

| | |
|---|---|
| 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 | 5 283 |
| 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) 283 6a(2) 286 6b 6c 6d 286 6e 6f 286 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 4F 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 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 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"/> 3 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 _____

| | | |
|---|--|--|
| <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: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: 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> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning **06/01/2022** and ending **05/31/2023**

| | | |
|--|--|-------------------|
| <p>A Name of plan MID CONTINENT STEEL & WIRE, INC. FLEXIBLE BENEFIT PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>502</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 MID CONTINENT STEEL & WIRE, INC.</p> | <p>D Employer Identification Number (EIN) 43-1070592</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 |
| 82-2723296 | 60380 | J0422 | 286 | 06/01/2022 | 05/31/2023 |

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 |
| 55785 | 879 |

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

SHAUN SMITH **2126 SUNSET DR**
POPLAR BLUFF, MO 63901

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 16334 | 374 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

SAMUEL B KIGHT **3241 BORDEAU DR**
CAPE GIRARDEAU, MO 63701

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 8417 | 344 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JAMES MATTINGLY 3998 COUNTY ROAD 448
DUDLEY, MO 63936

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 5722 | 4 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

CARLISSA LANE DEMPSEY 1168 WAYNE 523
WAPPAPELLO, MO 63966

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 5649 | 135 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

WILLIAM B HIRTZ 620 COUNTY ROAD 5352
POPLAR BLUFF, MO 63901

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 4372 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

KIMBERLY GALE SMITH 2126 SUNSET DR
POPLAR BLUFF, MO 63901

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 4270 | 18 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

BRADLEY A MANGUS 943 N HILLS DR
CAPE GIRARDEAU, MO 63701

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 3769 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

GERTRUDE A DUNCAN

1899 N WESTWOOD BLVD
STE CPM 306
POPLAR BLUFF, MO 63901

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1541 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

CARLEY SILER

7462 COUNTY ROAD 287A
PUXICO, MO 63960

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1324 | 4 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

DEBORA J BOYER

1905 CARTER ROUTE K
ELLSINORE, MO 63937

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 890 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

BENJAMIN M PONDER

339 BROADWAY ST STE 136
CAPE GIRARDEAU, MO 63701

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 543 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JOSHUA LEE JONES

1087 VIA PRINCIPALE
NEW BRAUNFELS, TX 78132

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 517 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

OTIS LONG

705 W COLLEGE AVE
FREDERICKTOWN, MO 63645

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 440 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

KRISTEN DUNCAN

2701 HOLLY TRL A
POPLAR BLUFF, MO 63901

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 358 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

LISA A KIRK

145 LORWOOD LOOP
PARM, MO 63870

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 245 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

LAURA SUZANNE RICHARDSON

1559 KINGSWAY DR
CAPE GIRARDEAU, MO 63701

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 238 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

BRITT F PARK

968 HUNTER CHAISE DR
WENTZVILLE, MO 63385

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 189 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

BRYAN J MURPHY

2436 CRIPPLE CREEK DR
SAINT LOUIS, MO 63129

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 148 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JOSEPH E PUPEK JR

325 LOBLOLLY DR
BONAIRE, GA 31005

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 135 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

BRADLEY K HARRISON

1530 RAX CT
JEFFERSON CITY, MO 65109

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 103 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

NATHAN L HARRISON

5301 E VISTA RICA ST
PARADISE VALLEY, AZ 85253

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 81 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

STEPHEN D BRAME

HC 1 BOX 825
FAIRDEALING, MO 63939

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 70 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

ANTHONY S. LEE

726 DALLAS ST
JACKSON, MO 63755

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 68 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

LEROY GLENN JORDAN

PO BOX 1802
TIFTON, GA 31793

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 55 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

HOWARD F WECKEL III

2542 WESTLAKE AVE N
UNIT 15
SEATTLE, WA 98109

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 50 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

REX D ROSENOW

6767 E 2480 ST
KEWANEE, IL 61443

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 47 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

