

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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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) _____ ☐ 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 LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2018
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) LYONS HR LLC LYONS HR GROUP 201 S COURT STREET SUITE 700 FLORENCE, AL 35630
2b	Employer Identification Number (EIN) 46-0764919
2c	Plan Sponsor's telephone number 256-767-5900
2d	Business code (see instructions) 551112

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.	09/18/2024	BRUCE CORNUTT
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6072
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6072 6a(2) 5999 6b 0 6c 0 6d 5999 6e 6f 6g(1) 6g(2) 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 4H 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **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)** ☒ **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
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919	

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.
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1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30051571	3143	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 57221	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BRIAN CHAMBERS
8 NIGHTWIND CT
COLUMBUS, GA 31909

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43008			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CHAMCO LLC
8 NIGHTWIND CT
COLUMBUS, GA 31909

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14213			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	358193
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919	

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.
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1 Coverage Information:

(a) Name of insurance carrier AFLAC					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	82-2723296	49	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 4997	(b) Total amount of fees paid 33
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
KAREN LUTHMAN	3104 EDINBURGH DR AUGUSTA, GA 30909

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1944	0	FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
PRESTON ALLEN	208 STONEGATE LN ALBANY, GA 31721

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
800	0	FEES	3

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

RICHARD CARTER SR

1224 PEACOCK AVE STE 205
COLUMBUS, GA 31906

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
330	0	FEES	3

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

BRIAN G. MANN

76 RIVER COVE DR
ALEXANDER CITY, AL 35010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
252	0	FEES	3

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

EMPLOYER BENEFITS MANAGEMENT INC

201 S COURT ST STE 700
FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
229	0	FEES	3

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

BARBARA SMITH

PO BOX 6916
WARNER ROBINS, GA 31095

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
219	0	FEES	3

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

CHERRY MONROE

773 MIDDLE RD S
LEESBURG, GA 31763

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
166	0	FEES	3

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

EMILY SPEED

129 GLENWOOD BND
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
146	18	FEES	3

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

PAUL MALO

PO BOX 38
FIRESTONE, CO 80520

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95	0	FEES	3

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

CLEM NORMAN

104 RIVERVIEW LN
LEESBURG, GA 31763

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
94	0	FEES	3

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

WILLIAM SPEED

129 GLENWOOD BND
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76	15	FEES	3

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

SUE TUCKER

9856 US HIGHWAY 29 N
CUSSETA, AL 36852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
90	0	FEES	3

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

CHRISTIAN ANDRE LEVERN

1929 SPILLWAY RD STE D
BRANDON, MS 39047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80	0	FEES	3

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

KELLY LEBSACK

2084 COVERED BRIDGE PKWY
WINDSOR, CO 80550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62	0	FEES	3

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

SHEILA MIMS

8115 WINDFALL WAY
COLORADO SPRINGS, CO 80908

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62	0	FEES	3

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

AMY RILES

2109 CHATHAM DR
ALBANY, GA 31721

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48	0	FEES	3

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

WILLIAM L AMOS & CO INC

7100 STILLWATER DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35	0	FEES	3

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

KAREN C HOLLOWELL

16500 LAKE DR E
VANCLEAVE, MS 39565

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31	0	FEES	3

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

FRANCES BOND

480 HOLLY SPRINGS CHURCH RD
INMAN, SC 29349

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	0	FEES	3

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

JOHN PHILLIPS

3801 OLD DAWSON RD
ALBANY, GA 31721

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	0	FEES	3

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

J BECK INC

PO BOX 5386
COLUMBUS, GA 31906

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	0	FEES	3

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

KENT ALEXANDER

11158 ALDEN DR
GULFPORT, MS 39503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23	0	FEES	3

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

JON LOUDEN

22739 E PRENTICE PL
AURORA, CO 80015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0	FEES	3

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

JOYCE FIORAVANTI

11286 OAKRIDGE TRAIL DR
SEMINOLE, FL 33772

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0	FEES	3

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

KATINA FAUST

1145 AMERICUS HWY
DAWSON, GA 39842

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0	FEES	3

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

VICTORIA BELLAVIA

2427 BENTLEY DR
PALM HARBOR, FL 34684

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12	0	FEES	3

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

BRADLEY BOLICK

6433 FALL BRANCH DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10	0	FEES	3

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

MARIANNE BOOTH

5455 FAIRWAY DR
RIDGE MANOR, FL 33523

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0	FEES	3

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

DENNIS CAMDEN

101 N JEFFERSON ST RM 305
MEXICO, MO 65265

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0	FEES	3

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

THOMAS HOUSE

653 W OSCEOLA ST APT C
CLERMONT, FL 34711

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

RPM LTD

PO BOX 1016
YULEE, FL 32041

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

TAMARA NEWSOME

238 VISTA CIR
MACON, GA 31204

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0	FEES	3

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

JAMES GRIMES

554 ROBERT WILLIAMS RD
PINE MOUNTAIN, GA 31822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

NORA FOLKERS

1121 CANE MILL LN
BRADENTON, FL 34212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	FEES	3

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

JAMES HARBOUR

405 BARSCHALL DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	FEES	3

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

TERESA LUMMUS

145 OCONEE WOODS TRL
SHARPSBURG, GA 30277

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

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

BARTLEIN AND ASSOC INC

22465 PANTHER LOOP
BRADENTON, FL 34202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	37186
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919	

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNITED HEALTHCARE 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
36-2739571	79413	8370000	1956	12/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 49274	(b) Total amount of fees paid 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
MERCER HEALTH & BENEFITS LLC
3560 LENOX RD NE STE 3400
ATLANTA, GA 30326

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49274			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	13202982
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919

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.
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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	5349688	5142	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 255999	(b) Total amount of fees paid 48000
--	--

