Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 03/01/2004

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRI CITY FOODS, INC.

1400 OPUS PLACE
SUITE 900
DOWNERS GROVE, IL 60515

2b Employer Identification Number (EIN)
47-1813575

2c Plan Sponsor's telephone number
630-598-3330

2d Business code (see instructions)
721210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/27/2024	SONYA BLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2119
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2112
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1801
b	Retired or separated participants receiving benefits	**6b**	7
c	Other retired or separated participants entitled to future benefits	**6c**	83
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1891
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4F 4G 4H 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [X] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 8
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRI CITY FOODS, INC.

D Employer Identification Number (EIN)
47-1813575

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
METROPOLITAN 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
13-5581829	65978	0205205	3026	03/01/2023	02/29/2024

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
157915	7067

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

THE PLEXUS GROUPE LLC
21805 WEST FIELD PARKWAY
SUITE 300
DEER PARK, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
157915	7067	FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

m [X] Other (specify) ▶ AD&D, SUPPLEMENTAL LIFE, DEPENDENT LIFE, SUPPLMENTAL AD&D, DEPENDENT AD&D

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1776444
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? [X] Yes [ ] No

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

UNABLE TO SEPARATE BY LOCATION

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

OMB No. 1210-0110

2023

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For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRI CITY FOODS, INC.

D Employer Identification Number (EIN)
47-1813575

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
CONTINENTAL AMERICAN 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
57-0514130	71730	0000022624	1495	03/01/2023	02/29/2024

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
254470	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

ROCKWELL & ASSOCIATES LTD
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78171			3

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

THE PLEXUS GROUPE
21805 FIELD PARKWAY
300
DEER PARK, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54686			3

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

ROCKWELL & ASSOCIATES
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11954			3

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

LAINA DEWITT
1540 SEVEN PINES ROAD
APARTMENT L
SPRINGFIELD, IL 62704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5687			3

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

ASHER MEYERS
655 WEST IRVING PARK ROAD
APARTMENT 4813
CHICAGO, IL 60613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5627			3

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

KENNETH JACKSON
1111 WEST MORTON AVENUE
SUITE 10
JACKSONVILLE, IL 62650

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4937			3

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

JOHN PARISH
6033 NORTH SHERIDAN ROAD
15K
CHICAGO, IL 60660

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4933			3

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

ADAM ROBINSON
3341 SOUTH SPRING STREET
SPRINGFIELD, IL 62703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4805			3

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

JASON JONES
2644 WEST 6TH AVENUE
GARY, IN 46404

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4000			3

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

ALFREDO MALDONADO JR
2837 HOME AVENUE
BERWYN, IL 60402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3515			3

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

JENNIFER M JONES
19730 TERRACE AVENUE
UNIT 4
LYNWOOD, IL 60411

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3209			3

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

KATE E MCGRATH
1041 HILLSIDE AVENUE
DEERFIELD, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2899			3

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

RAFAEL T DIAZ

4845 NORTH ALBANY AVENUE
APARTMENT 3
CHICAGO, IL 60625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2683			3

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

DAVID R OSBORN

3500 WEST SILVERADO DRIVE
KANKAKEE, IL 60901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2608			3

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

TIMOTHY S INGRAM

1355 LYNNFIELD STREET
SUITE 259
MEMPHIS, TN 33819

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2362			3

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

LETICIA BIEBART

810 NORTH BENNETT STREET
GENEVA, IL 60123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2269			3

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

PATRICIA DOYLE

110 SOUTH SCOVILLE
2D
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2262			3

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

KENT AUSTERMANN
3953 N PAULINA STREET
CHICAGO, IL 60613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2153			3

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

F R NASCA & ASSOCIATES LLC
165 N CANAL STREET
716
CHICAGO, IL 60606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1925			3

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

DANIEL A MARINEZ
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1761			3

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

OVERBECK INSURANCE SERVICES
1033 SOUTH BOULEVARD
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1711			3

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

ROBERT J AURIN
2737 NORTH HAMPDEN COURT
CHICAGO, IL 60614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1633			3

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

ANDREW W CASPERSON AND ASSOCIATES
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1624			3

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

MICHELLE L FODREY
332 SOUTH GRACE STREET
LOMBARD, IL 60148

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1602			3

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

CHRISTOPHER JIMERSON
625 SOUTH 14TH STREET
SPRINGFIELD, IL 62703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1533			3

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

GENCY SCALLETTA INSURANCE A
4552 NORTH OTTAWA
NORRIDGE, IL 60706

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1403			3

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

NICKO M JACKSON
7612 SOUTH ESSEX AVENUE
2
CHICAGO, IL 60649

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1334			3

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

BRENDON J PASTA
2123 NORTH RACINE AVENUE
APARTMENT 1
CHICAGO, IL 60614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1325			3

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

BEHRAM A DABOO
3152 OLLERTON AVENUE
AURORA, IL 60502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1298			3

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

CYNTHIA R XEROGIANES
6250 N. OAKLEY AVENUE
APARTMENT 1
CHICAGO, IL 60659

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1260			3

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

ES LLC F R NASCA & ASSOCIAT
165 NORTH CANAL STREET
716
CHICAGO, IL 60606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1183			3

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

JEANNY M CIFUENTES
7 HELEN COURT
STREAMWOOD, IL 60107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1149			3

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

WILLIAM S ROUSONELOS
524 CACREST DRIVE
SHOREWOOD, IL 60404

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1128			3

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

HELENA HESS
239 RUTH PLACE
CLINTON, IA 52732

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1121			3

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

GEORGE W YOUNG
2850 ALGONQUIN ROAD
APARTMENT 110
ROLLING MEADOWS, IL 60008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1094			3

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

KIMBERLY A CAMARA
3717 WEST 64TH STREET
CHICAGO, IL 60629

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1058			3

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

TEENA M KLOTZ
120 EAST GENESSEE STREET
LELAND, IL 60531

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1019			3

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

PAULA R MATTHEWS

PO BOX 164
ARENZVILLE, IL 62611

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1007			3

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

CLARAETTA ROGERS

6978 PRAIRIE RUN AVENUE
PORTAGE, IN 46368

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
994			3

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

MITCHELL V BANDUR

325 WEST HURON STREET
SUITE 215
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
988			3

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

KAIDEN TRUNINGER

721 W WLANUT STREET
CHILLICOTHE, IL 61523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
962			3

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

HARRELL & ASSOCIATES INC

11121 SOUTH EMEMCO AVENUE
CHICAGO, IL 60628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
958			3

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

ERICK CENCULA
1981 YASGUR DRIVE
WOODSTOCK, IL 60098

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
952			3

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

TIANNA C PEARSON
351 CLYDE AVENUE
CALUMET CITY, IL 60409

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
945			3

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

BRIAN CHRONISTER
10337 SOUTH ALBANY AVENUE
CHICAGO, IL 60655

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
876			3

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

MICHAEL E MCCARTHY
PO BOX 1047
DUNDEE, IL 60118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
869			3

