500.

Part I: Information Concerning Insurance Coverage, Fees, and Commissions

Name of Insurance Carrier: Kaiser Foundation Health Plan Inc
Plan Sponsor's Name: HILLTOP TOYOTA, INC.

Information Concerning Insurance Contract Coverage

Kaiser Foundation Health Plan Region: CA
Insurance Carrier: Kaiser Foundation Health Plan Inc
Insurance Carrier Employer Identification Number: 94-1340523
Insurance Carrier NAIC Code: 00000
Plan Sponsor Contract or Identification Number: 602379
Approximate number of persons covered at end of policy contract year: 184
Contract Year from 01/2022 - 12/2022

Information Concerning Insurance Contract Fees and Commissions

Total Amount of Commissions Paid: $16,234.03
Total Amount of Fees Paid: $0.00

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

USI INSURANCE SERVICES, LLC
PO BOX 66119
VIRGINIA BEACH, VA 23466-6119

Amount of sales and base commissions paid to USI INSURANCE SERVICES, LLC: $6,726.23
Fees and other compensation paid to USI INSURANCE SERVICES, LLC: $0.00
Bonus Amount: $0.00
Bonus Purpose:
Value of Non-Monetary Compensation: $0.00
Type/Purpose of Non-Monetary Compensation:

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

Ames-Grenz Insurance Services, Inc.
3435 AMERICAN RIVER DR STE C
SACRAMENTO, CA 95864-5797

Amount of sales and base commissions paid to Ames-Grenz Insurance Services, Inc.: $9,507.80
Fees and other compensation paid to Ames-Grenz Insurance Services, Inc.: $0.00
Bonus Amount: $0.00
Bonus Purpose:
Value of Non-Monetary Compensation: $0.00
Type/Purpose of Non-Monetary Compensation:

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

None

Amount of sales and base commissions paid to None $0.00
Fees and other compensation paid to None: $0.00
Bonus Amount: $0.00
Bonus Purpose: None
Value of Non-Monetary Compensation: $0.00
Type/Purpose of Non-Monetary Compensation: None

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

None

Amount of sales and base commissions paid to None $0.00
Fees and other compensation paid to None: $0.00
Bonus Amount: $0.00
Bonus Purpose: None
Value of Non-Monetary Compensation: $0.00
Type/Purpose of Non-Monetary Compensation: None

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

None

Amount of sales and base commissions paid to None $0.00
Fees and other compensation paid to None: $0.00
Bonus Amount: $0.00
Bonus Purpose: None
Value of Non-Monetary Compensation: $0.00
Type/Purpose of Non-Monetary Compensation: None

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

None

Amount of sales and base commissions paid to None $0.00
Fees and other compensation paid to None: $0.00
Bonus Amount: $0.00
Bonus Purpose: None
Value of Non-Monetary Compensation: $0.00
Type/Purpose of Non-Monetary Compensation: None

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

None

Amount of sales and base commissions paid to None $0.00
Fees and other compensation paid to None: $0.00
Bonus Amount: $0.00
Bonus Purpose: None
Value of Non-Monetary Compensation: $0.00
Type/Purpose of Non-Monetary Compensation: None

Part II: Investment and Annuity Contract Information

Kaiser Foundation Health Plan Inc is not offering you an investment or annuity contract.

Part III: Welfare Benefit Contract Information

Premium applied by Kaiser Foundation Health Plan Inc during your plan's contract year: $1,296,195.13

Part IV: Provision of Information

Kaiser Foundation Health Plan, Inc. hereby certifies that the foregoing statement furnished pursuant to 29 US Code of Federal Regulations 2520.103(c) is complete and accurate.



Laura Sokolowski
Vice President, Commercial Membership Administration
Kaiser Foundation Health Plan, Inc
March 1, 2023

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Mutual of Omaha
3300 Mutual of Omaha Plaza | Omaha, NE 68175

February 10, 2023

DKD OF DAVIS INC
4640 W AMERICA DR
FAIRFIELD, CA 94534

Re: Certified Information for Department of Labor
Form 5500, Schedule A – Group Number(s):
GLUG0BSCW GVTL0BSCW

Thank you for choosing Mutual of Omaha as your group insurance carrier. We appreciate the opportunity to service you and your employees. Attached, you'll find the Form 5500, Schedule A.

