

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<p>A This return/report is for:</p> <p><input type="checkbox"/> a multiemployer plan</p> <p><input checked="" type="checkbox"/> a single-employer plan</p> <p>B This return/report is:</p> <p><input type="checkbox"/> the first return/report</p> <p><input type="checkbox"/> an amended return/report</p> <p>C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/></p> <p>D Check box if filing under:</p> <p><input checked="" type="checkbox"/> Form 5558</p> <p><input type="checkbox"/> special extension (enter description)</p> <p>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/></p>	<p><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input type="checkbox"/> a DFE (specify) ____</p> <p><input checked="" type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p><input type="checkbox"/> automatic extension</p> <p><input type="checkbox"/> the DFVC program</p>

Part II Basic Plan Information —enter all requested information	
<p>1a Name of plan <u>LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC. EMPLOYEE BENEFITS PLAN</u></p> <p>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) <u>LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.</u></p> <p><u>2333 EASTBROOK DRIVE</u> <u>BROOKINGS, SD 57006</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p> <p>1c Effective date of plan <u>01/01/1976</u></p> <p>2b Employer Identification Number (EIN) <u>46-0278504</u></p> <p>2c Plan Sponsor's telephone number <u>605-692-6115</u></p> <p>2d Business code (see instructions) <u>332900</u></p>

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.	10/04/2023	NINA M. AUFFART
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	5 981
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 831 6a(2) 0 6b 0 6c 0 6d 0 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4H 4L 4Q	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 5 A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC. EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.	D Employer Identification Number (EIN) 46-0278504

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
VISION SERVICE 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
06-1227840	39616	30071464	513	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 2780	(b) Total amount of fees paid 0
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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

MESIROW INSURANCE SERVICES INC 353 NORTH CLARK STREET
SUITE 1100
CHICAGO, IL 60654-3454

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1411			3

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

ALLIANT INSURANCE SERVICES PO BOX 8299
PASADENA, CA 91109-8299

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
906			3

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

EMPLOYEE NAVIGATOR, LLC

7979 OLD GEORGETOWN ROAD
 SUITE 300
 BETHESDA, MD 20814-2554

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
463			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	

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** 0

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 0

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions..... **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	92859
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 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 LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC. EMPLOYEE BENEFITS PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.		D Employer Identification Number (EIN) 46-0278504	

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
LINCOLN NATIONAL 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
35-0472300	65675	GF384044514001	611	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
16891	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
ALLIANT INSURANCE SERVICES
1125 SANCTUARY PARKWAY
SUITE 300
ALPHARETTA, GA 30009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16891			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** 0

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions..... **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	168914
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 No

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<p>A Name of plan LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC. EMPLOYEE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.</p>	<p>D Employer Identification Number (EIN) 46-0278504</p>	

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
LINCOLN NATIONAL 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
35-0472300	65676	SA384044514001	720	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
11817	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

ALLIANT INSURANCE SERVICES
1125 SANCTUARY PARKWAY
SUITE 300
ALPHARETTA, GA 30009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11817			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** 0

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions..... **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

- 8** Benefit and contract type (check all applicable boxes)
- a** Health (other than dental or vision)
 - b** Dental
 - c** Vision
 - d** Life insurance
 - e** Temporary disability (accident and sickness)
 - f** Long-term disability
 - g** Supplemental unemployment
 - h** Prescription drug
 - i** Stop loss (large deductible)
 - j** HMO contract
 - k** PPO contract
 - l** Indemnity contract
 - m** Other (specify) **▶ ACCIDENTAL DEATH AND DISMEMBERMENT**

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	180143
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.		10b	

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. **▶**

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<p>A Name of plan <u>LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC. EMPLOYEE BENEFITS PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>501</u></p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC.</u></p>	<p>D Employer Identification Number (EIN) <u>46-0278504</u></p>	

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
<u>82-2723296</u>	<u>60380</u>	<u>L7096</u>	<u>37</u>	<u>01/01/2022</u>	<u>12/31/2022</u>

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 <u>2944</u>	(b) Total amount of fees paid <u>0</u>
---	---

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
VARIOUS - SEE ATTACHMENT 1932 WYNNNTON ROAD
COLUMBUS, GA 31999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>2944</u>			<u>3</u>

(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** 0

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions..... **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