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

MICHAEL J OTT
15429 SOUTH PINTO STREET
HOMER GLEN, IL 60491

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
859			3

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

PATRICK BERMUDEZ

2233 N CHAMPLAIN STREET
ARLINGTON HEIGHTS, IL 60004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
800			3

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

MARIANA VAZQUEZ

234 DRIFTWOOD LANE
SCHAUMBURG, IL 60193

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
708			3

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

NIKERINA INC

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
693			3

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

DANIEL MARINEZ

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
680			3

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

AARON J DUNNILL

1137 EAST 5000 NORTH ROAD
BOURBONNAIS, IL 60914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
640			3

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

JAMES J JUSTIC
10537 SOUTH KOLIN AVENUE
OAK LAWN, IL 60453

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
617			3

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

RALPH E JOHNSON
24745 WEST MANOR DRIVE
SHOREWOOD, IL 60404

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
604			3

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

CASEY N LAUGHLIN
2745 WEST DIVISION STREET
APARTMENT 3
CHICAGO, IL 60622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
564			3

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

REILY J WILSON
5116 HOMESTRETCH DRIVE
LOVES PARK, IL 61111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
560			3

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

CAROLINE MONTOYA
1941 RIDGELAND AVENUE
1F
BERWYN, IL 60402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
553			3

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

RAYMOND TOWNSEND
2219 NORTH SEELEY
UNIT 3F
CHICAGO, IL 60647

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
547			3

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

MICHAEL J SKOFF
1490 FLORA CHURCH ROAD
KIRKLAND, IL 60146

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
503			3

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

LUKE A ROCKWELL
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
489			3

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

KATHERINE T FOREST
4N173 II ROUTE 83
BENSENVILLE, IL 60106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
472			3

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

REBECCA L LYDON
901 NEUFAIRFIELD DRIVE
JOLIET, IL 60432

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
466			3

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

LISA M SCHUMACHER
10 HERON COURT
LAKE IN THE HILLS, IL 60156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
452			3

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

ANDREW CASPERSON
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
449			3

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

ZUREK & ASSOCIATES LLC
210 DES PLAINES AVENUE
UNIT D
FOREST PARK, IL 60130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
429			3

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

MARVIN E HARSTON
908 NEWCASTLE DRIVE
APARTMENT 4
CHAMPAIGN, IL 61822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
405			3

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

CHANTA D TORRES
2815 SOUTH KILBOURN AVENUE
CHICAGO, IL 60623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
400			3

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

JANET CHRISP

3134 WEST 84TH STREET
CHICAGO, IL 60652

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
394			3

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

JORGE COVARRUBIAS

4934 WEST DIVERSEY AVE
CHICAGO, IL 60639

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
378			3

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

ISAAC SALINAS

5341 SOUTH AVERS
CHICAGO, IL 60632

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
372			3

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

LAKEISHA A ARNOLD

48 ENGLEWOOD AVENUE
BELLWOOD, IL 60104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
365			3

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

STEVEN SWANSON

1523 47TH AVENUE
SUITE 3
MOLINE, IL 61265

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
362			3

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

JONATHAN L BAZELL

903 ANN LABOR LANE
VERNON HILLS, IL 60061

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
357			3

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

ANNA MARINEZ

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
351			3

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

MARK A HARRELL

11121 SOUTH EMERALD
CHICAGO, IL 60628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
322			3

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

JOANNA M ROCKWELL

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
313			3

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

LORI A WALLACE

109 RADISSON ROAD
MARQUETTE HEIGHTS, IL 61554

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
298			3

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

ANDREW CRAWFORD

6 COLLINS PLACE
JACKSONVILLE, IL 62650

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
288			3

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

COLIN M JONES

1125 HAMPSHIRE
SUITE 201
QUINCY, IL 62301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
278			3

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

BENEFIT COMMUNICATIONS, INC.

2977 SIDCO DRIVE
NASHVILLE, TN 37204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
248			3

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

CAROLINE R OCONNOR

2611 WEST AGATITE AVENUE
CHICAGO, IL 60625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
205			3

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

KRISTIN L ARVIGO

3422 COLONY BAY DRIVE
ROCKFORD, IL 61109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
204			3

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

ERENIA CASTELLANOS GONZALEZ
14628 CAPITAL DRIVE
PLAINFIELD, IL 60544

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
200			3

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

STEPHEN GOLEMBIEWSKI
228 OAKE AVENUE
WESTMONT, IL 60559

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
193			3

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

SHERIL A HAGIE
184 SUNSHINE DRIVE
BOLINGBROOK, IL 60490

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
186			3

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

MARLA VEARIL
908 EAST SHORT STREET
TUSCOLA, IL 61953

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
182			3

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

CRYSTAL E BOWNS
PO BOX 6178
CHICAGO, IL 60680

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
169			3

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

KIM EDWARDS

812 WOOD AVENUE
GENEVA, IL 60134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
168			3

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

JERROD R WIGTON

3450 WEST WAVELAND AVENUE
1F
CHICAGO, IL 60618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
155			3

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

ARELI HEREDIA

1633 NORTH ARTESIAN AVENUE
CHICAGO, IL 60647

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
152			3

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

WERONIKA J PAS

4605 LAKE TRAIL DRIVE
APARTMENT 3C
LISLE, IL 60532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
146			3

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

KARA M BRYAN

140 SOUTH FIRST STREET
APARTMENT 1W
WILMINGTON, IL 60481

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
131			3

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

JAMES W BUCHANAN

2924 STILLWATER COURT
PLAINFIELD, IL 60586

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
126			3

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

JOSEPH W NASH

11725 SOUTH YALE AVENUE
CHICAGO, IL 60628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
124			3

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

RYAN M BEYER

104 MEDINA COURT
EAST PEORIA, IL 61611

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
119			3

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

MICHAEL J MALLOY

226 SOUTH MONROE STREET
HINSDALE, IL 60521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
111			3

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

CORNELIUS B SAVOY

6 JOYCE COURT
ALGONQUIN, IL 60102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
111			3

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

JOSHUA E LASKO
5737 NORTH KIMBALL AVENUE
CHICAGO, IL 60659

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
109			3

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

SEENA JOHN
15419 WEST 127TH STREET
LEMONT, IL 60439

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
108			3

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

ALEXANDER KINSEL
7301 NORTH SHERIDAN ROAD
CHICAGO, IL 60626

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
107			3

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

MARCIN ZUREK
210 DES PLAINES AVENUE
UNIT D
FOREST PARK, IL 60130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
95			3

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

CAROL D CHERRY
336 PLEASANT STREET
SYCAMORE, IL 60178

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
92			3

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

KANDACE M MCCARTHY
1171 HEAVENS GATE
LAKE IN THE HILLS, IL 60156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
83			3

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

GARY J IRVIN
675 SOUTH RIDGEVIEW LANE
PEORIA, IL 61604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
83			3

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

JASON D COX
1620 1/2 WEST WALLEN AVENUE
#3S
CHICAGO, IL 60626

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
82			3

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

SARAH BUSS
131 LAKEWOOD AVENUE
EAST PEORIA, IL 61611

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
77			3

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

VANESSA C CASTREJON
7524 WEST 64TH STREET
SUMMIT, IL 60501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
76			3

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

ELINA NIKERINA
1025 WEST 20TH PLACE
UNIT 1
CHICAGO, IL 60660

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
75			3

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

JORDAN MAHER
325 WEST HURON STREET
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
68			3