I certify that the attached information for the Form 5500, Schedule A, Part I and Part III, has been taken from our company records and is correct to the best of my knowledge. Mutual of Omaha is providing you with the attached information but makes no representation regarding reporting requirements. Please consult your attorney or other advisor as to your reporting obligations.

For questions, please contact your dedicated Customer Service team or call 1-800-655-5142.

Sincerely,

James Davenport
Senior Vice President
Finance Operations

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SUPPORT FOR FORM 5500, SCHEDULE A, INSURANCE INFORMATION
INFORMATION FOR COMPLETION OF PART I

DKD OF DAVIS INC
FAIRFIELD, CA

Name of Carrier: United of Omaha Life Insurance Company - NAIC Code 69868
EIN Number: 47-0322111
Group Identification Number: G000BSCW **Data for Period:** 01-01-2022 to 01-01-2023
Legacy Group ID: GLUG0BSCW
Type of Contract: NON-RETENTION

Benefits Provided	Persons Covered
Life & AD&D	328

Name of Each Recipient	Amount of Commission Paid	Amount of Service Fees Paid or Other Fees	Purpose for Which Paid	Organization Type
AMES-GRENZ INSURANCE SERV INC 3435 AMERICAN RIVER DR STE 3435 SACRAMENTO, CA 95864	0	110	Other Compensation	3
AMES-GRENZ INSURANCE SERV INC 3435 AMERICAN RIVER DR STE 3435 SACRAMENTO, CA 95864	215		Agent or Broker of Record	3
USI INSURANCE SERVICES LLC-WEST PO BOX 66119 VIRGINIA BEACH, VA 23466	306		Agent or Broker of Record	3

INFORMATION FOR COMPLETION OF PART III

10. Non-experience Rated Contracts:

Premiums 5,203

Memo Items: Benefit Charges – Claims Paid 0
Administrative Service Fees 0

Group Office: SAN FRANCISCO

SUPPORT FOR FORM 5500, SCHEDULE A, INSURANCE INFORMATION
INFORMATION FOR COMPLETION OF PART I

DKD OF DAVIS INC
FAIRFIELD, CA

Name of Carrier: United of Omaha Life Insurance Company - NAIC Code 69868
EIN Number: 47-0322111
Group Identification Number: G000BSCW **Data for Period:** 01-01-2022 to 01-01-2023
Legacy Group ID: GVTL0BSCW
Type of Contract: NON-RETENTION

Benefits Provided	Persons Covered
Life & AD&D Voluntary	130

Name of Each Recipient	Amount of Commission Paid	Amount of Service Fees Paid or Other Fees	Purpose for Which Paid	Organization Type
AMES-GRENZ INSURANCE SERV INC 3435 AMERICAN RIVER DR STE 3435 SACRAMENTO, CA 95864	0	860	Administration	5
AMES-GRENZ INSURANCE SERV INC 3435 AMERICAN RIVER DR STE 3435 SACRAMENTO, CA 95864	1,571		Agent or Broker of Record	3
AMES-GRENZ INSURANCE SERV INC 3435 AMERICAN RIVER DR STE 3435 SACRAMENTO, CA 95864	0	787	Other Compensation	3
USI INSURANCE SERVICES LLC-WEST PO BOX 66119 VIRGINIA BEACH, VA 23466	2,229		Agent or Broker of Record	3

INFORMATION FOR COMPLETION OF PART III

10. Non-experience Rated Contracts:

Premiums 37,999

Memo Items: Benefit Charges – Claims Paid 0
Administrative Service Fees 0

Group Office: SAN FRANCISCO

***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
G2Q31	$1,739.14	3

Group Address	Name of Insurance Carrier
HANLEES FREMONT INC	AFLAC
ATTN MS LULU CLIFFORD	1932 WYNNTON ROAD
4640 W AMERICA DR	COLUMBUS, GA 31999
FAIRFIELD, CA 94534	**PLAN YEAR 01/01/2022-12/31/2022**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
CELITA ANN PEDRO 6705 MIRAVISTA DR ROCKLIN, CA 95677	$65.78	$0.00
JACE G KUERSTEN 1574 SAN FERNANDO DR CORONA, CA 92882	$39.39	$0.00
- AMES GRENZ INS SVCS INC 3435 AMERICAN RIVER DR STE C SACRAMENTO, CA 95864	$27.84	$0.00
PETER JAMES SARANTIS 7775 DUTRA BEND DR SACRAMENTO, CA 95831	$18.72	$0.00
DANNY J LEON 10550 BAYMEADOWS RD UNIT 429 JACKSONVILLE, FL 32256	$17.94	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- USI INSURANCE SERVICES LLC 10940 WHITE ROCK RD FL 2 RANCHO CORDOVA, CA 95670	$17.40	$0.00
- SLR INSURANCE SOLUTIONS INC 179 PINE HAVEN DR ST JOHNS, FL 32259	$8.84	$0.00
JAMES S SARANTIS 14132 SE FIRCREST CT PORTLAND, OR 97236	$5.98	$0.00
DERREK LYN KECK 18080 DAMIAN WAY SALINAS, CA 93907	$5.72	$0.00
Sum:	$207.61	$0.00