- 8** Benefit and contract type (check all applicable boxes)
- a** Health (other than dental or vision)
 - b** Dental
 - c** Vision
 - d** Life insurance
 - e** Temporary disability (accident and sickness)
 - f** Long-term disability
 - g** Supplemental unemployment
 - h** Prescription drug
 - i** Stop loss (large deductible)
 - j** HMO contract
 - k** PPO contract
 - l** Indemnity contract
 - m** Other (specify) ▶ **ACCIDENT, CANCER, SPECIFIED EVENT**

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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		25434
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 No

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

(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** 0

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions..... **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

- 8** Benefit and contract type (check all applicable boxes)
- a** Health (other than dental or vision)
 - b** Dental
 - c** Vision
 - d** Life insurance
 - e** Temporary disability (accident and sickness)
 - f** Long-term disability
 - g** Supplemental unemployment
 - h** Prescription drug
 - i** Stop loss (large deductible)
 - j** HMO contract
 - k** PPO contract
 - l** Indemnity contract
 - m** Other (specify) ▶ **ACCIDENT, CANCER, SPECIFIED EVENT**

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	144349
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.		10b	

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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.)
- 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 LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC. EMPLOYEE BENEFITS PLAN	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	01/01/1976
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) LARSON MANUFACTURING COMPANY OF SOUTH DAKOTA, INC. 2333 EASTBROOK DRIVE BROOKINGS SD 57006	2b Employer Identification Number (EIN)	46-0278504
	2c Plan Sponsor's telephone number	605-692-6115
	2d Business code (see instructions)	332900

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	<i>Nina M. Auffart</i>	10/4/2023	Nina M. Auffart
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">981</td> </tr> </table>	5	981																
5	981																		
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">831</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)	6a(2)	831	6b	6c	0	6d	6e	0	6f	6g	0	6h	6h	0
6a(1)	6a(2)	831																	
6b	6c	0																	
6d	6e	0																	
6f	6g	0																	
6h	6h	0																	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																	
7																			

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E 4H 4L 4Q

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 5 A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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*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
L7093	\$144,348.96	169

Group Address	Name of Insurance Carrier
LARSON MANUFACTURING CO	AFLAC
ATTN ANNE MCCARTY	1932 WYNNTON ROAD
2333 EASTBROOK DR	COLUMBUS, GA 31999
BROOKINGS, SD 57006	PLAN YEAR 01/01/2022 to 12/31/2022
CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
SARA KNEIP 1500 FRANKLIN AVE BROOKINGS, SD 57006	\$2,546.80	\$0.00
CHARLES M WHEELER 14950 W HILLS VIEW DR PIEDMONT, SD 57769	\$1,538.55	\$0.00
TRACY L HOSTLER 518 MAIN AVE BROOKINGS, SD 57006	\$760.61	\$0.00
- JADE COMPANIES LLC 518 MAIN AVE BROOKINGS, SD 57006	\$648.25	\$0.00
JEREMY L TOMLINSON 6305 W RUSSETT ST BOISE, ID 83704	\$564.14	\$0.00

MICHAEL BOLGER 128 WOODLAND DR MADISON, SD 57042		
	\$553.52	\$0.00
MICHAEL J TOMLINSON 40 PARADISE DR WATERTOWN, SD 57201		
	\$514.62	\$0.00
- JULIE D DEVINE INC 1105 S 15TH ST CLEAR LAKE, IA 50428		
	\$513.12	\$0.00
EUGENE BUTCH LINSTER 3611 ANGEL WAY RAPID CITY, SD 57703		
	\$507.35	\$0.00
STEVEN G JOHNSON 35989 HIGHWAY 69 STE C FOREST CITY, IA 50436		
	\$333.19	\$0.00
MELODY B THOMPSON 518 MAIN AVE BROOKINGS, SD 57006		
	\$326.42	\$0.00
MICHAEL D EVANS JR 113 5TH ST SE WATERTOWN, SD 57201		
	\$285.61	\$0.00
LISA K UHLIR 8516 E WILLOW RIDGE PL SIOUX FALLS, SD 57110		
	\$252.94	\$0.00
RONALD L HOVICK 2214 SW 43RD TER CAPE CORAL, FL 33914		
	\$221.79	\$0.00
- GUENOT ENTERPRISES INC 1501 CENTRE ST STE 101 RAPID CITY, SD 57703		
	\$215.04	\$0.00
- THE TODD GROUP 4409 BLAIR RIDGE RD CEDAR FALLS, IA 50613		
	\$184.01	\$0.00
KEVIN B VINING 47269 255TH ST RENNER, SD 57055		
	\$174.71	\$0.00
DAVID P AESOPH 2700 W NICOLE DR SIOUX FALLS, SD 57105		
	\$165.06	\$0.00
EDWARD O HALVORSON JR 8488 HUFFINE LN BOZEMAN, MT 59718		
	\$158.72	\$0.00
KIM R HARMS 310 BIRCH AVE AURORA, SD 57002		
	\$154.44	\$0.00