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
BRIAN MANN
76 RIVER COVE DR
ALEXANDER CITY, AL 35010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
255999			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMPLOYEE BENEFITS MANAGEMENT INC
201 S COURT ST STE 700
FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	48000	SERVICE 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	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	1730518
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919	

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.
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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	0226710	4948	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 217990	(b) Total amount of fees paid 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
BRIAN MANN
76 RIVER COVE DR
ALEXANDER CITY, AL 35010-9139

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
98097			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOMAX & ASSOCIATES
156 W TATTERSALL DR
STATESVILLE, NC 28677-2054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65396			3

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

EMPLOYEE BENEFITS MANAGEMENT INC

201 S COURT ST STE 700
FLORENCE, AL 35630-5678

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54497			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☒ Temporary disability (accident and sickness)
f ☒ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☒ Other (specify) ▶ **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	1272463
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919	

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	AGC0000930858	8	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 238	(b) Total amount of fees paid 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
BRIAN G MANN
76 RIVER COVE DRIVE
ALEXANDER CITY, AL 35010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
81			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMPLOYER BENEFITS MANAGEMENT INC
1941 FLORENCE BLVD
FLORENCE, AL 35630

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

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

TRACY MANN

3325 LISTER FERRY ROAD
SOUTHSIDE, AL 35907

(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

LEWIS GATHRIGHT

PO BOX 165
GOOCHLAND, VA 23063

(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

JOHN POLLOCK

6410 GUILFORD DRIVE
PENSACOLA, FL 32504

(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 ANDREWS

600 UNIVERSITY OFFICE PARK SUITE 12
PENSACOLA, FL 32504

(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

BILLY W MANN

1157 SMYRNA ROAD
GOODWATER, AL 35072

(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

THOMAS JARRETT

PO BOX 163
LEEDS, AL 35094

(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

SAIC INC

4245 MILGEN RD
COLUMBUS, GA 31907

(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

LYNNE DAY

PO BOX 1404
SELMA, AL 36701

(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

PAT MANN

1370 SMYRNA ROAD
GOODWATER, AL 35072

(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

STAN SHERLIN

773 TOWNE LAKE DRIVE
MONTGOMERY, AL 36117

(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

LYNNE SCHORR

4245 MILGEN ROAD
COLUMBUS, GA 31907

(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

JOHN LEE

322 FARMHOUSE RD
ELLERSLIE, GA 31807

(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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	1447
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919	

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.
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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	AGC0001788190	2371	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 174175	(b) Total amount of fees paid 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
BRIAN MANN
76 RIVER COVE DR
ALEXANDER CITY, AL 35010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
130799			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMPLOYER BENEFITS MANAGEMENT INC
201 S COURT ST
FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43376			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year	7b	0												
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year (4) Transferred from separate account..... (5) Other (specify below) ▶ <table border="1" style="width: 150px; border-collapse: collapse;"> <tr><td style="text-align: center;">7c(1)</td><td></td></tr> <tr><td style="text-align: center;">7c(2)</td><td></td></tr> <tr><td style="text-align: center;">7c(3)</td><td></td></tr> <tr><td style="text-align: center;">7c(4)</td><td></td></tr> <tr><td style="text-align: center;">7c(5)</td><td></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>	7c(1)		7c(2)		7c(3)		7c(4)		7c(5)					
7c(1)															
7c(2)															
7c(3)															
7c(4)															
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 (2) Administration charge made by carrier (3) Transferred to separate account..... (4) Other (specify below) ▶ <table border="1" style="width: 150px; border-collapse: collapse;"> <tr><td style="text-align: center;">7e(1)</td><td></td></tr> <tr><td style="text-align: center;">7e(2)</td><td></td></tr> <tr><td style="text-align: center;">7e(3)</td><td></td></tr> <tr><td style="text-align: center;">7e(4)</td><td></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>	7e(1)		7e(2)		7e(3)		7e(4)							
7e(1)															
7e(2)															
7e(3)															
7e(4)															
	(5) Total deductions.....	7e(5)	0												
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0												

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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	287858
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919	

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.
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1 Coverage Information:

(a) Name of insurance carrier AFLAC					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	82-2723296	730	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 71110	(b) Total amount of fees paid 411
---	--------------------------------------

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	
BRIAN MANN	76 RIVER COVE DR ALEXANDER CITY, AL 35010

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19975	0	FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
EMPLOYER BENEFITS MANAGEMENT INC	201 S COURT ST STE 700 FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5887	0	FEES	3

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

JELINDA ANN CRAWFORD

1001 BEN RD
CARTHAGE, MS 39051

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2813	52	FEES	3

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

JANELL Y BOYETTE

9855 ATTALA ROAD 3102
WEST, MS 39192

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2416	52	FEES	3

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

BOBBY GENE MANN

1370 SMYRNA RD
GOODWATER, AL 35072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2249	71	FEES	3

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

SAIC INC

1639 BRADLEY PARK DR
ST 500 BOX 358
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2045	0	FEES	3

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

EMPLOYER BENEFITS MANAGEMENT INC

201 S COURT ST STE 700
FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1868	0	FEES	3

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

PAUL G BOWDEN III

PO BOX 13647
JACKSON, MS 39236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1805	0	FEES	3