***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
GDT72	$2,448.81	3

Group Address	Name of Insurance Carrier
HANLEES HILLTOP NISSAN	AFLAC
ATTN LULU CLIFFORD	1932 WYNNTON ROAD
3277 AUTO PLZ	COLUMBUS, GA 31999
RICHMOND, CA 94806	**PLAN YEAR 01/01/2022-12/31/2022**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
CELITA ANN PEDRO 6705 MIRAVISTA DR ROCKLIN, CA 95677	$149.89	$0.00
JACE G KUERSTEN 1574 SAN FERNANDO DR CORONA, CA 92882	$27.30	$0.00
JAMES S SARANTIS 14132 SE FIRCREST CT PORTLAND, OR 97236	$24.70	$0.00
- AMES GRENZ INS SVCS INC 3435 AMERICAN RIVER DR STE C SACRAMENTO, CA 95864	$19.12	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- ASSUREDPARTNERS OF CA INS SERV LLC 1455 RESPONSE RD STE 260 SACRAMENTO, CA 95815	$15.47	$0.00
- USI INSURANCE SERVICES LLC 10940 WHITE ROCK RD FL 2 RANCHO CORDOVA, CA 95670	$11.95	$0.00
DARRYL W VIDOR 3314 EUROPA ST ROSEVILLE, CA 95661	$9.62	$0.00
- LES HEINSEN INS SERVICES INC 4416 VIA PALAGIO FAIR OAKS, CA 95628	$7.93	$0.00
PETER JAMES SARANTIS 7775 DUTRA BEND DR SACRAMENTO, CA 95831	$7.93	$0.00
APRIL MARIE ROBERTS 3540 SPRINGFIELD DR FAIRFIELD, CA 94534	$7.28	$0.00
AMY MARIE LUDWICK 229 MCKAYS POINT PL WEST SACRAMENTO, CA 95605	$2.34	$0.00
MICHAEL JAMES RHODD 4160 GREEN VALLEY RD FAIRFIELD, CA 94534	$1.30	$0.00
Sum:	$284.83	$0.00

***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
GDU12	$3,370.71	3

Group Address	Name of Insurance Carrier
HANLEES HILLTOP HYUNDAI	AFLAC
ATTN LULU CLIFFORD	1932 WYNNTON ROAD
3285 AUTO PLZ	COLUMBUS, GA 31999
RICHMOND, CA 94806	**PLAN YEAR 01/01/2022-12/31/2022**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
CELITA ANN PEDRO 6705 MIRAVISTA DR ROCKLIN, CA 95677	$270.20	$0.00
- AMES GRENZ INS SVCS INC 3435 AMERICAN RIVER DR STE C SACRAMENTO, CA 95864	$106.16	$0.00
JACE G KUERSTEN 1574 SAN FERNANDO DR CORONA, CA 92882	$66.82	$0.00
- USI INSURANCE SERVICES LLC 10940 WHITE ROCK RD FL 2 RANCHO CORDOVA, CA 95670	$43.49	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
PETER JAMES SARANTIS 7775 DUTRA BEND DR SACRAMENTO, CA 95831	$32.89	$0.00
RONDA MATHEW 2030 13TH ST APT 3 SACRAMENTO, CA 95818	$28.32	$0.00
ANDY B GLENN II 2999 DOUGLAS BLVD SUIE 180 ROSEVILLE, CA 95661	$26.41	$0.00
JAMES S SARANTIS 14132 SE FIRCREST CT PORTLAND, OR 97236	$20.93	$0.00
Sum:	$595.22	$0.00

