

|   |  |   |
|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|  |  |
|--|--|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>  |
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023             |  |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan <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.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:  | <input checked="" type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)   |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input type="checkbox"/>   |
| <b>D</b> Check box if filing under:  | <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)  |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>   |

|  |   |
|--|---|
| <b>Part II</b>   | <b>Basic Plan Information</b> —enter all requested information  |
| <b>1a</b> Name of plan<br>THE MCGREGOR COMPANY   | <b>1b</b> Three-digit plan number (PN) ▶ 501  |
|  | <b>1c</b> Effective date of plan<br>09/01/1971  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>THE MCGREGOR COMPANY<br><br>PO BOX 740 COLFAX, WA 99111-0740 401 COLFAX AIRPORT ROAD COLFAX, WA 99111 | <b>2b</b> Employer Identification Number (EIN)<br>91-0314020<br><br><b>2c</b> Plan Sponsor's telephone number<br>509-397-4355<br><br><b>2d</b> Business code (see instructions)<br>115110 |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/25/2023 | SEAN NEAL  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | 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

|   |  |   |     |
|---|--|---|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  |  | <b>3b</b> Administrator's EIN   |     |
| <b>3c</b> Administrator's telephone number  |  |   |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  |  | <b>4b</b> EIN<br><b>4d</b> PN   |     |
| <b>5</b> Total number of participants at the beginning of the plan year   |  | 5   | 298 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  |  |   |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....   |  | <b>6a(1)</b>  | 294 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....   |  | <b>6a(2)</b>  | 303 |
| <b>b</b> Retired or separated participants receiving benefits .....   |  | <b>6b</b>   | 4   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....   |  | <b>6c</b>   | 0   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....   |  | <b>6d</b>   | 307 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....  |  | <b>6e</b>   |     |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....   |  | <b>6f</b>   | 307 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  |  | <b>6g</b>   |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....   |  | <b>6h</b>   |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  |  | <b>7</b>  |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  |  |   |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:<br>4A 4B 4D 4H  |  |   |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input checked="" type="checkbox"/> General assets of the sponsor  |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input checked="" type="checkbox"/> General assets of the sponsor  |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)   |  |   |     |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>4</b> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

|  |  |
|--|--|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023 |  |
| A Name of plan<br>THE MCGREGOR COMPANY   | B Three-digit plan number (PN) ► 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE MCGREGOR COMPANY             | D Employer Identification Number (EIN)<br>91-0314020 |

|        |   |  |
|--------|---|--|
| 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<br>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         | MJ598                                 | 150   | 04/01/2022              | 03/31/2023 |

|  |
|--|
| 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<br>23558 | (b) Total amount of fees paid<br>88 |
|---|-------------------------------------|

|   |
|---|
| 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<br>LESLIE J BAILEY<br>4234 N PORTAGE AVE<br>MERIDIAN, ID 83646 |
|---|

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

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

|  |
|--|
| CASEY DALE HOBSON<br>13320 W REDWICK DR<br>BOISE, ID 83713 |
|--|

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

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

ERIC DANIEL WEILAND

14511 SW CORNERSTONE LN  
SHERWOOD, OR 97140

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

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

GINA SIENIA

PO BOX 446  
ECHO, OR 97826

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 2   |                                 |             |                       |

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

KRISTINE G WYCKOFF

PO BOX 31233  
SPOKANE, WA 99223

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 2   |                                 |             |                       |

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

KEVIN B SORIA

7904 S PENNSYLVANIA DR  
LITTLETON, CO 80122

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

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

PAUL W DESPIRITO

3051 PROGRESS WAY STE 204  
KAUKAUNA, WI 54130

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

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

NAOMI RITA HILARY

1704 JEFFERSON AVE  
LA GRANDE, OR 97850

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

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

CAROL E OLSON

471 DAVIS LAKE RD  
USK, WA 99180

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

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

WENDY NADINE RICH

7102 W 1ST AVE  
KENNEWICK, WA 99336

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

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

ERNEST E SNOOK

6835 KYODI CT SE  
OLYMPIA, WA 98501

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

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

RUTH D ELLSWORTH

6927 S JASPER DR  
SPOKANE, WA 99224

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

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

JORDAN D EMMANS

438 W 26TH AVE  
SPOKANE, WA 99203

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

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

SAMUEL G DELEON

PO BOX 156  
OTHELLO, WA 99344

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

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

CHRISTOPHER J ZELLNER

918 ALDORA LN  
WAUNAKEE, WI 53597

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 9   |                                 |             |                       |