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

JEREMIAH TROY TALTON

172 BIENVILLE DR
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1274	0	FEES	3

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

TRACY L MANN

3325 LISTER FERRY RD
SOUTHSIDE, AL 35907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1198	0	FEES	3

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

PATT MANN

1370 SMYRNA RD
GOODWATER, AL 35072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1141	0	FEES	3

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

JANICE ALLEN TURNER

429 MAPLE TOP LN
BUCKINGHAM, VA 23921

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
837	0	FEES	3

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

RANDALL TANNER

910 WARREN AVE
TUSCUMBIA, AL 35674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
723	0	FEES	3

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

CNL ENTERPRISES INC

278 PLANTATION SPRINGS DR
FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
666	0	FEES	3

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

CYNTHIA D BURROUGHS

543 ROAD 1411
NETTLETON, MS 38858

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
663	0	FEES	3

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

BILLY W MANN

1157 SMYRNA RD
GOODWATER, AL 35072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
634	0	FEES	3

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

JOHN POLLOCK

5444 OAKMONT DR
MILTON, FL 32571

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
610	0	FEES	3

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

EMILY HEWITT SPEED

129 GLENWOOD BND
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
477	88	FEES	3

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

JAMES FINCHUM

7118 HILL HUGHES RD
FAIRVIEW, TN 37062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
505	0	FEES	3

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

RUTH HOBBS FARMER

261 CRIMSON SKY CT
DRIPPING SPRINGS, TX 78620

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
505	0	FEES	3

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

MARK DANIEL BUTLER

747 HOLLY HILLS DR
BILOXI, MS 39532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
502	0	FEES	3

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

RAUL RAMIREZ III

5338 BARBAROSA RD
GULF BREEZE, FL 32563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
469	10	FEES	3

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

NATALIE P ROGERS

905 OAK TRL
CANTON, MS 39046

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
470	0	FEES	3

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

KENT ALEXANDER

11158 ALDEN DR
GULFPORT, MS 39503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
455	0	FEES	3

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

BRIAN ANDREWS

5728 TAMARACK DR
PACE, FL 32571

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
455	0	FEES	3

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

ROBERT L FUSSELL

PO BOX 152
GADSDEN, AL 35902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
409	0	FEES	3

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

ALLSTAFF PAYROLL INSURANCE GROUP

2101 N 9TH AVE
PENSACOLA, FL 32503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
401	0	FEES	3

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

CLAUDE H HEWITT

308 LAKE VILLAGE DR
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
377	0	FEES	3

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

JAMES C FARMER JR

261 CRIMSON SKY CT
DRIPPING SPRINGS, TX 78620

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
361	0	FEES	3

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

LAUREN GREENE

436D COUNTY ROAD 57
DENNIS, MS 38838

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
332	0	FEES	3

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

SHAKENIA DUNCAN

11112 LITTLE CREEK LN
PENSACOLA, FL 32506

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
329	0	FEES	3

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

CHRISTIAN ANDRE LEVERN

1929 SPILLWAY RD STE D
BRANDON, MS 39047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
318	0	FEES	3

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

GARY W LOVELL

PO BOX 90866
NASHVILLE, TN 37209

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
318	0	FEES	3

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

RUSSELL D TOWERY

873 W NINE ONE HALF MILE RD
PENSACOLA, FL 32534

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
311	0	FEES	3

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

RICHARD TYLER AKERS

4190 WAVERLY RD
WEST POINT, MS 39773

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
309	0	FEES	3

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

LEWIS K GATHRIGHT JR

PO BOX 165
GOOCHLAND, VA 23063

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
309	0	FEES	3

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

BRIAN ANDREWS

5728 TAMARACK DR
PACE, FL 32571

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
297	10	FEES	3

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

CHRISTOPHER S HARDY

113 CLARK ST STE 3
TUPELO, MS 38804

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
302	0	FEES	3

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

KATLIN E LEE

8650 MINNIE BROWN RD #151
MONTGOMERY, AL 36117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
281	0	FEES	3

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

ZAPF INC

17110 KENTON DR APT 320
CORNELIUS, NC 28031

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
271	0	FEES	3

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

TIMOTHY J LETT

6065 AL HIGHWAY 69 LOT 20
GUNTERSVILLE, AL 35976

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
265	0	FEES	3

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

E SPEED INC

129 GLENWOOD BND
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
258	0	FEES	3

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

TANYA HALLOCK

PO BOX 152
SPRINGVIEW, NE 68778

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
248	0	FEES	3

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

GRAHAM C BOWDEN

2348 TWIN LAKES CIR
JACKSON, MS 39211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
241	0	FEES	3

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

RONALD TERRY GILMORE

8515 LANEWOOD CIR
LEEDS, AL 35094

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
240	0	FEES	3

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

ERIN C TOMLINSON

278 DRURY LN
ALBERTVILLE, AL 35950

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
235	0	FEES	3

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

SCOTT L EELLS

100 HAMPTON RD
LOT 100
CLEARWATER, FL 33759

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
222	0	FEES	3

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

WAYNE KIM

15043 SAGEWOOD ST
GULFPORT, MS 39503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
214	0	FEES	3

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

TELLIE ANN TURNER SAUNDERS

427 MAPLE TOP LN
BUCKINGHAM, VA 23921

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
212	0	FEES	3

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

ROSE M WALSH

6273 SW 106TH PL
OCALA, FL 34476

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
210	0	FEES	3

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

A EARL LAWRENCE JR

350 DRIFTWOOD PT
PELL CITY, AL 35128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
204	0	FEES	3

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

JOSEPH Y STINGLEY

1929 SPILLWAY RD
SUITE D AND E
BRANDON, MS 39047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
198	0	FEES	3

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

LORI LAPORTE

PO BOX 793
AUBURN, AL 36831

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
188	0	FEES	3

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

MICHAEL TODD SINGLETON

801 SUE LN
MOBILE, AL 36693

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
185	0	FEES	3

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

FLOYD GREGORY NAPPS

275 PLANTATION SPRINGS DR
FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
183	0	FEES	3

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

HUNTER PHILLIPS

25 LEISURE LN
JACKSON, TN 38305

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
182	0	FEES	3

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

DARIAN NULL

248 GROOM AVE
COVINGTON, TN 38019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
181	0	FEES	3

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

R AND L SUPPLEMENTAL BENEFITS INC

PO BOX 893
FLORENCE, AL 35631

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
179	0	FEES	3

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

JOSEPH ARTHUR STENNETT

PO BOX 1444
BOONEVILLE, MS 38829

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
171	0	FEES	3

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

MOLLIE L ZIGELNIK

1204 RACHEL ST
SEVIERVILLE, TN 37876

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
167	0	FEES	3

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

JESSICA M KNEPLER

1548 BLUESTEM LN
MINOOKA, IL 60447

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
165	0	FEES	3

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

LYNNE L DAY

PO BOX 1404
SELMA, AL 36702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
164	0	FEES	3