JACQUELINE C NELSON 1833 9TH AVE S BROOKINGS, SD 57006	\$143.25	\$0.00
JANET C BEHREND 209 FRANKLIN ST STE A1 CEDAR FALLS, IA 50613	\$141.81	\$0.00
CHRIS A GUSTAFSON 25977 482ND AVE BRANDON, SD 57005	\$129.46	\$0.00
ERIC JASON WILLIAMS 2907 DALLAS DR CEDAR FALLS, IA 50613	\$123.69	\$0.00
CONNIE J CARTER 2455 OLSEN AVE WEBSTER CITY, IA 50595	\$110.32	\$0.00
EDWARD BATOR JR 36 GLASGOW DR PINEHURST, NC 28374	\$109.70	\$0.00
CONNIE L SALLQUIST 1716 W GRAND ARBOR CIR SIOUX FALLS, SD 57108	\$107.78	\$0.00
DOUGLAS HASLIP 7227 W LANCASTER CIR SIOUX FALLS, SD 57106	\$101.86	\$0.00
SHAWN D BENSER 4840 AMBER VALLEY PKWY S STE C FARGO, ND 58104	\$94.67	\$0.00
SHERRY M ADAMS 7227 W LANCASTER CIR SIOUX FALLS, SD 57106	\$92.84	\$0.00
DANIEL J KNEIP 603 5TH AVE BROOKINGS, SD 57006	\$82.18	\$0.00
LINDA G LESSELYOUNG 1730 TERRITORIAL RD MADISON, SD 57042	\$79.68	\$0.00
BELDEN A BESSE 518 4TH ST FINDLAY, OH 45840	\$75.68	\$0.00
KYLE D SULLIVAN PO BOX 2290 MILLS, WY 82644	\$68.23	\$0.00
- FINANCIAL DESIGNS LLC 209 FRANKLIN ST STE A1 CEDAR FALLS, IA 50613	\$63.63	\$0.00

STACEY NICOLE JENSEN PO BOX 180 ARLINGTON, SD 57212	\$57.52	\$0.00
KRISTA M MERRITT 1730 PINEHURST DR BROOKINGS, SD 57006	\$52.40	\$0.00
JASON MACK 1623 7TH ST NE WATERTOWN, SD 57201	\$51.87	\$0.00
AMY L KNUTSON 421 HIGGINS DR EVANSVILLE, WI 53536	\$49.47	\$0.00
SCOTT C OLSEN 4132 CARMEL PT RAPID CITY, SD 57702	\$48.39	\$0.00
JANEANE E BROCKMAN 5804 LEATHERBROOK DR COLUMBIA, MO 65203	\$48.34	\$0.00
LARRY L HULT 2005 IOWA ST BROOKINGS, SD 57006	\$47.07	\$0.00
BRADY L WEISENBERGER 4840 AMBER VALLEY PKWY S STE C FARGO, ND 58104	\$42.49	\$0.00
MITCHELL J MCCALL 3 STONERIDGE DR KEOKUK, IA 52632	\$40.37	\$0.00
BRENT C STANKEE PO BOX 203 WHEATLAND, IA 52777	\$39.39	\$0.00
CINDY L ANDERSON 18862D 345TH ST FOREST CITY, IA 50436	\$39.27	\$0.00
BONNIE J BUSDICKER 515 SAMARA AVE APT 14 VOLGA, SD 57071	\$36.24	\$0.00
- MEHLBRECH INSURANCE INC 47152 257TH ST CROOKS, SD 57020	\$35.59	\$0.00
LANCE E SULLIVAN 3619 SANWOOD ST LAS VEGAS, NV 89147	\$34.71	\$0.00
JERRY LEE BROCKMAN 5804 LEATHERBROOK DR COLUMBIA, MO 65203	\$31.47	\$0.00