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

DUSTIN PRICE

1664 ATLANTA CIR  
MANITOWOC, WI 54220

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

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

DEVON S MITCHELL

8382 W GAGE BLVD  
KENNEWICK, WA 99336

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

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

ELIZABETH STROE

815 FERN AVE  
WALLA WALLA, WA 99362

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 12  |                                 |             |                       |

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

DONNA R WATSON

329 LA JOYA PASS  
LEANDER, TX 78641

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 12  |                                 |             |                       |

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

MARY B PAULSON

833 WOLF FORD RD  
DAYTON, WA 99328

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 15  |                                 |             |                       |

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

SCOTT E NIELSEN

718B W FOURTH PLAIN BLVD  
VANCOUVER, WA 98660

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

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

JOEL S LUCAS

2129 S BELAIR DR  
MOSES LAKE, WA 98837

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

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

USI INSURANCE SERVICES LLC

PO BOX 62817  
VIRGINIA BEACH, VA 23466

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

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

GROUP NORTHWEST INC

203 W SHANNON AVE  
SPOKANE, WA 99205

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

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

ROBERT T KNOTT

13299 E PERIMETER RD  
ATHOL, ID 83801

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 27  |                                 |             |                       |

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

STACEY A SWIFT

832 KENNETH ST  
MOSCOW, ID 83843

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 29  |                                 |             |                       |

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

CLIFFORD VICTOR HOLLEY

23314 E VALLEYWAY AVE  
LIBERTY LAKE, WA 99019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 29  |                                 |             |                       |

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

LEANNE J PARKER

7820 W 6TH AVE RM 311  
KENNEWICK, WA 99336

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 30  |                                 |             |                       |

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

SANDRA M LOHNES

PO BOX 678  
EASTON, WA 98925

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 30  |                                 |             |                       |

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

JAMES R BARS

PO BOX 333  
COVE, OR 97824

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 32  |                                 |             |                       |

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

GEORGE J KESSLER

428 W 20TH AVE  
SPOKANE, WA 99203

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 33  |                                 |             |                       |

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

SEAN F HARRINGTON

11151 MIERAS RD  
YAKIMA, WA 98901

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 34  |                                 |             |                       |

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

CLIFF HARRISON BARROWS

5716 S FERRALL ST  
SPOKANE, WA 99223

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 42  |                                 |             |                       |

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

SPENCER KIMBRO

5676 ROAD 6.6 NE  
MOSES LAKE, WA 98837

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 47  |                                 |             |                       |

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

SHERRIE JANE NELSON

2413 N STAGECOACH DR  
POST FALLS, ID 83854

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 68  |                                 |             |                       |

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

BRIAN HERRMAN

PO BOX 677  
LEWISTON, ID 83501

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 70  |                                 |             |                       |

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

JUDSON T LAW

1477 E WEBB CV  
EAGLE MOUNTAIN, UT 84005

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 70  |                                 |             |                       |

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

JEFFREY H MITCHELL

2419 NE GRANDHAVEN ST  
MCMINNVILLE, OR 97128

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

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

MICHAEL A MAYER

4406 CAMPOLINA LN  
PASCO, WA 99301

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 91  |                                 |             |                       |

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

LUANN E DAVIS

325 N GRANT ST  
KENNEWICK, WA 99336

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 92  |                                 |             |                       |

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

JEFFERY W HARRIS

10013 NE HAZEL DELL AVE  
BOX 236  
VANCOUVER, WA 98685

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 95  |                                 |             |                       |

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

KRISTEN SUE PLAISANCE

11315 E 12TH AVE  
SPOKANE VALLEY, WA 99206

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 96  |                                 |             |                       |

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

DOUGLAS E ALLEN

1418 N BELL ST  
SPOKANE VALLEY, WA 99016

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

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

ROBERT J FERRERO

715 E SPRAGUE AVE STE 103  
SPOKANE, WA 99202

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 104   | 10                              |             |                       |

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

PEGGY L CAZIER

PO BOX 1574  
WALLA WALLA, WA 99362

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 111   |                                 |             |                       |