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

JEREMIAH JOSEPH AVERY

2533 REDFORD DR
CANTONMENT, FL 32533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
162	0	FEES	3

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

ROBERT J LOVERN

10160 SAINT FRANCIS DR
PHILADELPHIA, MS 39350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
161	0	FEES	3

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

JORDAN SMITH

307 SOUTHGATE CT
STE 130
BRENTWOOD, TN 37027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
160	0	FEES	3

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

MATTHEW D BUTLER

123 CENTER PARK DR STE 102
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
160	0	FEES	3

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

CHANDA FORD

6780 ARD RD
PENSACOLA, FL 32526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125	35	FEES	3

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

LISA PORTER

3221 KINTORE LN
CONCORD, NC 28027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
157	0	FEES	3

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

MICHELLE BOYD

463 STONECREST CIR
RINGGOLD, GA 30736

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
156	0	FEES	3

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

SHARON DAVIS

231 JOHN BOULDIN DR
MARYVILLE, TN 37801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
155	0	FEES	3

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

SHEENA FERRIS

43650 US HIGHWAY 20
AINSWORTH, NE 69210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
154	0	FEES	3

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

JOHN TODD LEE

322 FARMHOUSE RD
ELLERSLIE, GA 31807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
151	0	FEES	3

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

V L MONTGOMERY INC

6373 RED OAK DR
BAILEY, MS 39320

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
150	0	FEES	3

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

ROY TURNER

429 MAPLE TOP LN
BUCKINGHAM, VA 23921

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
148	0	FEES	3

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

JULIANA E SHORES

219 CALHOUN AVE
DESTIN, FL 32541

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
142	0	FEES	3

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

MITCHEL BRIAN SHURDEN

309 NEW POINTE STE B
RIDGELAND, MS 39157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
138	0	FEES	3

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

STAN A SHERLIN

773 TOWNE LAKE DRIVE
MONTGOMERY, AL 36117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
136	0	FEES	3

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

ELISA P MOSAL

3955 EASTLINE DR
JACKSON, MS 39211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44	83	FEES	3

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

JUDI A LAWRENCE

350 DRIFTWOOD PT
PELL CITY, AL 35128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
127	0	FEES	3

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

MICHAEL FOWLER

2204 EXECUTIVE PARK DR
OPELIKA, AL 36801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125	0	FEES	3

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

KELSEY DAVID EVERT

2055 N MOUNT JULIET RD
STE 201
MOUNT JULIET, TN 37122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
120	0	FEES	3

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

BALDWIN KRYSTYN SHERMAN PARTNERS

246 E 11TH ST STE 302
CHATTANOOGA, TN 37402

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
119	0	FEES	3

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

ELIZABETH ROZANNE PATTEN SCHULTZ

2625 COX RD
AUBURN, AL 36832

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
118	0	FEES	3

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

RUTH P YOUNG

677 BERKMAR CT
CHARLOTTESVILLE, VA 22901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
118	0	FEES	3

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

C HEWITT INC

308 LAKE VILLAGE DR
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
116	0	FEES	3

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

RALPH S MANN

90 VIRGINIA WAY
ROGERSVILLE, AL 35652

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
116	0	FEES	3

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

JAMES F HILL

11350 GATES MILL DR
KNOXVILLE, TN 37934

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
115	0	FEES	3

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

JAVIER LORENZO SOTO

130 E HAWTHORNE RD
HOMEWOOD, AL 35209

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
114	0	FEES	3

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

RONALD D LEONARD

123 CENTER PARK DR
STE 102
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
112	0	FEES	3

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

WILLIAM TYLER BRUNNER

5644 CHURCHILL DOWNS CT
PACE, FL 32571

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
110	0	FEES	3

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

CASEY A CURLEE

123 CENTER PARK DR STE 102
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
110	0	FEES	3

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

MARGARET R WINTERS

6014 GIESEKE DR
CRYSTAL LAKE, IL 60014

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
109	0	FEES	3

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

KARREN R MCGATHY

873 GATE 8 RD
ANNISTON, AL 36201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108	0	FEES	3

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

STEFANIE OLIVER-SHIELDS

PO BOX 4451
TUPELO, MS 38803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
106	0	FEES	3

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

LAUREN KNOTT

PO BOX 12391
JACKSON, TN 38308

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
102	0	FEES	3

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

EMPLOYER INSURANCE RESOURCES, LLC

112 COURT ST
GADSDEN, AL 35901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
101	0	FEES	3

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

CODY LEE MOSS

2203 GLENMORE RD
SCOTTSVILLE, VA 24590

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
101	0	FEES	3

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

MICHELLE B RILEY

3558 OLD HIGHWAY 19 SE
MERIDIAN, MS 39301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95	0	FEES	3

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

J LEE AND ASSOCIATES INC

120 GREENVIEW PL
STE 3
RICHLAND, MS 39218

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95	0	FEES	3

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

NICHOLE RENEE LEVERN

109 MILLCREEK CORS STE D
BRANDON, MS 39047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95	0	FEES	3

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

MARY GRIGSBY

1503 HERMITAGE DR
FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
91	0	FEES	3

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

PHILIP D OWEN

PO BOX 1458
GADSDEN, AL 35902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
91	0	FEES	3