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

MICHAEL DISTASIO
4353 WEST IRVING PARK DRIVE
CHICAGO, IL 60641

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
62			3

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

KRISTA M GNAT
5617 SNOW DROP LANE
LISLE, IL 60532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
57			3

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

KRISTI L HARSHBARGER
545 WEST BROMPTON
CHICAGO, IL 60657

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
57			3

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

AMY E DOWELL
2131 BELLEVUE AVENUE
BETTENDORF, IA 52722

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
54			3

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

CHRISTOPHER R CORDON
2019 NORTH MAIN STREET
APARTMENT 204B
WHEATON, IL 60187

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
54			3

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

JAMIE L BLANKENSHIP
5253 WHITE OAK DRIVE
SMITHTON, IL 62285

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
53			3

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

TARA M STEINERT
800 LAKESHORE DRIVE
TUSCOLA, IL 61953

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
53			3

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

BRIAN HANLEY
506 CANTERBURY DRIVE
LAGRANGE, GA 30241

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
52			3

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

RACHAEL GREEN

404 NORTH LOCUSTS STREET
GREENVILLE, IL 62246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
51			3

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

ERNESTO GONZALEZ

14628 CAPITAL DRIVE
PLAINFIELD, IL 60544

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

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

AARON J DUNNILL

1137 EAST 5000 NORTH ROAD
BOURBONNAIS, IL 60914

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

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

ROBERT W GARCIA

217 ANDREW LANE
SCHAUMBURG, IL 60193

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
44			3

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

JAMISON MYCYK

800 SOUTH WELLS STREET
APARTMENT 1032
CHICAGO, IL 60607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
40			3

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

LIAM H RYAN
4124 NORTH SHERIDAN ROAD
CHICAGO, IL 60613

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

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

DIANA COURTNEY
3131 WESTMAR
BETTENDORF, IA 52722

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
37			3

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

CHRISTOPHER STRANEY
101 EAST QUINCY STREET
RIVERSIDE, IL 60546

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
37			3

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

STANLEY WRIGHT
8934 SOUTH DORCHESTER AVENUE
CHICAGO, IL 60619

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
35			3

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

KIM S NELSON
2510 112TH STREET
MOSCOW, IA 52760

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
35			3

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

TAYLEN C ARVINGO

309 SOUTH 4TH STREET
OREGON, IL 61061

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
33			3

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

MALLORY A DUGAN

300 FAYS COURT
SUGAR GROVE, IL 60554

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
31			3

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

SELENA BELLOWS

8050 S SANGAMON STREET
CHICAGO, IL 60620

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29			3

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

AMBER N ARNOLD

1355 NORTH BLUFF ROAD
SUITE A
COLLINSVILLE, IL 62234

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
28			3

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

JACOB T ARNOLD

1355 NORTH BLUFF ROAD
SUITE A
COLLINSVILLE, IL 62234

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

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

CAREY L ROTHBARDT
2339 MASTERS LANE
RIVERWOODS, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21			3

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

CHRISTA HAYNES
361 CIMARRON COURT
AURORA, IL 60504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18			3

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

KASSANDRA R PERSONETT
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18			3

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

WENDY MAYERHOFER
490 EAST ROOSEVELT ROAD
SUITE 203
WEST CHICAGO, IL 60185

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16			3

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

BRENDA S WILLIAMS
101 NORTH ORR DRIVE
UNIT 6
NORMAL, IL 61761

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15			3

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

MICHAEL DEAVENS
9751 S CHARLES ST
APARTMENT 1F
CHICAGO, IL 60643

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14			3

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

DEIDRA STROTHERS
17695 HILLCREST DRIVE
COUNTRY CLUB HILLS, IL 60478

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14			3

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

HERLYN OATIS
8825 SOUTH HALSTED STREET
CHICAGO, IL 60620

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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

KEITH DOWNS
1216 WEST GRAND
CHICAGO, IL 60642

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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

STEFANIE KRIZIC
6305 NORTH MILWAUKEE
CHICAGO, IL 60646

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12			3

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

JESSE A SAMAWI
303 WEST ERIE STREET
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

ANN KIM
1360 SANDBURG TERRACE
904
CHICAGO, IL 60610

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

SAMUEL C KLINGHER
1226 WEST WINONA STREET
APARTMENT 1S
CHICAGO, IL 60640

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

AUNYA STEPHENS
4547 SOUTH GREENWOOD AVENUE
CHICAGO, IL 60653

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

SHELLY R STEINWAGNER
44 VALENTINE LANE
HIGHLAND, IL 62249

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

KEVIN T MERSEREAU

248 KATHRYN LANE
NORTH AURORA, IL 60542

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

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

JEANA M NASCA

810 SUMMIT ROAD
LAKE ZURICH, IL 60047

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

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

BRENDA S WILLIAMS

101 NORTH ORR DR
UNIT 6
NORMAL, IL 61761

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

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

MARIA J NOVOA

26 COUR D'ALENE
PALOS HILLS, IL 60465

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9			3

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

REINALDO UGARTE

5249 SOUTH KEATING AVE
CHICAGO, IL 60632

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

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

ANTHONY TRISTANO

490 EAST ROOSEVELT ROAD
SUITE 203
WEST CHICAGO, IL 60185

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

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

LARRY S GIRTLEY

5125 WEST BLOOMINGDALE
CHICAGO, IL 60639

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

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

ANGELA FERRIGAN

602 WOOD STRET
DEKALB, IL 60115

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

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

HECTOR F SANCHEZ CASTRO

16109 WASUSAU AVENUE
SOUTH HOLLAND, IL 60473

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

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

ALEX HUEBNER

401 WEST FULLERTON PARKWAY
APARTMENT 1508E
CHICAGO, IL 60614

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

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

CARMEN R EIGENBAUER

210 SOUTH OAK STREET
PO BOX 318
BUCKLEY, IL 60918

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

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

GIANNINA G GIL VERA

6200 FOREST AVENUE
GARY, IN 46403

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

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

JESUS FLORES

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60610

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

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

DERRICK CYRUS

2161 NORTH CALIFORNIA AVENUE
CHICAGO, IL 60647

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

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

MICHAEL J SKOFF

1490 FLORA CHURCH ROAD
KIRKLAND, IL 60146

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

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

MICHELLE WELTY
1616 MARLBORO LANE
CREST HILL, IL 60403

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

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

JONATHAN A CHEEKS
460 WASHINGTON
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

DENNIS CASSENS
3422 COLONY BAY DRIVE
ROCKFORD, IL 61109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

TANESHA JONES
5821 SOUTH CALUMET AVENUE
FLOOR 3
CHICAGO, IL 60637

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

JOHN S HERNANDEZ
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

BENJAMIN T KINSEL

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

GENCY SCALETTA INSURANCE A

4552 NORTH OTTAWA
NORRIDGE, IL 60706

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

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

CHRISTOPHER J O'BRIEN

6133 NORTH NORTHWEST HIGHWAY
SUITE B
CHICAGO, IL 60631

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

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

SARAH E HELMAN

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

MARICELA DELGADO

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

ANTONIO R TRISTINO

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-26			3

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

HAROLD SHEPARD

4118 NORTH MARMORA AVENUE
CHICAGO, IL 60634

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-29			3

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

MARILYN P SIMPSON

1743 NORTH LEAVITT
402
CHICAGO, IL 60647

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-47			3

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

JOHN T POKRZYWINSKI

1505 FENDER ROAD
NAPERVILLE, IL 60565

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-51			3

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

NASCA & ASSOCIATES

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-98			3

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	783849
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRI CITY FOODS, INC.