***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
LT806	$29,384.77	28

Group Address	Name of Insurance Carrier
HANLEES CHEVROLET	AFLAC
ATTN HR DEPT	1932 WYNNTON ROAD
4989 CHILES RD	COLUMBUS, GA 31999
DAVIS, CA 95618	**PLAN YEAR 01/01/2022-12/31/2022**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
CELITA ANN PEDRO 6705 MIRAVISTA DR ROCKLIN, CA 95677	$1,365.14	$195.79
- AMES GRENZ INS SVCS INC 3435 AMERICAN RIVER DR STE C SACRAMENTO, CA 95864	$390.46	$0.00
JACE G KUERSTEN 1574 SAN FERNANDO DR CORONA, CA 92882	$269.66	$0.00
- USI INSURANCE SERVICES LLC 10940 WHITE ROCK RD FL 2 RANCHO CORDOVA, CA 95670	$196.90	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
RONDA MATHEW 2030 13TH ST APT 3 SACRAMENTO, CA 95818	$154.19	$45.68
JAMES S SARANTIS 14132 SE FIRCREST CT PORTLAND, OR 97236	$144.95	$0.00
ANDY B GLENN II 2999 DOUGLAS BLVD SUIE 180 ROSEVILLE, CA 95661	$111.91	$45.68
LEE C GARLAND 1398 ALBERTON CIR LINCOLN, CA 95648	$100.98	$0.00
PETER JAMES SARANTIS 7775 DUTRA BEND DR SACRAMENTO, CA 95831	$93.60	$0.00
AUSTIN J RICE 205 PERSIMMON TRL WOODSTOCK, GA 30188	$90.24	$0.00
LARS J RONTEN 3178 SOFIA DR LINCOLN, CA 95648	$79.84	$0.00
- EDGEWOOD PARTNERS INSURANCE CENTER PO BOX 734004 CHICAGO, IL 60673	$67.03	$0.00
MARCI MARIE OTIS 200 JULINA LN ROSEBURG, OR 97471	$39.65	$0.00
RYAN T OLSON 1140 MANGROVE AVE STE D CHICO, CA 95926	$36.66	$0.00
- LES HEINSEN INS SERVICES INC 4416 VIA PALAGIO FAIR OAKS, CA 95628	$23.76	$0.00
- ASSUREDPARTNERS OF CA INS SERV LLC 1455 RESPONSE RD STE 260 SACRAMENTO, CA 95815	$21.09	$0.00
ROBERT D WILKINS 2685 BAYBERRY DR FRUITLAND, ID 83619	$20.15	$0.00
- LAWLEN INSURANCE SOLUTIONS LLC 1901 66TH AVE SACRAMENTO, CA 95822	$18.85	$0.00
DARRYL W VIDOR 3314 EUROPA ST ROSEVILLE, CA 95661	$13.00	$0.00
MICHAEL JAMES RHODD 4160 GREEN VALLEY RD FAIRFIELD, CA 94534	$12.74	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
APRIL MARIE ROBERTS 3540 SPRINGFIELD DR FAIRFIELD, CA 94534	$10.12	$0.00
AMY MARIE LUDWICK 229 MCKAYS POINT PL WEST SACRAMENTO, CA 95605	$6.22	$0.00
JAMES DONALD SPROUSE 13122 MESA CREST PL SAN DIEGO, CA 92129	$3.38	$0.00
LISA M HUTCHERSON 5690 LILYVIEW WAY ELK GROVE, CA 95757	$2.34	$0.00
ROBERT L PILKENTON 6643 FM 2187 RD SEALY, TX 77474	$2.34	$0.00
NICHOLAS E VIGIL 7808 E CYPRESS ST SCOTTSDALE, AZ 85257	$0.78	$0.00
KELLY E TIMS 866 REDWOOD BLVD REDDING, CA 96003	$0.52	$0.00
WILLIAM A WEST PO BOX 765 PALO CEDRO, CA 96073	$0.04	$0.00
Sum:	$3,276.54	$287.15