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

RIHA BENEFITS GROUP INC

302 E 6TH ST
STUART, NE 68780

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
90	0	FEES	3

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

CASEDRA T EUELL

221 HIGHLEADON DR
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89	0	FEES	3

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

SALVADOR DIAZ-VERSION III

252 KODIAK TRL
FORTSON, GA 31808

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
88	0	FEES	3

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

CHARLES BRYAN HARTHUN

419 TYLER TRL
JAMESTOWN, TN 38556

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
88	0	FEES	3

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

HUMBERT ALDAMUY JR

16203 MUIRFIELD DR
ODESSA, FL 33556

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
88	0	FEES	3

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

SHARON J HECKLER

1929 SPILLWAY RD STE D
BRANDON, MS 39047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
86	0	FEES	3

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

DAVID B RAY

5122 STONEWOOD DR
SMYRNA, TN 37167

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
84	0	FEES	3

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

JOHN B COLLINS

159 PA JOHNS RD NE
MILLEDGEVILLE, GA 31061

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83	0	FEES	3

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

MAXINE GOOSBY

21258 STILLWATER AVE
PORT CHARLOTTE, FL 33952

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83	0	FEES	3

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

MICHAEL SHANE KIRKLAND

137 PLANTATION DR
KILLEN, AL 35645

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
81	0	FEES	3

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

NOLAN DOYLE MCCUE

242 HERITAGE PARK DR STE 108
MURFREESBORO, TN 37129

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
77	0	FEES	3

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

THOMAS L JARRETT

2733 AVONLEA DR APT 1070
MOODY, AL 35004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75	0	FEES	3

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

CHRISTOPHER S HARDY

PO BOX 872
TUPELO, MS 38802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75	0	FEES	3