D Employer Identification Number (EIN)
47-1813575

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
CONTINENTAL AMERICAN 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
57-0514130	71730	0000012624	724	03/01/2023	02/29/2024

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
107340	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

THE PLEXUS GROUPE
21805 FIELD PARKWAY
300
DEER PARK, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
30017			3

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

ROCKWELL & ASSOCIATES LTD
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
20127			3

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

ROCKWELL & ASSOCIATES
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12496			3

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

REBECCA L LYDON
901 NEUFAIRFIELD DRIVE
JOLIET, IL 60432

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5956			3

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

ALFREDO MALDONADO JR
2837 HOME AVENUE
BERWYN, IL 60402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3203			3

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

JONATHAN L BAZELL
903 ANN LABOR LANE
VERNON HILLS, IL 60061

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2823			3

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

CLARAETTA ROGERS
6978 PRAIRIE RUN AVENUE
PORTAGE, IN 46368

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2037			3

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

MICHAEL J OTT
15429 SOUTH PINTO STREET
HOMER GLEN, IL 60491

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1398			3

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

JANET CHRISP
3134 WEST 84TH STREET
CHICAGO, IL 60652

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1355			3

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

ANDREW W CASPERSON AND ASSOCIATES
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
947			3

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

BENEFIT COMMUNICATIONS, INC.
2977 SIDCO DRIVE
NASHVILLE, TN 37204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
929			3

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

RAFAEL T DIAZ
4845 NORTH ALBANY AVENUE
APARTMENT 3
CHICAGO, IL 60625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
870			3

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

NASCA & ASSOCIATES
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
838			3

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

HARRELL & ASSOCIATES INC
11121 SOUTH EMEMCO AVENUE
CHICAGO, IL 60628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
783			3

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

ROCKWELL & ASSOCIATES
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
776			3

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

ALEXANDER KINSEL
7301 NORTH SHERIDAN ROAD
CHICAGO, IL 60626

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
733			3

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

MARK A HARRELL
11121 SOUTH EMERALD
CHICAGO, IL 60628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
617			3

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

MICHAEL DISTASIO
4353 WEST IRVING PARK DRIVE
CHICAGO, IL 60638

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
595			3

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

COLIN M JONES
1125 HAMPSHIRE
SUITE 201
QUINCY, IL 62301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
537			3

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

KARA M BRYAN
140 SOUTH FIRST STREET
WILMINGTON, IL 60481

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
491			3

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

CRYSTAL E BOWNS
PO BOX 6178
CHICAGO, IL 60680

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
460			3

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

ERVICES OVERBECK INSURANCE S
1033 SOUTH BOULEVARD
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
440			3

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

ASHER MEYERS
655 WEST IRVING PARK ROAD
APARTMENT 4813
CHICAGO, IL 60613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
435			3

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

LC ZUREK & ASSOCIATES
210 DES PLAINES AVENUE
UNIT D
FOREST PARK, IL 60130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
434			3

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

ERENIA CASTELLANOS GONZALEZ
14628 CAPTIAL DRIVE
PLAINFIELD, IL 60544

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
367			3

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

BRENDA S WILLIAMS
101 NORTH ORR DRIVE
UNIT 6
NORMAL, IL 61761

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
354			3

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

LETICIA BIEBART
810 NORTH BENNETT STREET
GENEVA, IL 60134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
340			3

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

JENNIFER M JONES

19730 TERRACE AVENUE
UNIT 4
LYNWOOD, IL 60411

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
333			3

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

TEENA M KLOTZ

120 EAST GENESSEE STREET
LELAND, IL 60531

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
330			3

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

SARAH JOHNSTON

900 CATON AVENUE
JOLIET, IL 60435

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
322			3

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

CYNTHIA M JOHNSON

1359 EAST 62ND STREET
APARTMENT 3W
CHICAGO, IL 60637

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
305			3

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

JAMES J JUSTIC

10537 SOUTH KOLIN AVENUE
OAK LAWN, IL 60453

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
292			3

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

MITCHELL V BANDUR
325 WEST HURON STREET
SUITE 215
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
283			3

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

ES LLC F R NASCA & ASSOCIAT
165 NORTH CANAL STREET
716
CHICAGO, IL 60606

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

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

VANESSA C CASTREJON
7524 WEST 64TH STREET
SUMMIT, IL 60501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
275			3

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

ANGELA FERRIGAN
602 WOOD STREET
DEKALB, IL 60115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
259			3

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

ERNESTO GONZALEZ
14628 CAPITAL DRIVE
PLAINFIELD, IL 60544

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
252			3

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

F R NASCA & ASSOCIATES LLC

165 NORTH CANAL STREET
716
CHICAGO, IL 60606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
220			3

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

K HARRIS & ASSOCIATES, LLC

950 WEST NORTON AVENUE
SUITE 201
MUSKEGON, MI 49441

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
210			3

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

MICHELLE L FODREY

332 SOUTH GRACE STREET
LOMBARD, IL 60148

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
207			3

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

BRENDA S WILLIAMS

101 NORTH ORR DRIVE
UNIT 6
NORMAL, IL 61761

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
200			3

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

GEORGE W YOUNG

2850 ALGONQUIN ROAD
APARTMENT 110
ROLLING MEADOWS, IL 60008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
190			3

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

KRISTIN L ARVIGO
3422 COLONY BAY DRIVE
ROCKFORD, IL 61109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
154			3

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

DANIEL D KRIDLER
3915 HUNTING RIDGE DRIVE
LILBURN, GA 30047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
151			3

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

KENT AUSTERMANN
3953 NORTH PAULINA STREET
CHICAGO, IL 60613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
147			3

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

MICHAEL J SKOFF
1490 FLORA CHURCH ROAD
KIRKLAND, IL 60146

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
133			3

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

COLLEEN PETERS
128 SOUTH AUSTIN BOULEVARD
APARTMENT 3
OAK PARK, IL 60304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
130			3