***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
LY399	$16,687.92	17

Group Address	Name of Insurance Carrier
HANLEES HILLTOP TOYOTA	AFLAC
ATTN SHELLY FOSTER	1932 WYNNTON ROAD
3255 AUTO PLZ	COLUMBUS, GA 31999
RICHMOND, 94806	**PLAN YEAR 01/01/2022-12/31/2022**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
CELITA ANN PEDRO 6705 MIRAVISTA DR ROCKLIN, CA 95677	$770.46	$102.29
- AMES GRENZ INS SVCS INC 3435 AMERICAN RIVER DR STE C SACRAMENTO, CA 95864	$254.04	$0.00
MARCI MARIE OTIS 200 JULINA LN ROSEBURG, OR 97471	$174.43	$0.00
JACE G KUERSTEN 1574 SAN FERNANDO DR CORONA, CA 92882	$161.51	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- USI INSURANCE SERVICES LLC 10940 WHITE ROCK RD FL 2 RANCHO CORDOVA, CA 95670	$106.89	$0.00
JAMES S SARANTIS 14132 SE FIRCREST CT PORTLAND, OR 97236	$93.84	$0.00
LARS J RONTEN 3178 SOFIA DR LINCOLN, CA 95648	$78.48	$0.00
RONDA MATHEW 2030 13TH ST APT 3 SACRAMENTO, CA 95818	$76.34	$23.85
ANDY B GLENN II 2999 DOUGLAS BLVD SUIE 180 ROSEVILLE, CA 95661	$74.03	$23.85
PETER JAMES SARANTIS 7775 DUTRA BEND DR SACRAMENTO, CA 95831	$40.96	$0.00
MICHAEL JAMES RHODD 4160 GREEN VALLEY RD FAIRFIELD, CA 94534	$32.26	$0.00
- LES HEINSEN INS SERVICES INC 4416 VIA PALAGIO FAIR OAKS, CA 95628	$18.02	$0.00
- ASSUREDPARTNERS OF CA INS SERV LLC 1455 RESPONSE RD STE 260 SACRAMENTO, CA 95815	$5.16	$0.00
NICHOLAS E VIGIL 7808 E CYPRESS ST SCOTTSDALE, AZ 85257	$3.78	$0.00
DARRYL W VIDOR 3314 EUROPA ST ROSEVILLE, CA 95661	$3.24	$0.00
APRIL MARIE ROBERTS 3540 SPRINGFIELD DR FAIRFIELD, CA 94534	$2.76	$0.00
AMY MARIE LUDWICK 229 MCKAYS POINT PL WEST SACRAMENTO, CA 95605	$2.00	$0.00
DAVID B KITCHEN 5230 HARTER LN LA CANADA FLINTRIDGE, CA 91011	$0.94	$0.00
Sum:	$1,899.14	$149.99

***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
Y3099	$5,373.44	7

Group Address	Name of Insurance Carrier
HANLEES NAPA INC	AFLAC
ATTN: HR DEPT	1932 WYNNTON ROAD
495 SOSCOL AVE	COLUMBUS, GA 31999
NAPA, CA 94559	**PLAN YEAR 01/01/2022-12/31/2022**

CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
CELITA ANN PEDRO 6705 MIRAVISTA DR ROCKLIN, CA 95677	$240.67	$22.28
- AMES GRENZ INS SVCS INC 3435 AMERICAN RIVER DR STE C SACRAMENTO, CA 95864	$102.26	$0.00
JACE G KUERSTEN 1574 SAN FERNANDO DR CORONA, CA 92882	$83.16	$0.00
- USI INSURANCE SERVICES LLC 10940 WHITE ROCK RD FL 2 RANCHO CORDOVA, CA 95670	$41.68	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
LARS J RONTEN 3178 SOFIA DR LINCOLN, CA 95648	$39.60	$0.00
PETER JAMES SARANTIS 7775 DUTRA BEND DR SACRAMENTO, CA 95831	$28.56	$0.00
- LAWLEN INSURANCE SOLUTIONS LLC 1901 66TH AVE SACRAMENTO, CA 95822	$20.76	$0.00
RONDA MATHEW 2030 13TH ST APT 3 SACRAMENTO, CA 95818	$18.57	$5.20
JAMES S SARANTIS 14132 SE FIRCREST CT PORTLAND, OR 97236	$14.16	$0.00
ANDY B GLENN II 2999 DOUGLAS BLVD SUIE 180 ROSEVILLE, CA 95661	$13.91	$5.20
CHRIS KELLY 252 WIKIUP MEADOWS DR SANTA ROSA, CA 95403	$6.96	$0.00
MARK C HUBER 1100 COLD SPRINGS RD PLACERVILLE, CA 95667	$6.24	$0.00
DAVID B KITCHEN 5230 HARTER LN LA CANADA FLINTRIDGE, CA 91011	$2.88	$0.00
Sum:	$619.41	$32.68