TYSON C FUNK

917 CROWN POINTE TERRACE CT
WILDWOOD, MO 63021

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 40 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JOHN A BACON

30837 SPRING VALLEY RD
PAOLA, KS 66071

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 33 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

RONALD E KIRKLAND

1044 HARBOR RIDGE RD
GUNTERSVILLE, AL 35976

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 29 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JOHN MYERS

17635 ORRVILLE RD
WILDWOOD, MO 63005

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 16 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

HH ASSOCIATES LLC

23824 BENNINGTON LANE
JEFFERSON CITY, MO 65109

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 16 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

AUSTIN PETERSON

11116 AURORA AVE
URBAN DALE, IA 50322

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 14 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

BRYAN SWYERS

2429 HYDE PARK RD
JEFFERSON CITY, MO 65109

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 14 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

HOWARD F WECKEL INC

5925 THOMAS ESTATES INC
HILLSBORO, MO 63050

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 11 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

MATTHEW MITCHELL

343 N BUENA VISTA ST
PUXICO, MO 63960

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 11 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

ROBIN M CALLAWAY

10201 W MARKHAM ST
FREDERICKTOWN, MO 63645

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 7 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

ASHTON CONSULTING INC

5962 SCREAMING EAGLE LN
COLUMBIA, MO 65201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 3 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JAMES A SMAARDYK

3972 HOLLIS AVE
PORT CHARLOTTE, FL 33953

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 3 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

BRIAN D NEUNER

7651 E HIGHWAY WW
COLUMBIA, MO 65201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 3 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

MICHAEL SHANE KIRKLAND

137 PLANTATION DR
KILLEN, AL 35645

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JEFFREY A HIMMERLRICK

2215 W A ST
NORTH PLATTE, NE 69101

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 1 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JEFFREY HIMMELRICK

2215 W A ST
NORTH PLATTE, NE 69101

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 2 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

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

JOANN KIRKLAND

1044 HARBOR RIDGE RD
GUNTERSVILLE, AL 35976

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 2 | 0 | FEES, AWARDS, PRIZES, BONUSES OR OTHER FORMS OF NON-MONETARY COMPENSATION PAID RELATIVE TO ACCOUNT | |

(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) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| ▶ | | |
| (6) Total additions..... | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: | | |
| | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| 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 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, HOSPITAL INDEMNITY**

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 <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 | 255606 |
| 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: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: 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> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning **05/01/2022** and ending **04/30/2023**

| | | |
|--|--|-------------------|
| <p>A Name of plan MID CONTINENT STEEL & WIRE, INC. FLEXIBLE BENEFIT PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>502</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 MID CONTINENT STEEL & WIRE, INC.</p> | <p>D Employer Identification Number (EIN) 43-1070592</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
HEALTHY ALLIANCE 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 |
| 86-0257201 | 78972 | W61649 | 286 | 05/01/2022 | 04/30/2023 |

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 |
| 56557 | 4948 |

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

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CONSHOCKEN, PA 19428

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 56557 | 4948 | | |

(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) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 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 <input checked="" type="checkbox"/> Health (other than dental or vision) | b <input checked="" type="checkbox"/> Dental | c <input checked="" type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <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 | 2670837 |
| 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="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="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> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning **05/01/2022** and ending **04/30/2023**

| | | |
|--|--|-------------------|
| <p>A Name of plan MID CONTINENT STEEL & WIRE, INC. FLEXIBLE BENEFIT PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>502</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 MID CONTINENT STEEL & WIRE, INC.</p> | <p>D Employer Identification Number (EIN) 43-1070592</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
ANTHEM LIFE INSURANCE COMPANY (G1400)

| (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 |
| 35-0980405 | 61069 | W61650 | 286 | 05/01/2022 | 04/30/2023 |

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 |
| 3088 | 190 |

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

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CONSHOHOCKEN, PA 19428

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 3088 | 190 | | |

(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) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| | | |
| (6) Total additions..... | 7c(6) | |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e Deductions: | | |
| | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| 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** 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) |
| 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 <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 | |
| 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. ▶