JOLYNNE M MACK 113 5TH ST SE WATERTOWN, SD 57201	\$31.32	\$0.00
- THE SHARON MILLER AGENCY LLC PO BOX 15 BELMOND, IA 50421	\$29.36	\$0.00
PHIL W HARRELL 3257 7 LKS W WEST END, NC 27376	\$28.90	\$0.00
- AWS INC 1919 W 57TH ST STE 101 SIOUX FALLS, SD 57108	\$26.09	\$0.00
CASSIDY A GOLDSTINE 3922 S WESTERN AVE SIOUX FALLS, SD 57105	\$24.80	\$0.00
JEANNE M HARTMAN 39335 BROADLAND ST HURON, SD 57350	\$24.55	\$0.00
CHARLES J MEHLBRECH 230 E CENTER AVE SALEM, SD 57058	\$23.64	\$0.00
KENNETH W STEELE PO BOX 88806 SIOUX FALLS, SD 57109	\$22.68	\$0.00
- NEFZGER ENTERPRISES INC 524 W LAKE DR LAKE NORDEN, SD 57248	\$22.44	\$0.00
RONALD T DREBERT PO BOX 1442 FINDLAY, OH 45839	\$21.45	\$0.00
RICHARD R KIMBROUGH 9505 CHAD COLLEY BLVD UNIT 3804 FORT SMITH, AR 72916	\$21.28	\$0.00
JADE NELSON WITHERS 518 MAIN AVE BROOKINGS, SD 57006	\$21.16	\$0.00
CHRISTIE K SUTHERLAND 1319 STATE HIGHWAY 91 BALATON, MN 56115	\$20.35	\$0.00
CHAD A POLLOCK 6506 ANTHONY DR MAUMEE, OH 43537	\$20.02	\$0.00
CASSIDY A GOLDSTINE 1919 W 57TH ST STE 101 SIOUX FALLS, SD 57108	\$18.40	\$0.00

CHRISTOPHER J ZELLNER 918 ALDORA LN STE 106 WAUNAKEE, WI 53597	\$18.35	\$0.00
MICHAEL B LESSELYOUNG 1730 TERRITORIAL RD MADISON, SD 57042	\$18.12	\$0.00
KRYSTAL SCOTT 5500 OLYMPIC DR STE H105 GIG HARBOR, WA 98335	\$17.92	\$0.00
MATTHEW D BUTLER 123 CENTER PARK DR STE 102 KNOXVILLE, TN 37922	\$17.03	\$0.00
JOHN D TYLER 2131 KILEY WAY EDMOND, OK 73034	\$15.60	\$0.00
WILLIAM D WENBERG 13024 STACY LANE LITTLE ROCK, AR 72211	\$14.16	\$0.00
WENDY J SWANSON 35111 260TH ST PUKWANA, SD 57370	\$14.04	\$0.00
WILLIAM CLAY ARNOLD 102 HOLLY CT NATCHEZ, MS 39120	\$13.90	\$0.00
JENNIFER JOHNSON 1111 N WEST AVE MADISON, SD 57042	\$13.08	\$0.00
NADINE THERESA POLLMAN 1306 SUMMIT CIR BROOKINGS, SD 57006	\$12.96	\$0.00
LORI K WEDEKING 1366 190TH ST WAVERLY, IA 50677	\$12.52	\$0.00
JOSHUA TERRELL 812 VENETIAN ISLES DR APT 1 LAKE PARK, FL 33403	\$10.92	\$0.00
SUE A STEVENS 1229 SUGGS DR FAYETTEVILLE, NC 28306	\$10.68	\$0.00
PETER J TEKAMPE 6739 HARTWIG DR CHERRY VALLEY, IL 61016	\$10.45	\$0.00
KARA M CARMODY 718 HOYT AVE E SAINT PAUL, MN 55106	\$9.87	\$0.00