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

BURCHAM BENEFITS LLC

4638 CHAMBLISS AVE
KNOXVILLE, TN 37919

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
74	0	FEES	3

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

GLENN L DAYTON

192 FAIRWAY MEADOWS DR #211
HAYESVILLE, NC 28904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73	0	FEES	3

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

TEDDY LEE EARLES

445 ANSLEY DR
ROSWELL, GA 30076

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73	0	FEES	3

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

LISA MCKINNEY

56 GLEN COVE DR
ARDEN, NC 28704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
71	0	FEES	3

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

KATHRYN SUZANNE AXENTE

7020 PELICAN ISLAND DR
TAMPA, FL 33634

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69	0	FEES	3

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

DEBORAH JUNE CRISP

1432 WHITMAN DR NW
CONCORD, NC 28027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
68	0	FEES	3

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

CHRISTINA J YOSTEN

510 S 2ND ST
CEDAR RAPIDS, NE 68627

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65	0	FEES	3

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

JOSHUA COOK

3208 CEDAR RIDGE RD
NASHVILLE, TN 37214

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
63	0	FEES	3

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

CHRISTOPHER M CLUNAN

2779 JUTES DR
THOMPSONS STATION, TN 37179

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
63	0	FEES	3

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

DAWNY GINTER

615 S BARRON ST
EATON, OH 45320

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61	0	FEES	3

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

ALICE NOBLE

201 BROWN RD
PENSACOLA, FL 32507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60	0	FEES	3

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

CARTER NELSON

10307 HARRISON SPRINGS LN
KNOXVILLE, TN 37932

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60	0	FEES	3

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

HIGGINBOTHAM INSURANCE AGENCY INC

1725 WINDWARD CONCOURSE STE 100
ALPHARETTA, GA 30005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59	0	FEES	3

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

TAMMY LEE LOWRIE

919 E CUMBERLAND DR
LOUISVILLE, TN 37777

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59	0	FEES	3

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

CHRISTOPHER BALL

2599 PATMOS CHURCH RD
HUDDLESTON, VA 24104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
57	0	FEES	3

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

KS BENEFITS GROUP INC

304 W 7TH ST
GORDON, NE 69343

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56	0	FEES	3

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

RONALD E KIRKLAND

1044 HARBOR RIDGE RD
GUNTERSVILLE, AL 35976

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56	0	FEES	3

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

JOSEPH N MCBRIDE

121 DALTON LN
TUSCUMBIA, AL 35674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56	0	FEES	3

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

RANDALL D LADNER

6 GREENBRIAR DR
GULFPORT, MS 39507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55	0	FEES	3

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

STEPHEN MICHAEL DESPOT

2346 CEIBA CT
LAWRENCEVILLE, GA 30043

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55	0	FEES	3

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

VERONICA HEDGES

221 DRAKE LNDG
NEW BERN, NC 28560

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54	0	FEES	3

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

KELVIN MICHAEL RICE

623 WESTBROOK RD
DOTHAN, AL 36303

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54	0	FEES	3

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

MARIE T LEWEY

1923 HERMITAGE DR
FLORENCE, AL 35630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54	0	FEES	3

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

RILEY GRAVES

281 WADDELL RD SW
CLEVELAND, TN 37311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53	0	FEES	3

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

MICHELLE L TRUMBLY

399 HUMMINGBIRD LN
WILSONVILLE, AL 35186

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53	0	FEES	3

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

JUDY M BIRD

1905 RICHLAND LN
DALTON, GA 30720

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52	0	FEES	3

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

CONNER UNDERWOOD

2220 GLORIA CIR APT 12
PENSACOLA, FL 32514

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51	0	FEES	3

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

CHRISTIE M MARZARI

3343 LANELL LN
PEARL, MS 39208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50	0	FEES	3

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

ROBERT C MOBLEY

7139 BROAD RIVER RD
IRMO, SC 29063

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50	0	FEES	3

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

MELISSA J BROOKS

1325 ARMBRESTER LN
MUNFORD, AL 36268

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50	0	FEES	3

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

MK SWAN INC

6610 HARVEST DR
PAPILLION, NE 68133

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49	0	FEES	3

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

SHAWN GRAMMER

8143 FM 1616
ATHENS, TX 75752

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49	0	FEES	3

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

NORMAN WILKINS

405 COALMONT RD
HELENA, AL 35080

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49	0	FEES	3

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

DENA E GABRY

26400 LAHSER RD STE 109
SOUTHFIELD, MI 48033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46	0	FEES	3

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

H BRIAN GIBSON

105 ZURIC CT
NASHVILLE, TN 37221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46	0	FEES	3

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

BRENDA LYNN GARRETT

12475 KENTWOOD AVE
FORT MYERS, FL 33913

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46	0	FEES	3

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

LORRI STEMBRIDGE LLC

5144 OAKTREE DR
MACON, GA 31210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45	0	FEES	3

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

JACK RICE INSURANCE LLC

9455 KOGER BLVD N STE 100
ST PETERSBURG, FL 33702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45	0	FEES	3

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

JOHN YARBOROUGH

1113 MOUNTAIN OAKS DR
HOOVER, AL 35226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43	0	FEES	3

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

ELIZABETH HURLEY

20 BARROW AVE NE
CONCORD, NC 28025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43	0	FEES	3

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

BRIAN CHAMBERS

8 NIGHTWIND CT
COLUMBUS, GA 31909

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42	0	FEES	3

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

MARY SUE MOORE

415 GLEN RIDGE AVE
TEMPLE TERRACE, FL 33617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42	0	FEES	3

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

TAMARA SUE BROWNING

977 SMOKEY MOUNTAIN QUEEN RD
SEVIERVILLE, TN 37876

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41	0	FEES	3

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

JASON WEST

1701 BASS RD STE 200
MACON, GA 31210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39	0	FEES	3

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

ADAM WALTON

148 BLUEBELL WAY
FRANKLIN, TN 37064

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37	0	FEES	3

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

CHRISTOPHER PARSONS

1925 CUBA LN
HAYES, VA 23072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37	0	FEES	3

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

JEFFREY LYNN LAMBERT

7 CENTER ST
HINSDALE, IL 60521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36	0	FEES	3

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

DEWAYNE D RAY

PO BOX 41
GUNTERSVILLE, AL 35976

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35	0	FEES	3

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

CRAIG BROWN

2450 WINDROW DR UNIT D101
FORT COLLINS, CO 80525

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35	0	FEES	3

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

MICHAEL D SINGLETON

25 SIERRA DR
AUSTIN, AR 72007

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35	0	FEES	3

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

DON TAYLOR

404 LEGACY PARK
RIDGELAND, MS 39157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34	0	FEES	3

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

KIMBERLY BURNHAM

3343 LANELL LN
PEARL, MS 39208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34	0	FEES	3

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

CHRISTY FISHER

75 COUNTY ROAD 7461
BALDWIN, MS 38824

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33	0	FEES	3

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

DEBORAH STEELE

10078 BROKEN WOODS CT
NORTH FORT MYERS, FL 33903

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33	0	FEES	3

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

TERESA KILPATRICK SHAW

6498 ATTALA ROAD 4116
SALLIS, MS 39160

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33	0	FEES	3

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

J MICHAEL BUTLER

1090 13TH AVE NW
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0	FEES	3

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

FIRST FINC SRVCS OF CHARLOTTE CO

3745 TAMiami TRL
PORT CHARLOTTE, FL 33952

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0	FEES	3

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

JUSTIN FERGUSON

PO BOX 602
FORTSON, GA 31808

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0	FEES	3

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

BENJAMIN MORGENEGG

1915 NORTSHORE HILLS BLVD
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0	FEES	3

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

TOMMY WOOD

135 BEVERLY DR
LINEVILLE, AL 36266

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0	FEES	3

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

ALMON E GOODWIN JR

518 ALABAMA ST
KILLEN, AL 35645

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0	FEES	3

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

DAVID MORGAN

1904 ELLIS DR
MAIDENS, VA 23102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31	0	FEES	3

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

EMILY PHIFER

1191 HIGHWAY 364
TISHOMINGO, MS 38873

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31	0	FEES	3

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

JODIE SNYDER

234 81ST AVE N
ST PETERSBURG, FL 33702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31	0	FEES	3

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

DEWEY WESLEY WARNOCK

265 PANCRAS RD SW
MILLEDGEVILLE, GA 31061

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30	0	FEES	3

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

THE BENEFITS AGENCY INC

PO BOX 1000
DAVIDSON, NC 28036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30	0	FEES	3