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

DIXIE D SIMON

509 N SHAMROCK RD  
SPOKANE VALLEY, WA 99037

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 131   |                                 |             |                       |

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

DANIEL CHARLES HILT

1994 WALNUT ST  
MILTON FREEWATER, OR 97862

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 133   |                                 |             |                       |

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

RODERICK ALLEN BAIR

8827 N GOVERNMENT WAY UNIT 105  
HAYDEN, ID 83835

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 164   |                                 |             |                       |

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

DAN E MECKEL

17922 S SCOTTIE DOG LN  
CHENEY, WA 99004

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 167   |                                 |             |                       |

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

THOMAS LEROY HARTIG

914 GRELLE AVE  
LEWISTON, ID 83501

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 169   |                                 |             |                       |

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

CRAIG STEVEN BONSON

28 CHERRY ST  
TOUCHET, WA 99360

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 179   |                                 |             |                       |

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

VON KLOHE

1020 E 54TH AVE  
SPOKANE, WA 99223

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 199   |                                 |             |                       |

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

ROGER L OLSON

471 DAVIS LAKE RD  
USK, WA 99180

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 202   |                                 |             |                       |

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

CHERYL J LAMPE

PO BOX S  
MOSES LAKE, WA 98837

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 208   |                                 |             |                       |

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

GEORGE D MACKIE

3602 S JOHNSON ST  
KENNEWICK, WA 99337

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 245   |                                 |             |                       |

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

DARAN L WYCKOFF

PO BOX 31233  
SPOKANE, WA 99223

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 250   |                                 |             |                       |

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

SANDRA J NOE

2311 W 16TH AVE LOT 210  
SPOKANE, WA 99224

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 252   |                                 |             |                       |

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

MOLONEY &amp; ONEILL BENEFITS

818 W RIVERSIDE AVE STE 800  
SPOKANE, WA 99201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 275   |                                 |             |                       |

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

AARON CURTIS OLSON

2210 S MEADOWVIEW RD  
GREENACRES, WA 99016

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 408   |                                 |             |                       |

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

JIMMIE J DELBRIDGE

1924 E FOXBOROUGH CT  
HAYDEN, ID 83835

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 433   | 2                               |             |                       |

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

MERCER HEALTH AND BENEFITS

4565 PAYSHERE CIR  
CHICAGO, IL 60674

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 453   |                                 |             |                       |

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

LISA M HALL

686 W MOGUL LOOP APT 102  
HAYDEN, ID 83835

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 534   |                                 |             |                       |

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

TERRY D ALLEN

5428 N GREENWOOD BLVD  
SPOKANE, WA 99205

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 642   |                                 |             |                       |

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

KEVIN C HALLAM

2145 HYACINTH DR  
BILLINS, MT 59105

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 761   |                                 |             |                       |

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

DENNIS JAMES SAMS

312 W 50TH CT  
KENNEWICK, WA 99337

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 1144  |                                 |             |                       |

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

JESSICA LYNN RIZZUTO

2411 E DECATUR AVE  
SPOKANE, WA 99208

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 1548  | 12                              |             |                       |

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

KATHRYN ROSE ALDERSON

16320 N HATCH RD APT 218  
COLBERT, WA 99005

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 2493  | 59                              |             |                       |

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

ALLIANT INSURANCE SERVICES INC

818 W RIVERSIDE AVE STE 800  
SPOKANE, WA 99201

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 3494  |                                 |             |                       |

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

TERRY ALLEN

20930 E HAPPY TRAILS LN  
OTIS ORCHARDS, WA 99027

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 7542  | 5                               |             |                       |

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)      **b** ☐ Dental      **c** ☐ Vision      **d** ☐ 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) ▶ **SUPPLEMENTAL**

**9** Experience-rated contracts:

|  |                 |                 |  |
|--|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....   |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |  |
| (A) Commissions .....  | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....  | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....  |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....   |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....   |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 147508 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |        |

**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. ▶

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

|  |  |
|--|--|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023 |  |
| A Name of plan<br>THE MCGREGOR COMPANY   | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE MCGREGOR COMPANY             | D Employer Identification Number (EIN)<br>91-0314020 |

|        |   |  |
|--------|---|--|
| 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  
UNITED OF OMAHA LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 47-0322111 | 69868         | G000AW62                              | 316   | 04/01/2022              | 04/01/2023 |

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 |
| 3569                                 | 1715                          |