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

TODD DEVOSS

321 NORTH CLARK STREET
SUITE 625
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
130			3

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

LORI A WALLACE

109 RADISSON ROAD
MARQUETTE HEIGHTS, IL 61554

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
119			3

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

DANIEL MARINEZ

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
111			3

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

KEVIN T MERSEREAU

248 KATHRYN LANE
NORTH AURORA, IL 60542

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
107			3

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

KATE E MCGRATH

1041 HILLSIDE AVENUE
DEERFIELD, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
107			3

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

JORGE COVARRUBIAS

4934 WEST DIVERSEY AVENUE
CHICAGO, IL 60639

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
101			3

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

KIMLIANNE T WASHINGTON

10105 SOUTH VERNON AVENUE
CHICAGO, IL 60628

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

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

JAMISON MYCYK

800 SOUTH WELLS STREET
APARTMENT 1032
CHICAGO, IL 60607

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

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

MARK D BARBIER

802 DEER TRAIL LANE
OAK BROOK, IL 60523

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

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

JASON JONES

2644 WEST 6TH AVENUE
GARY, IN 46404

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
95			3

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

JOHN PARISH
6033 NORTH SHERIDAN ROAD
15K
CHICAGO, IL 60660

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
93			3

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

PATRICK BERMUDEZ
2233 NORTH CHAMPLAIN STREET
ARLINGTON HEIGHTS, IL 60004

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

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

ALICIA CLIFTON
3915 HUNTING RIDGE DRIVE
LILBURN, GA 30047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
86			3

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

PATRICIA DOYLE
110 SOUTH SCOVILLE
2D
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
84			3

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

MICHAEL J MALLOY
226 SOUTH MONROE STREET
HINSDALE, IL 60521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
79			3

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

JAMES W BUCHANAN
2924 STILLWATER COURT
PLAINFIELD, IL 60586

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
79			3

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

DENNIS CASSENS
3422 COLONY BAY DRIVE
ROCKFORD, IL 61109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
78			3

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

AUSTIN L OLESEN
325 WEST HURON STREET
SUITE 215
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
77			3

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

CHRISTOPHER STRANEY
101 EAST QUINCY STREET
RIVERSIDE, IL 60546

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
76			3

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

WILLIAM M WARDLAW JR
187 SOUTH CULVER STREET
LAWRENCEVILLE, GA 30046

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

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

ROBERT W GARCIA

217 ANDREW LANE
SCHAUMBURG, IL 60193

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
65			3

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

DERRICK CYRUS

2161 NORTH CALIFORNIA AVENUE
CHICAGO, IL 60647

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
58			3

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

BECKY CLARK

11000 SOUTH KEATING AVENUE
#1C
OAK LAWN, IL 60453

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
56			3

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

THE PLEXUS GROUPE

21805 FIELD PARKWAY
300
DEER PARK, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
56			3

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

CYNTHIA R XEROGIANES

6250 NORTH OAKLEY AVENUE
APARTMENT 1
CHICAGO, IL 60659

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

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

MARIANA VAZQUEZ
234 DRIFTWOOD LANE
SCHAUMBURG, IL 60193

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

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

DANIEL A MARINEZ
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
47			3

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

TANESHA JONES
5821 SOUTH CALUMET AVENUE
FLOOR 3
CHICAGO, IL 60637

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

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

MARIA J NOVOA
26 COUR D'ALENE
PALOS HILLS, IL 60465

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

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

ELINA NIKERINA
1025 WEST 20TH PLACE
UNIT 1
CHICAGO, IL 60660

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
40			3

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

REINALDO UGARTE
5249 SOUTH KEATING AVENUE
CHICAGO, IL 60632

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
40			3

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

LYNETTE R STEVENS
303 NORTH 3RD STREET
WYOMING, IL 61491

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

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

YANIRA MARIN
4305 NORTH DAMEN AVENUE
APARTMENT 2E
CHICAGO, IL 60618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
38			3

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

ANNA MARINEZ
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
37			3

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

JEANNY M CIFUENTES
7 HELEN COURT
STREAMWOOD, IL 60107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
34			3

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

CHANTA D TORRES
2815 SOUTH KILBOURN AVENUE
CHICAGO, IL 60623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
33			3

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

SHERIL A HAGIE
184 SUNSHINE DRIVE
BOLINGBROOK, IL 60490

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
31			3

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

JERROD R WIGTON
3450 WEST WAVELAND AVENUE
1F
CHICAGO, IL 60618

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
31			3

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

SCALETTA INSURANCE AGENCY
4552 NORTH OTTAWA
NORRIDGE, IL 60706

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
30			3

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

KANDACE M MCCARTHY
PO BOX 1047
DUNDEE, IL 60118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29			3

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

LISA M SCHUMACHER

SEE PMC
LAKE IN THE HILLS, IL 60156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
27			3

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

ABELARDO RODRIGUEZ

1127 NORTH CHRISTIANA AVENUE
2ND FLOOR
CHICAGO, IL 60651

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
27			3

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

ANN KIM

1360 SANDBURG TERRACE
904
CHICAGO, IL 60610

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
26			3

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

SAMUEL C KLINGHER

1226 WEST WINONA STREET
APARTMENT 1S
CHICAGO, IL 60640

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
26			3

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

CHRISTOPHER R CORDON

2019 NORTH MAIN STREET
APARTMENT 204 B
WHEATON, IL 60187

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
24			3

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

JEANA M NASCA
810 SUMMIT ROAD
LAKE ZURICH, IL 60047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			3

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

JONATHAN A CHEEKS
460 WASHINGTON
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			3

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

MATTHEW J LE ANELLI
1411 WEST SUPERIOR STREET
#3
CHICAGO, IL 60642

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

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

MICHELLE WELTY
1616 MARLBORO LANE
CREST HILL, IL 60403

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

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

MATT IBACH
1107 OXFORD STREET
DOWNERS GROVE, IL 60516

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

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

ANTONIO R TRISTINO

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21			3

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

BRIAN CHRONISTER

10337 SOUTH ALBANY AVENUE
CHICAGO, IL 60655

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21			3

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

TETIANA BUCHANAN

2924 STILLWATER COURT
PLAINFIELD, IL 60586

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

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

KAIDEN TRUNINGER

721 WEST WLANUT STREET
CHILLICOTHE, IL 61523

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

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

ORISSA CLAVER

39 EAST DIVISION STREET
373 B
CHICAGO, IL 60610

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

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

LUKE A ROCKWELL
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
19			3

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

LARRY S GIRTLEY
5125 WEST BLOOMINGDALE
CHICAGO, IL 60639

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18			3

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

JOHN S HERNANDEZ
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

PATRICK J VEECH
754 EXMOOR OAKS DRIVE
HIGHLAND PARK, IL 60035

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

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

YOLANDA K RICHMOND
15161 WOODLAND DRIVE
II
SOUTH HOLLAND, IL 60473

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16			3

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

JOSEPH A NASCA

28081 WEST MAPLE AVENUE
BARRINGTON, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16			3

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

NOEMI ROSA- AXELSEN

PO BOX 195
MATTESON, IL 60443

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15			3

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

JASON D COX

1620 1/2 WEST WALLEN AVENUE
#3S
CHICAGO, IL 60626

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14			3

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

ISAAC SALINAS

5341 SOUTH AVERS
CHICAGO, IL 60632

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14			3

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

SEENA JOHN

15419 W127TH STREET
LEMONT, IL 60439

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14			3

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

ERIC J SPENGEL

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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

KASSANDRA R PERSONETT

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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