YOLANDA CASILLAS 6120 COUNTY ROAD 551 BROWNWOOD, TX 76801	\$9.68	\$0.00
JILL M PONTI 4805 N STARR RD OTIS ORCHARDS, WA 99027	\$9.66	\$0.00
ROBERT WAKEFIELD 2390 HASTINGS BLVD CLERMONT, FL 34711	\$9.57	\$0.00
BRETT W ROSEBERRY 24817 TORRES ST CARMEL, CA 93923	\$9.09	\$0.00
RONALD E KIRKLAND 1044 HARBOR RIDGE RD GUNTERSVILLE, AL 35976	\$8.91	\$0.00
SCOTT R FRITCHER 7408 LONGBOAT DR JOHNSTON, IA 50131	\$8.83	\$0.00
BARRY CAMPBELL 2798 COUNTY ROAD 80 ALGER, OH 45812	\$8.74	\$0.00
CHARLA ANN MEALER 1113 STEWART DR IRVING, TX 75061	\$8.60	\$0.00
LARRY D GROVES 309 COLERIDGE DR DUNN, NC 28334	\$8.47	\$0.00
MARY H STARNES 3323 NATO RD FAYETTEVILLE, NC 28306	\$8.47	\$0.00
GLEN T SCHWEIKERT 2211 HIGHLAND SPRINGS PL LOUISVILLE, KY 40245	\$8.31	\$0.00
DARRELL E RUSSELL 8676 W 96TH ST STE 100 OVERLAND PARK, KS 66212	\$7.92	\$0.00
AUSTIN J PETERSON 11116 AURORA AVE URBAN DALE, IA 50322	\$7.88	\$0.00
KACY A GRUENKEMEYER 558 CLINGMANS LN CHATTANOOGA, TN 37419	\$7.86	\$0.00
PETER T GARDNER 707 3RD AVE NE BELMOND, IA 50421	\$7.80	\$0.00

THOMAS E HATCHER JR 1588 BAY TREE DR HARRELLS, NC 28444	\$7.32	\$0.00
JAMES LEE CHAMBERS PO BOX 21075 MESA, AZ 85277	\$6.80	\$0.00
JAY R BROWER PO BOX 412 HAMPTON, IA 50441	\$6.51	\$0.00
RAND G SIMKINS 6508 PINE HILLS LN DENTON, TX 76210	\$6.31	\$0.00
SCOTT WEBB 26729 N 91ST DR PEORIA, AZ 85383	\$6.25	\$0.00
JAMES L HAYES 1547 CEDAR SPRINGS CT NORTH LIBERTY, IA 52317	\$5.80	\$0.00
AARON D GOLDSTINE 2800 W STRATTON ST SIOUX FALLS, SD 57108	\$5.30	\$0.00
BRIAN J DAY 13189 HITCHING POST RD DEWITT, MI 48820	\$5.17	\$0.00
KIMBERLY MOGER 25 SAGELAND EAST WENATCHEE, WA 98802	\$5.11	\$0.00
BRYAN D TUCKER 24654 N LAKE PLEASANT PKWY 103-465 PEORIA, AZ 85383	\$4.95	\$0.00
MICHAEL E MCCARTHY PO BOX 1047 DUNDEE, IL 60118	\$4.89	\$0.00
ALFRED E DEVINE 324 DEVINE WAY SILER CITY, NC 27344	\$4.12	\$0.00
JULIA MOES 808 S MAPLE WATERTOWN, SD 57201	\$4.04	\$0.00
H PATRICK BRUMLEY 1524 TWISTLEAF RD ARGYLE, TX 76226	\$3.79	\$0.00
HEATHER D SWANSON 115 SE BAYTREE DR WAUKEE, IA 50263	\$3.50	\$0.00

WILLIAM M BARNETT 703 N SAGEHORN DR HARTFORD, SD 57033	\$3.29	\$0.00
J MICHAEL BUTLER 1090 13TH AVE NW HICKORY, NC 28601	\$3.12	\$0.00
DIANA R KRUG 3737 MILLSTONE LN DEFOREST, WI 53532	\$2.70	\$0.00
WILLIAM F MURRAY III 1298 SAINT PATRICK WAY SUN PRAIRIE, WI 53590	\$2.66	\$0.00
RANDALL M COOPER 221 1ST ST NE STE C MOUNT VERNON, IA 52314	\$2.64	\$0.00
WESLEY J TODD 4409 BLAIR RIDGE RD CEDAR FALLS, IA 50613	\$2.60	\$0.00
PAUL B ROBEDEAU 9523 BAY CT CARMEL, CA 93923	\$2.59	\$0.00
PAMELA HARDY 2255 HEATHERWOOD DR FINDLAY, OH 45840	\$2.33	\$0.00
FRANKLIN R DAVIES 201 ROYAL ABERDEEN WAY MCKINNEY, TX 75072	\$2.00	\$0.00
- THE SHARON MILLER AGENCY LLC PO BOX 553 LATIMER, IA 50452	\$1.69	\$0.00
STACEY SCHROCK 3616 UNIVERSITY AVE APT 4 DES MOINES, IA 50311	\$1.47	\$0.00
KELLY D LEBSACK 2084 COVERED BRIDGE PKWY WINDSOR, CO 80550	\$1.32	\$0.00
- RUBLE & ASSOCIATES LLC 3769 PROSPECT RD NEW LONDON, OH 44851	\$1.26	\$0.00
BERNARD J BRAZEAU 6705 GRIMES ST INDIANOLA, IA 50125	\$1.16	\$0.00
INGER M PENNINGTON 1369 BERKSHIRE DR MILFORD, OH 45150	\$1.10	\$0.00