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 INC 1420 5TH AVE STE 1500 SEATTLE, WA 98101

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                           | (e) Organization code |
|---|---------------------------------|---------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose               |                       |
| 3569  | 0                               | AGENT OR BROKER OF RECORD | 3                     |

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

ALLIANT INSURANCE SERVICES INC 1420 5TH AVE STE 1500 SEATTLE, WA 98101

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                    | (e) Organization code |
|---|---------------------------------|--------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose        |                       |
| 0   | 1715                            | OTHER COMPENSATION | 3                     |

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ 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:

|  |                 |                 |  |
|--|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....   |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |  |
| (A) Commissions .....  | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....  | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....  |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....   |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....   |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|   |            |       |
|---|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 41387 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |       |

**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. ▶

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

|  |  |
|--|--|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023 |  |
| A Name of plan<br>THE MCGREGOR COMPANY   | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE MCGREGOR COMPANY             | D Employer Identification Number (EIN)<br>91-0314020 |

|        |   |  |
|--------|---|--|
| 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<br>UNITED OF OMAHA LIFE INSURANCE COMPANY |
|---|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 47-0322111 | 69868         | G000AW62                              | 316   | 04/01/2022              | 04/01/2023 |

|  |
|--|
| 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<br>4256 | (b) Total amount of fees paid<br>2493 |
|--|---------------------------------------|

|   |
|---|
| 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<br>ALLIANT INSURANCE SERVICES INC<br>1420 5TH AVE STE 1500<br>SEATTLE, WA 98101 |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                    | (e) Organization code |
|---|---------------------------------|--------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose        |                       |
| 0   | 2493                            | OTHER COMPENSATION | 3                     |

|  |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>ALLIANT INSURANCE SERVICES INC<br>1420 5TH AVE STE 1500<br>SEATTLE, WA 98101 |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                           | (e) Organization code |
|---|---------------------------------|---------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose               |                       |
| 4256  | 0                               | AGENT OR BROKER OF RECORD | 3                     |

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☒ 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) ▶ **AD&D**

**9** Experience-rated contracts:

|  |                 |                 |  |
|--|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....   |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |  |
| (A) Commissions .....  | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....  | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....  |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....   |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....   |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|   |            |       |
|---|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 60224 |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |       |

**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. ▶

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

|  |  |     |
|--|--|-----|
| For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023 |  |     |
| A Name of plan<br>THE MCGREGOR COMPANY   | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE MCGREGOR COMPANY             | D Employer Identification Number (EIN)<br>91-0314020 |     |

|        |   |  |
|--------|---|--|
| 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<br>DELTA DENTAL OF WASHINGTON |
|---|

| (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     |
| 91-0621480 | 47341         | 00713                                 | 612   | 04/01/2022              | 04/01/2023 |

|  |
|--|
| 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<br>8265 | (b) Total amount of fees paid<br>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<br>ALLIANT INSURANCE SERVICES INC<br>1420 5TH AVE STE 1500<br>SEATTLE, WA 98101 |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 8265  | 0                               | M&O         |                       |

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☒ Dental     
**c** ☐ Vision     
**d** ☐ 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:

|  |                 |        |        |
|--|-----------------|--------|--------|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    | 297177 |        |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |        |        |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |        |        |
| (4) Earned ((1) + (2) - (3)) .....   | <b>9a(4)</b>    |        | 297177 |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    | 237885 |        |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |        |        |
| (3) Incurred claims (add (1) and (2)) .....  | <b>9b(3)</b>    |        | 237885 |
| (4) Claims charged .....   | <b>9b(4)</b>    |        |        |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |        |        |
| (A) Commissions .....  | <b>9c(1)(A)</b> | 8265   |        |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> | 45915  |        |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |        |        |
| (D) Other expenses .....   | <b>9c(1)(D)</b> |        |        |
| (E) Taxes .....  | <b>9c(1)(E)</b> |        |        |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |        |        |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> |        |        |
| (H) Total retention .....  | <b>9c(1)(H)</b> |        | 54180  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... | <b>9c(2)</b>    |        |        |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                | <b>9d(1)</b>    |        |        |
| (2) Claim reserves .....   | <b>9d(2)</b>    |        |        |
| (3) Other reserves .....   | <b>9d(3)</b>    |        |        |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   | <b>9e</b>       |        |        |

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