JOANNA M ROCKWELL

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12			3

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

MIKE S GAYNOR

8672 SHORE WAY DRIVE SOUTHWEST
BRYON CENTER, MI 49315

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12			3

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

KRISTA M GNAT

5617 SNOW DROP LANE
LISLE, IL 60532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

ERICK CENCULA

1981 YASGUR DRIVE
WOODSTOCK, IL 60098

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

RAPHAEL RAHEEM

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

ANDREW C MENKE

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

KEITH DOWNS

1216 WEST GRAND
CHICAGO, IL 60642

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

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

RODNEY M WARUHIU

1062 WEST COLUMBIA AVENUE
APARTMENT GDN
CHICAGO, IL 60626

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

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

ARELI HEREDIA
1633 NORTH ARTESIAN AVENUE
CHICAGO, IL 60647

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

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

ROBERT M LANE
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

WILLIAM S ROUSONELOS
524 CACREST DRIVE
SHOREWOOD, IL 60404

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9			3

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

JESSICA R MENA
4967 PINE MEADOW PARKWAY
3
LOVES PARK, IL 61111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9			3

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

FRANK Z WILLIAMS
1812 SOUTH STATE STREET
UNIT 8
CHICAGO, IL 60616

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9			3

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

DEIDRA STROTHERS
17695 HILLCREST DRIVE
COUNTRY CLUB HILLS, IL 60478

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9			3

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

FRED ABERNATHY
8408 SOUTH CARPENTER
CHICAGO, IL 60620

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

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

JOSEPH W NASH
11725 SOUTH YALE AVENUE
CHICAGO, IL 60628

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

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

AARON J DUNNILL
1137 EAST 5000 NORTH ROAD
BOURBONNAIS, IL 60914

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

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

LEO LEMUS
2422 SOUTH RIDGEWAY AVENUE
CHICAGO, IL 60623

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

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

AUNYA STEPHENS
4547 SOUTH GREENWOOD AVENUE
CHICAGO, IL 60653

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

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

MATTHEW R LORENZ
1021 PROSPECT POINT ROAD
JORDAN, MN 55352

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

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

HECTOR F SANCHEZ CASTRO
16109 WASUSAU AVENUE
SOUTH HOLLAND, IL 60473

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

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

TAYLEN C ARVIGO
309 SOUTH 4TH STREET
OREGON, IL 61061

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

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

THOMAS A STILLWELL
3311 WEST CULLOM AVENUE
CHICAGO, IL 60618

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

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

MICHAEL A STRANG
2810 WEST 100TH PLACE
EVERGREEN PARK, IL 60805

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

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

ORA M ANDERSON
630 NORTH HAMLIN AVENUE
CHICAGO, IL 60624

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

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

DAVE L SKJEFTE
396 5TH AVENUE
GRANITE FALLS, MN 56241

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

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

LACAIRA A ROGERS
349 SOUTH KEELER AVENUE
CHICAGO, IL 60624

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

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

SCOTT A SMITH
5300 OAKBROOK PARKWAY
SUITE 350
NORCROSS, GA 30093

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

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

RYAN M BEYER
104 MEDINA COURT
EAST PEORIA, IL 61611

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

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

TREVOR R FENNELL
133 WEST 22ND STREET
NEW YORK, NY 10011

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

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

CHRISTOPHER J O'BRIEN
6133 NORTH NORTHWEST HIGHWAY
SUITE B
CHICAGO, IL 60631

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

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

CAROLYN D AGRE
3940 189TH AVENUE NORTHWEST
NEW LONDON, MN 56273

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

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

JACQUELYNN M BROWN
1675 KOLFF STREET
PO BOX 25407
NEWPORT, MN 55055

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

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

BENJAMIN T KINSEL

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

MARICELA DELGADO

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

MARILYN P SIMPSON

1743 NORTH LEAVITT
402
CHICAGO, IL 60647

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

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

SCALETTA INSURANCE AGENCY

4552 NORTH OTTAWA
NORRIDGE, IL 60706

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

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

JESSE A SAMAWI

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

MARTHA A DUBOIS
8431 SOUTH 84TH AVENUE
HICKORY HILLS, IL 60457

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

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

JESUS FLORES
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60610

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

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

KIM EDWARDS
812 WOOD AVENUE
GENEVA, IL 60134

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

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

ROBERT J ARNOLD
5250 WEST HENDERSON STREET
FIRST FLOOR
CHICAGO, IL 60641

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

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

JULIE A PARACHE
4819 WEST ADDISON STREET
CHICAGO, IL 60641

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

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

JOHN PAUL THOMPSON SR

6395 SOUTH KEWAUNEE WAY
AURORA, CO 80016

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

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

TRACI L NATOLI

1145 CHENOA LANE SOUTHWEST
ORONOCO, MN 55960

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

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

KENNETH A KIRK

VININGS MANAGEMENT CORPORATION
351 ATLANTA STREET
MARIETTA, GA 30060

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

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

DINA L LONGTIN

233 EAST 13TH STREET 2302
CHICAGO, IL 60605

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

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

ADAM C LOTTINO

1244 THOMAS COURT
203
GLENDALE HEIGHTS, IL 60139

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

KELLY V ZURZOLO
535 ABBEYWOOD DRIVE
CARY, IL 60013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

KANDACE M MCCARTHY
1171 HEAVENS GATE
LAKE IN THE HILLS, IL 60156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

QINGYU CAI
556 WEST 29TH STREET
CHICAGO, IL 60616

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

WILLIAM M WARDLAW JR
187 SOUTH CULVER STREET
LAWRENCEVILLE, GA 30046

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

JEFFREY M HANSEN
608 OAK COURT
ST CLOUD, MN 56304

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

MICHELLE RAE MAGUIRE

17590 ITALY PATH
LAKEVILLE, MN 55044

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

SANTIAGO & ASSOCIATES LLC

950 WEST NORTON AVENUE
SUITE 201
MUSKEGON, MI 49441

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

ADRIANA M GARCIA

6715 SOUTH KEELER AVENUE
CHICAGO, IL 60629

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

DUSTIN R JOHNSON

720 SOUTH WELLS STREET
APARTMENT 1716
CHICAGO, IL 60607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

YESENIA A HERNANDEZ

6715 SOUTH KEELER STREET
CHICAGO, IL 60629

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

SARAH E HELMAN
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2			3

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

HAROLD SHEPARD
4118 NORTH MARMORA AVENUE
CHICAGO, IL 60634

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

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

RYAN WALSH
325 WEST HURON STREET
SUITE 215
CHICAGO, IL 60654

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

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

HENRY J SAMAAN
19W152 21ST PLACE
LOMBARD, IL 60148

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

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

ANDREW CASPERSON
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

DARIEL J STACK

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

IMAN M CARTER-COWANS

6616 SOUTH KENWOOD AVENUE
#202
CHICAGO, IL 60637

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

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

ALEX HUEBNER

401 WEST FULLERTON PARKWAY
APARTMENT 1508E
CHICAGO, IL 60614

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

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

STEPHEN ARNESON

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

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

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

GIANNINA G GIL VERA

6200 FOREST AVENUE
GARY, IN 46403

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-12			3

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

TARA LUNDQUIST
9624 SOUTH HAMILTON AVENUE
CHICAGO, IL 60643

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

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

ROBERT J AURIN
2737 NORTH HAMPDEN COURT
CHICAGO, IL 60614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-31			3

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

CASEY N LAUGHLIN
2745 WEST DIVISON STREET
APARTMENT 3
CHICAGO, IL 60622

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

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

DAVID R SUTTER
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-123			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	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	380553
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? [X] Yes [ ] No

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

UNABLE TO SEPARATE BY LOCATION

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRI CITY FOODS, INC.