SHAWN MARTIN MCDERMOTT 9543 CONKLIN AVE CINCINNATI, OH 45242	\$1.10	\$0.00
JAMES A SMAARDYK 3972 HOLLIS AVE PORT CHARLOTTE, FL 33953	\$1.03	\$0.00
JOANN KIRKLAND 1044 HARBOR RIDGE RD GUNTERSVILLE, AL 35976	\$1.03	\$0.00
IAN B BRANYON 9300 HARRIS CORNERS PKWY STE 100 CHARLOTTE, NC 28269	\$0.88	\$0.00
CYNTHIA L SAMUELS 3619 SANWOOD ST LAS VEGAS, NV 89147	\$0.84	\$0.00
MARY ANSTEY 704 MONROE ST CUMBERLAND, IA 50843	\$0.84	\$0.00
CHRISTOPHER D BOULDREY 448 RIVER WOODS DR FLUSHING, MI 48433	\$0.66	\$0.00
DANIEL L JONES 201 N MAIN ST DELPHOS, OH 45833	\$0.66	\$0.00
WILLIAM H ROBERTS 3749 SACHEM AVE CINCINNATI, OH 45226	\$0.66	\$0.00
LINDA B CAMPBELL 174 PALMETTO GREEN DR LONGS, SC 29568	\$0.44	\$0.00
DAVID W STEWART 1001 COOPER POINT RD SW STE 140 OLYMPIA, WA 98502	\$0.42	\$0.00
BRIAN W PATTEN 120 MARGUERITE DR STE 101 CRANBERRY TOWNSHIP, PA 16066	\$0.33	\$0.00
JOSEPH A NASCA 28081 W MAPLE AVE BARRINGTON, IL 60010	\$0.33	\$0.00
TODD C DEVOSS 321 N CLARK ST STE 625 CHICAGO, IL 60654	\$0.33	\$0.00
JACQUELYN KIMBROUGH PO BOX 568 CARLISLE, IA 50047	\$0.29	\$0.00

BARBARA ANN MCNAUGHTON 4910 CORPORATE DR NW STE G HUNTSVILLE, AL 35805	\$0.28	\$0.00
ERIC E MILLER 149 MALIBU RD MOORESVILLE, NC 28117	\$0.24	\$0.00
MARK L DUNN 2734 N RETIREMENT LN APT C BOISE, ID 83704	\$0.24	\$0.00
BRANDON C ADAMS 64 SHELBY DR CRAWFORDVILLE, FL 32327	\$0.18	\$0.00
JACQUELINE GELINAS BEAULIEU 131 E 39TH ST APT 3 NEW YORK, NY 10016	\$0.18	\$0.00
JACQUELINE GELINAS BEAULIEU 577 MARITIME WAY SUPPLY, NC 28462	\$0.15	\$0.00
BRANDON C ADAMS 268 SW SHOREWOOD DR DUNNELLON, FL 34431	\$0.06	\$0.00
KANDACE M MCCARTHY 1171 HEAVENS GATE LAKE IN THE HILLS, IL 60156	\$0.03	\$0.00
RONALD J GRETHEL 118 HIGHCLIFF CT LOVELAND, OH 45140	\$0.03	\$0.00
Sum:	\$13,617.11	\$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
L7096	\$25,434.12	37
Group Address		Name of Insurance Carrier
LARSON MANUFACTURING CO		AFLAC
ATTN ANNE MCCARTY		1932 WYNNTON ROAD
2333 EASTBROOK DR		COLUMBUS, GA 31999
BROOKINGS, SD 57006		PLAN YEAR 01/01/2022 to 12/31/2022
CONTRACT NUMBER		NAIC CODE
82-2723296		60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
SARA KNEIP 1500 FRANKLIN AVE BROOKINGS, SD 57006	\$489.60	\$0.00
JADE NELSON WITHERS 518 MAIN AVE BROOKINGS, SD 57006	\$439.19	\$0.00
CHARLES M WHEELER 14950 W HILLS VIEW DR PIEDMONT, SD 57769	\$348.63	\$0.00
TRACY L HOSTLER 518 MAIN AVE BROOKINGS, SD 57006	\$214.54	\$0.00
MICHAEL BOLGER 128 WOODLAND DR MADISON, SD 57042	\$161.17	\$0.00