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

HENRY D BARNETT

513 WATER OAK CIR
TRUSSVILLE, AL 35173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30	0	FEES	3

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

CLAYTON LAWRENCE

3200 REID RD
VINA, AL 35593

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30	0	FEES	3

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

BARBARA ANN MCNAUGHTON

4910 CORPORATE DR NW
STE G
HUNTSVILLE, AL 35805

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30	0	FEES	3

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

TERESA ANN HAWKINS

2008 RIDGE CREST DR
GUNTERSVILLE, AL 35976

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30	0	FEES	3

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

JAMES BELLOWES

205 S LINCOLN AVE STE 203
YORK, NE 68467

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29	0	FEES	3

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

RONALD DASHKOVITZ

20 MILLPOND TRL
SAGINAW, MI 48603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29	0	FEES	3

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

HAROLD STAFFORD

8544 TOWNLEY RD APT 1B
HUNTERSVILLE, NC 28078

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28	0	FEES	3

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

CAPITAL INS AGCY INC

PO BOX 15949
TALLAHASSEE, FL 32317

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28	0	FEES	3

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

ELIZABETH DEMPSEY

6152 VILLAGE DR NW
CHARLOTTE, NC 28202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27	0	FEES	3

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

JEAN S MAY

505 BAINBRIDGE RD
MUSCLE SHOALS, AL 35661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27	0	FEES	3

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

TINA WOOD

1971 WINCHESTER RD
ANNISTON, AL 36201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	0	FEES	3

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

MARISSA BROWN

8442 TWENTY ONE OAKS LN
PENSACOLA, FL 32526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	0	FEES	3

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

ETHAN GREER

558 CLINGMANS LN
CHATTANOOGA, TN 37419

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25	0	FEES	3

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

EUELL INSURANCE GROUP LLC

221 HIGHLEADON DR
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25	0	FEES	3

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

MICHELLE G POLLOCK

5444 OAKMONT DR
PACE, FL 32571

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24	0	FEES	3

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

BRIAN HICKS

2739 AMERICUS DR
THOMPSONS STATION, TN 37179

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24	0	FEES	3

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

JIMMY MESSICK JR

2611 BLALOCK CIR
PHENIX CITY, AL 36867

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24	0	FEES	3

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

CHARLES L ALEXANDER JR

121 GRAYHAWK PKWY
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24	0	FEES	3

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

RICHARD CARTER SR

1224 PEACOCK AVE STE 205
COLUMBUS, GA 31906

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24	0	FEES	3

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

DAVID MOBLEY

3812 VALVERDE CIR
JACKSONVILLE, FL 32224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24	0	FEES	3

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

RICARDO G SORIANO

PO BOX 1003
DADE CITY, FL 33526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23	0	FEES	3

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

BRENT WOOD

6701 LAKERIDGE DR
TEXARKANA, TX 75503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23	0	FEES	3

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

SUSAN RUSSELL

120 ROCKWOOD DR
HENDERSONVILLE, NC 28792

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22	0	FEES	3

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

DEXTER ANTONIO HARRIS

100 GALLERIA PKWY SE
STE 900
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22	0	FEES	3

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

JAMIE HARTT

29323 PELICAN DR
PUNTA GORDA, FL 33982

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22	0	FEES	3

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

PRESTON BURKE ALLEN

208 STONEGATE LN
ALBANY, GA 31721

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22	0	FEES	3

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

NEIL MORGAN JR

1904 ELLIS DR
MAIDENS, VA 23102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21	0	FEES	3

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

DAWN T WOOD

3714 FLINTWOOD LN
OPELIKA, AL 36804

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0	FEES	3

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

JOHN LEE

120 GREENVIEW PL
STE 3
RICHLAND, MS 39218

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0	FEES	3

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

KATHY PERKINS

408 COPPER RIDGE DR
FLORENCE, MS 39073

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0	FEES	3

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

MATTHEW GABRIEL WALSH

6273 SW 106TH PL
OCALA, FL 34476

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0	FEES	3

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

LYNN WENTWORTH

164 ASHTON PARK BLVD
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0	FEES	3

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

CHARNETTE WILLIS

PO BOX 3493
MUSCLE SHOALS, AL 35662

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0	FEES	3

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

VICTORRIO PAUL ZANIOL INC

690 64TH ST S
ST PETERSBURG, FL 33707

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0	FEES	3

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

TAYLOR THIGPEN

605 COMMODORE LN
KNOXVILLE, TN 37934

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

JULIE CRAIG

8544 TOWNLEY RD APT 1B
HUNTERSVILLE, NC 28078

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

MINDY G SPURR

257 NORTHBAY DR
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

KELLY ZURZOLO

535 ABBEYWOOD DR
CARY, IL 60013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

GIBBS MORGAN

PO BOX 2552
INDIAN TRAIL, NC 28079

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

KELLY ANN IRVINE

15801 WHITE ORCHID LN
FORT MYERS, FL 33908

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

JOHN DOMEIER

720 17TH AVE N
ST PETERSBURG, FL 33704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

RODNEY WILLIS

10224 TARPON DR
TREASURE ISLAND, FL 33706

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

GARY ROBERT BLOMBERG

22271 BUFFALO AVE
PORT CHARLOTTE, FL 33952

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0	FEES	3

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

JONATHAN DUNN

3337 TWIN RIDGE DR
CHARLOTTE, NC 28210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17	0	FEES	3

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

ABBIE W COFFMAN

31 HAWTHORN CIR
CROSSVILLE, TN 38555

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17	0	FEES	3

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

ANGELA WRIGHT

227 MIDLAND RD
WINGINA, VA 24599

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16	0	FEES	3

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

ANGELA GAY STOUT

300 W JACKSON AVE
APT 101
KNOXVILLE, TN 37902

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16	0	FEES	3

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

MITCHELL MCCURCH

419 BLAIR LN
LEBANON, TN 37087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16	0	FEES	3

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

TIMOTHY MARTIN BRUNORI

33 MARIE AVE
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16	0	FEES	3

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

JOSEPH BAILEY DUCKETT

113 SILKY SULLIVAN WAY
CANTON, GA 30115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16	0	FEES	3

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

STEPHEN KELLS

1026 BALDWIN LN
OAK PARK, IL 60302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0	FEES	3

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

JOHN H HILDRETH

10259 KINGSTON PIKE STE A
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0	FEES	3

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

BRETT KLUTZ

67 LEE ROAD 874
OPELIKA, AL 36804

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0	FEES	3

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

JARED SAPP

1215 PINECREST AVE APT 2
CHARLOTTE, NC 28205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0	FEES	3

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

NATHAN THORPE

5304 CALVERT LN
KNOXVILLE, TN 37918

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0	FEES	3

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

LOUIS CULLEN SMITH

3504 GREENWOOD DR
HERMITAGE, TN 37076

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0	FEES	3

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

GREGORY REYNOLDS

1730 COUNTY ROAD 299
FLORENCE, AL 35634

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14	0	FEES	3

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

CLARENCE DUANE CARTER

PO BOX 2073
MILLEDGEVILLE, GA 31059

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14	0	FEES	3

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

THOMAS ROBERT GIDDENS

PO BOX 2517
KENNESAW, GA 30156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14	0	FEES	3