D Employer Identification Number (EIN)
47-1813575

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
METROPOLITAN 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
13-5581829	65978	0236034	2275	03/01/2023	02/29/2024

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
0	2047

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

THE PLEXUS GROUP LLC
21805 WEST FIELD PARKWAY
SUITE 300
DEER PARK, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2047	FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	141507
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? [X] Yes [ ] No

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

UNABLE TO SEPARATE BY LOCATION

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRI CITY FOODS, INC.

D Employer Identification Number (EIN)
47-1813575

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
METROPOLITAN 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
13-5581829	65978	0236039	2275	03/01/2023	02/29/2024

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

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

(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	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	417730
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? [X] Yes [ ] No

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

UNABLE TO SEPARATE BY LOCATION

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

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For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRI CITY FOODS, INC.

D Employer Identification Number (EIN)
47-1813575

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
METROPOLITAN 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
13-5581829	65978	0236035	1303	10/01/2023	02/29/2024

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
0	46

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

THE PLEXUS GROUP LLC
21805 WEST FIELD PARKWAY
SUITE 300
DEER PARK, IL 60010

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	195818
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? [X] Yes [ ] No

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

UNABLE TO SEPARATE BY LOCATION

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

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For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRI CITY FOODS, INC.

D Employer Identification Number (EIN)
47-1813575

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
METLIFE LEGAL PLANS

(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
34-1650967	00000	9904944	134	03/01/2023	02/29/2024

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
3143	195

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

THE PLEXUS GROUP LLC
21805 WEST FIELD PARKWAY
SUITE 300
DEER PARK, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3143	195	FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	59102
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? [X] Yes [ ] No

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

UNABLE TO SEPARATE BY LOCATION

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

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For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan
TRI CITY FOODS, INC. EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRI CITY FOODS, INC.

D Employer Identification Number (EIN)
47-1813575

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
CONTINENTAL AMERICAN 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
57-0514130	71730	28264	4405	03/01/2023	02/29/2024

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
930931	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

ROCKWELL & ASSOCIATES LTD
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
290386			3

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

THE PLEXUS GROUPE
21805 FIELDPARKWAY
300
DEER PARK, IL 60010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
261297			3

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

ALFREDO MALDONADO JR

2837 HOME AVENUE
BERWYN, IL 60402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
34513			3

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

ANNA MARINEZ

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32351			3

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

ES LLC F R NASCA & ASSOCIAT

1355 LYNNFIELD STREET
SUITE 259
MEMPHIS, TN 33819

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
25710			3

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

CHANTA D TORRES

2815 SOUTH KILBOURN AVENUE
CHICAGO, IL 60623

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16442			3

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

ASHER MEYERS

655 WEST IRVING PARK ROAD
APARTMENT 4813
CHICAGO, IL 60613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15027			3

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

DANIEL A MARINEZ

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14683			3

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

PATRICIA DOYLE

110 SOUTH SCOVILLE
2D
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13768			3

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

ROBERT J AURIN

2737 NORTH HAMPDEN COURT
CHICAGO, IL 60614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11913			3

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

GEORGE W YOUNG

2850 ALGONQUIN ROAD
APARTMENT 110
ROLLING MEADOWS, IL 60008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10705			3

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

ANGELA FERRIGAN

602 WOOD STREET
DEKALB, IL 60115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10269			3

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

RYAN M BEYER
104 MEDINA COURT
EAST PEORIA, IL 61611

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9884			3

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

ANDREW W CASPERSON AND ASSOCIATES
303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8888			3

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

MICHELLE L FODREY
332 SOUTH GRACE STREET
LOMBARD, IL 60148

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7910			3

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

OVERBECK INSURANCE SERVICES
1033 SOUTH BOULEVARD
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7740			3

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

JAMES W BUCHANAN
2924 STILLWATER COURT
PLAINFIELD, IL 60586

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7458			3

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

RAYMOND TOWNSEND

2219 NORTH SEELEY
UNIT 3F
CHICAGO, IL 60647

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7071			3

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

JEANA M NASCA

810 SUMMIT ROAD
LAKE ZURICH, IL 60047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7061			3

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

LAINA DEWITT

1540 SEVEN PINES ROAD
APARTMENT L
SPRINGFIELD, IL 62704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6357			3

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

JOHN PARISH

6033 NORTH SHERIDAN ROAD
CHICAGO, IL 60660

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6215			3

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

KENNETH JACKSON

1111 WEST MORTON AVENUE
SUITE 10
JACKSONVILLE, IL 62650

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6174			3

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

TEENA M KLOTZ

120 EAST GENESSEE STREET
LELAND, IL 60531

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5215			3

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

KATHERINE T FOREST

4N173 II ROUTE 83
BENSENVILLE, IL 60106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5169			3

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

GARY J IRVIN

675 SOUTH RIDGEVIEWLN
PEORIA, IL 61604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4985			3

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

JONATHAN L BAZELL

903 ANN LABOR LANE
VERNON HILLS, IL 60061

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4421			3

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

GENCY SCALETTA INSURANCE A

4552 NORTH OTTAWA
NORRIDGE, IL 60706

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4388			3

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

LETICIA BIEBART
810 NORTH BENNETT STREET
GENEVA, IL 60123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4238			3

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

ADAM ROBINSON
3341 SOUTH SPRING STREET
SPRINGFIELD, IL 62703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4156			3

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

BRENDON J PASTA
2123 NORTH RACINE AVENUE
APARTMENT 1
CHICAGO, IL 60614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4023			3

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

BEHRAM A DABOO
3152 OLLERTON AVENUE
AURORA, IL 60502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3997			3

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

CHRISTOPHER STRANEY
101 EAST QUINCY STREET
RIVERSIDE, IL 60546

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3954			3

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

LISA M SCHUMACHER
10 HERON COURT
LAKE IN THE HILLS, IL 60156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3675			3

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

CAROLINE R OCONNOR
2611 WEST AGATITEAVENUE
CHICAGO, IL 60625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3355			3

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

JASON D COX
1620 1/2 WEST WALLEN AVENUE
#3S
CHICAGO, IL 60626

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3178			3

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

LAKEISHA A ARNOLD
48 ENGLEWOOD AVENUE
BELLWOOD, IL 60104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3084			3

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

MICHAEL E MCCARTHY
PO BOX 1047
DUNDEE, IL 60118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3078			3

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

KENT AUSTERMANN
3953 NORTH PAULINA STREET
CHICAGO, IL 60613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
3076			3