LISA K UHLIR 8516 E WILLOW RIDGE PL SIOUX FALLS, SD 57110		
	\$114.54	\$0.00
EUGENE BUTCH LINSTER 3611 ANGEL WAY RAPID CITY, SD 57703		
	\$109.79	\$0.00
- JADE COMPANIES LLC 518 MAIN AVE BROOKINGS, SD 57006		
	\$97.73	\$0.00
MICHAEL J TOMLINSON 40 PARADISE DR WATERTOWN, SD 57201		
	\$85.72	\$0.00
- GUENOT ENTERPRISES INC 1501 CENTRE ST STE 101 RAPID CITY, SD 57703		
	\$75.50	\$0.00
STEVEN G JOHNSON 35989 HIGHWAY 69 STE C FOREST CITY, IA 50436		
	\$57.60	\$0.00
MICHAEL D EVANS JR 113 5TH ST SE WATERTOWN, SD 57201		
	\$55.86	\$0.00
- JULIE D DEVINE INC 1105 S 15TH ST CLEAR LAKE, IA 50428		
	\$54.72	\$0.00
KEVIN B VINING 47269 255TH ST RENNER, SD 57055		
	\$50.35	\$0.00
LARRY L HULT 2005 IOWA ST BROOKINGS, SD 57006		
	\$46.68	\$0.00
JEREMY L TOMLINSON 6305 W RUSSETT ST BOISE, ID 83704		
	\$42.48	\$0.00
SCOTT C OLSEN 4132 CARMEL PT RAPID CITY, SD 57702		
	\$34.12	\$0.00
CAROL A MROWKA 5106 TIMBER LN SCHNECKSVILLE, PA 18078		
	\$32.23	\$0.00
MELODY B THOMPSON 518 MAIN AVE BROOKINGS, SD 57006		
	\$27.84	\$0.00
CONNIE L SALLQUIST 1716 W GRAND ARBOR CIR SIOUX FALLS, SD 57108		
	\$26.16	\$0.00

ERIC JASON WILLIAMS 2907 DALLAS DR CEDAR FALLS, IA 50613	\$25.08	\$0.00
JANET C BEHREND 209 FRANKLIN ST STE A1 CEDAR FALLS, IA 50613	\$23.64	\$0.00
FRANK IAFRATE 6432 VENTURA DRIVE SLATINGTON, PA 18080	\$23.32	\$0.00
KYMBERLY G KNOTT 645 SILVER BIRCH PL LONGWOOD, FL 32750	\$21.78	\$0.00
JACQUELINE C NELSON 1833 9TH AVE S BROOKINGS, SD 57006	\$20.96	\$0.00
DAVID P AESOPH 2700 W NICOLE DR SIOUX FALLS, SD 57105	\$19.68	\$0.00
EDWARD F MROWKA JR 5106 TIMBER LN SCHNECKSVILLE, PA 18078	\$18.77	\$0.00
JAMES E DAVIS 5300 OAKBROOK PKWY STE 350 NORCROSS, GA 30093	\$15.96	\$0.00
- THE TODD GROUP 4409 BLAIR RIDGE RD CEDAR FALLS, IA 50613	\$15.84	\$0.00
EDWARD O HALVORSON JR 8488 HUFFINE LN BOZEMAN, MT 59718	\$14.28	\$0.00
SHAWN D BENSER 4840 AMBER VALLEY PKWY S STE C FARGO, ND 58104	\$12.60	\$0.00
- JAMEY MILLER INC 12942 193RD AVE E BONNEY LAKE, WA 98391	\$12.10	\$0.00
SHERRY M ADAMS 7227 W LANCASTER CIR SIOUX FALLS, SD 57106	\$11.20	\$0.00
RONALD L HOVICK 2214 SW 43RD TER CAPE CORAL, FL 33914	\$10.80	\$0.00
ROBERT VICTOR WOERNER 4000 GRANDE VISTA BLVD APT 124 ST AUGUSTINE, FL 32084	\$10.62	\$0.00