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

DENNIS CASSENS
3422 COLONY BAY DRIVE
ROCKFORD, IL 61109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2946			3

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

MICHAEL J SKOFF
1490 FLORA CHURCH ROAD
KIRKLAND, IL 60146

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2933			3

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

MITCHELL V BANDUR
325 WEST HURON STREET
SUITE 215
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2913			3

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

MARLA VEARIL
908 EAST SHORT STREET
TUSCOLA, IL 61953

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2908			3

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

COURTNEY GALLACHER

416 9TH AVENUE
CAMANCHE, IA 52730

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2852			3

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

REBECCA L LYDON

901 NEUFAIRFIELD DRIVE
JOLIET, IL 60432

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2754			3

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

TIMOTHY S INGRAM

1355 LYNNFIELD STREET
SUITE 259
MEMPHIS, TN 33819

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2605			3

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

LC ZUREK & ASSOCIATES

210 DES PLAINES AVENUE
UNIT D
FOREST PARK, IL 60130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2471			3

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

MARIANA VAZQUEZ

234 DRIFTWOOD LANE
SCHAUMBURG, IL 60193

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2430			3

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

HELENA HESS

239 RUTH PLACE
CLINTON, IA 52732

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2396			3

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

STEVEN SWANSON

1523 47TH AVENUE
SUITE 3
MOLINE, IL 61265

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2332			3

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

JAMES J JUSTIC

10537 SOUTH KOLIN AVENUE
OAK LAWN, IL 60453

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2189			3

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

CAROLINE MONTOYA

1941 RIDGELAND AVENUE
1F
BERWYN, IL 60402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2171			3

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

DANIEL MARINEZ

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1800			3

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

CLARAETTA ROGERS
6978 PRAIRIE RUN AVENUE
PORTAGE, IN 46368

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1796			3

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

LORI A WALLACE
109 RADISSON ROAD
MARQUETTE HEIGHTS, IL 61554

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1697			3

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

ERICK CENCULA
1981 YASGUR DRIVE
WOODSTOCK, IL 60098

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1673			3

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

RALPH E JOHNSON
24745 WEST MANOR DRIVE
SHOREWOOD, IL 60404

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1590			3

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

BRENDA S WILLIAMS
101 NORTH ORR DRIVE
APARTMENT 6
NORMAL, IL 61761

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1432			3

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

ISAAC SALINAS

5341 SOUTH AVERS
CHICAGO, IL 60632

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1429			3

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

NICKO M JACKSON

7612 S ESSEX AVE
2
CHICAGO, IL 60649

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1121			3

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

CASEY N LAUGHLIN

2745 WEST DIVISON STREET
APARTMENT 3
CHICAGO, IL 60622

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
864			3

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

TARA M STEINERT

800 LAKESHORE DRIVE
TUSCOLA, IL 61953

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
836			3

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

JEANNY M CIFUENTES

7 HELEN COURT
STREAMWOOD, IL 60107

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
832			3

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

HARRELL & ASSOCIATES INC

11121 SOUTH EMEMCO AVENUE
CHICAGO, IL 60628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
831			3

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

MARK A HARRELL

11121 SOUTH EMERALD
CHICAGO, IL 60628

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
749			3

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

MICHAEL DISTASIO

4353 WEST IRVING PARK DRIVE
CHICAGO, IL 60638

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
636			3

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

MICHAEL J OTT

15429 SOUTH PINTO STREET
HOMER GLEN, IL 60491

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
463			3

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

MARCIN ZUREK

210 DES PLAINES AVENUE
UNIT D
FOREST PARK, IL 60130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
461			3

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

CORNELIUS B SAVOY

6 JOYCE COURT
ALGONQUIN, IL 60102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
355			3

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

BRIAN CHRONISTER

10337 SOUTH ALBANY AVENUE
CHICAGO, IL 60655

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
352			3

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

KARA M BRYAN

140 SOUTH FIRST STREET
APTARTMENT 1W
WILMINGTON, IL 60481

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
320			3

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

MARVIN E HARSTON

908 NEWCASTLE DRIVE
APARTMENT 4
CHAMPAIGN, IL 61822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
267			3

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

JEANINE SMITH

1033 SOUTH
OAK PARK, IL 60301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
201			3

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

HUNTER PATRICE

900 NEUFAIRIFIELD DRIVE
JOLIET, IL 60432

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
176			3

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

COLIN M JONES

1125 HAMPSHIRE
SUITE 201
QUINCY, IL 62301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
158			3

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

VANESSA C CASTREJON

7524 WEST 64TH STREET
SUMMIT, IL 60501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
126			3

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

OLIVIA R PERRY

3025 NORTH SEMINARY AVENUE
2R
CHICAGO, IL 60657

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
117			3

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

BECKY CLARK

11000 SOUTH KEATING AVENUE
#1C
OAK LAWN, IL 60453

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
103			3

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

BRIAN M HANLEY

506 CANTERBURY DRIVE
LAGRANGE, GA 30241

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
102			3

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

WILLIAM S ROUSONELOS

524 CACREST DRIVE
SHOREWOOD, IL 60404

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

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

JENNIFER L TRACY

1782 BRIDLE POST DRIVE
AURORA, IL 60506

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
98			3

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

PAULA R MATTHEWS

PO BOX 164
ARENZVILLE, IL 62611

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
75			3

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

ANDREW CASPERSON

303 WEST ERIE STREET
SUITE 400
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
60			3

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

AARON J DUNNILL
1137 EAST 5000 N ROAD
BOURBONNAIS, IL 60914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
58			3

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

REILY J WILSON
5116 HOMESTRETCH DRIVE
LOVES PARK, IL 61111

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

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

JORDAN MAHER
325 WEST HURON STREET
SUITE 215
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
43			3

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

AARON J DUNNILL
1137 EAST 5000 N ROAD
BOURBONNAIS, IL 60914

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
38			3

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

AUSTIN L OLESEN
325 WEST HURON STREET
SUITE 215
CHICAGO, IL 60654

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
35			3

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

KATE E MCGRATH
1041 HILLSIDE AVENUE
DEERFIELD, IL 60015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
34			3

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

LIAM H RYAN
4124 NORTH SHERIDAN ROAD
CHICAGO, IL 60613

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
30			3

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

MICHAELA HUGHES
1703 WEST JOHN STREET
CHAMPAIGN, IL 61821

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29			3

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

ANDREW CRAWFORD
6 COLLINS PLACE
JACKSONVILLE, IL 62650

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

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

KIMLIANNE T WASHINGTON
10105 SOUTH VERNON AVENUE
CHICAGO, IL 60628

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

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

KRISTIN L ARVIGO
3422 COLONY BAY DRIVE
ROCKFORD, IL 61109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
15			3

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

JOSHUA E LASKO
5737 NORTH KIMBALL AVENUE
CHICAGO, IL 60659

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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

SEENA JOHN
15419 W127TH STREET
LEMONT, IL 60439

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

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

KIMBERLY A CAMARA
3717 WEST 64TH STREET
CHICAGO, IL 60629

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

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)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ ACCIDENT, CRITICAL ILLNESS, 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)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1667158
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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