WILLIAM M KNOTT 645 SILVER BIRCH PL LONGWOOD, FL 32750	\$10.45	\$0.00
- FINANCIAL DESIGNS LLC 209 FRANKLIN ST STE A1 CEDAR FALLS, IA 50613	\$10.20	\$0.00
DANIEL J KNEIP 603 5TH AVE BROOKINGS, SD 57006	\$8.28	\$0.00
KRISTA M MERRITT 1730 PINEHURST DR BROOKINGS, SD 57006	\$8.28	\$0.00
STEPHEN D BISSELL 5465 AMANDA DR LAURYS STATION, PA 18059	\$6.60	\$0.00
RANDALL SIMS 138 DERR DR COLLEGEVILLE, PA 19426	\$6.54	\$0.00
CINDY T WILLIAMS 4541 HICKORY SHORES BLVD GULF BREEZE, FL 32563	\$6.36	\$0.00
MARY ELLEN BELL GRETH 1807 READING BLVD WYOMISSING, PA 19610	\$6.00	\$0.00
DOUGLAS HASLIP 7227 W LANCASTER CIR SIOUX FALLS, SD 57106	\$5.90	\$0.00
WESLEY J TODD 4409 BLAIR RIDGE RD CEDAR FALLS, IA 50613	\$5.76	\$0.00
THOMAS JAMES OLLER 2410 SOUTHERN LINKS DR FLEMING ISLAND, FL 32003	\$5.60	\$0.00
BRADY L WEISENBERGER 4840 AMBER VALLEY PKWY S STE C FARGO, ND 58104	\$5.16	\$0.00
MITCHELL J MCCALL 3 STONERIDGE DR KEOKUK, IA 52632	\$4.56	\$0.00
- BOEN & ASSOCIATES 307 W 41ST ST STE B SIOUX FALLS, SD 57105	\$3.72	\$0.00
MATTHEW D BUTLER 123 CENTER PARK DR STE 102 KNOXVILLE, TN 37922	\$3.72	\$0.00

ROBERT VICTOR WOERNER 210 16TH ST UNIT K ST AUGUSTINE, FL 32080	\$3.54	\$0.00
BETH LUANNE KIMBROUGH 6750 N ANDREWS AVE STE 200 FT LAUDERDALE, FL 33309	\$3.50	\$0.00
JOLYNNE M MACK 113 5TH ST SE WATERTOWN, SD 57201	\$3.48	\$0.00
JULIA MOES 808 S MAPLE WATERTOWN, SD 57201	\$3.30	\$0.00
- ARW BENEFITS LLC 210 16TH ST UNIT K ST AUGUSTINE, FL 32080	\$2.66	\$0.00
KARA M CARMODY 718 HOYT AVE E SAINT PAUL, MN 55106	\$2.34	\$0.00
JAMES L HAYES 1547 CEDAR SPRINGS CT NORTH LIBERTY, IA 52317	\$1.20	\$0.00
JAMES R MIRABELLI 3683 W LAKE ESTATES DR DAVIE, FL 33328	\$1.00	\$0.00
JIMMY LEON JOHNSON 411 WALNUT ST # 16846 GREEN COVE SPRINGS, FL 32043	\$0.90	\$0.00
HEATHER D SWANSON 115 SE BAYTREE DR WAUKEE, IA 50263	\$0.72	\$0.00
MELYNDA RAY-MCCUTCHEON 1150 MALLARD LAKE DR BOGART, GA 30622	\$0.72	\$0.00
IRENE E BROOKS 101 COPPER BEECH LN WOMELSDORF, PA 19567	\$0.66	\$0.00
WILLIAM M BARNETT 703 N SAGEHORN DR HARTFORD, SD 57033	\$0.60	\$0.00
BERNARD J BRAZEAU 6705 GRIMES ST INDIANOLA, IA 50125	\$0.36	\$0.00
MARK D BARBIER 23 CROYDON LN OAK BROOK, IL 60523	\$0.30	\$0.00

DAVID W RANCK 848 E MAIN ST STE 800 EPHRATA, PA 17522		
	\$0.24	\$0.00
JIMMY LEON JOHNSON 40 AVERY ST SAINT AUGUSTINE, FL 32084		
	\$0.10	\$0.00
Sum:	\$2,943.83	\$0.00