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

EMILY EASON SOTO

130 E HAWTHORNE RD
HOMEWOOD, AL 35209

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14	0	FEES	3

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

MARTHA FUSSELL

4213 LAKECREST DR
GUNTERSVILLE, AL 35976

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0	FEES	3

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

SUSAN K WILLIAMS

232 COUNTY ROAD 74
SANDROCK, AL 35983

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0	FEES	3

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

JIMMY BOONE

12626 BAYPOINTE TER
CORTEZ, FL 34215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0	FEES	3

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

KIMBERLY M FUTCH

1224 PEACOCK AVE STE 205
COLUMBUS, GA 31906

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0	FEES	3

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

CAROL A PASCIUTA

501 E BRENTDRIDGE DR
BRANDON, FL 33511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0	FEES	3

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

CARLA WITHERINGTON

1405 HERRING DR
COVINGTON, TN 38019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0	FEES	3

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

CHERYL A THOMPSON

9761 WINDY HILL RD
PENSACOLA, FL 32526

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

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

GWEN NICHOLS BUTLER

203 29TH AVE NE
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12	0	FEES	3

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

JODY WINTERS

6014 GIESEKE DR
CRYSTAL LAKE, IL 60014

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12	0	FEES	3

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

LYNNE HUDGINS MOORE

8650 MINNIE BROWN RD STE 150
MONTGOMERY, AL 36117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12	0	FEES	3

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

JAY OLEARY

1802 EAVES CT
NOLENSVILLE, TN 37135

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12	0	FEES	3

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

WAYNE HESTER

10330 HIGHWAY 43
RUSSELLVILLE, AL 35653

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12	0	FEES	3

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

DEBORAH LYNN BEACH

32098 SINGLETARY RD
MYAKKA CITY, FL 34251

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

CINDY EICHOLTZ

321 E BROADACRE RD NE
DALTON, GA 30721

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

SHAWN SAUNDERS

427 MAPLE TOP LN
BUCKINGHAM, VA 23921

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

BARBARA A SMITH

PO BOX 6916
WARNER ROBINS, GA 31095

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

BARBARA J SNYDER

306 REDDOCH RD
FLORENCE, AL 35633

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

CHAMCO LLC

8 NIGHTWIND CT
COLUMBUS, GA 31909

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

DEBBIE A ASAY

6003 PEMBROKE DR
MOODY, AL 35004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

SUE TUCKER

9856 US HIGHWAY 29 N
CUSSETA, AL 36852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

SHERRIE BUSKIRK

1083 COUNTY ROAD 54
SHANNON, MS 38868

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

THOMAS HOUSE

653 W OSCEOLA ST APT C
CLERMONT, FL 34711

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

WILLIAM M HURLEY

712 S CHILTON AVE
TYLER, TX 75701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

JAMES GRIMES

554 ROBERT WILLIAMS RD
PINE MOUNTAIN, GA 31822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

MARK CARGILL

15788 MISSOURI ST
BOKEELIA, FL 33922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0	FEES	3

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

AARON ARNAIZ

884 SOUTHWICK CT
OAKLAND, MI 48363

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10	0	FEES	3

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

SHAUN M KLUG

48187 SPINNING WHEEL DR
CANTON, MI 48187

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10	0	FEES	3

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

SHARON B SESSOMS

1431 ONEAL RD
HIXSON, TN 37343

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10	0	FEES	3

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

BRENDAN NIEMANN

8702 CINNAMON CREEK DR APT 901
SAN ANTONIO, TX 78240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10	0	FEES	3

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

WILLIAM SPEED

129 GLENWOOD BND
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0	FEES	3

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

JAVIER L ORTIZ

9620 NE 2ND AVE STE 203
MIAMI SHORES, FL 33138

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0	FEES	3

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

DEBBIE TOWNSEND

PO BOX 6881
TYLER, TX 75711

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0	FEES	3

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

CHARLES GREER

9537 PECKY CYPRESS WAY
ORLANDO, FL 32836

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0	FEES	3

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

DAN CARLETON

3264 CYPRESS LN
GULF BREEZE, FL 32563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0	FEES	3

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

KENNETH W SHOLAR

4608 WESTGROVE CT
HAYGOOD EXECUTIVE PARK
VIRGINIA BEACH, VA 23455

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

FRAN HARGARTEN III

1140 MOSSY ROCK RD NW
KENNESAW, GA 30152

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

ELAYNE M WHITEHEAD

PO BOX 3278
N FT MYERS, FL 33918

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

RANDALL W WALLACE

1204 RACHEL ST
SEVIERVILLE, TN 37876

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

DUANE A ADAMS

493 BAILEY DR
LOUISA, VA 23093

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

CRAIG M GADDY

405 ROCKY RIDGE RD NE
JACKSONVILLE, AL 36265

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

LEO TISA

PO BOX 898
NICEVILLE, FL 32588

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	FEES	3

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

VICKI M BUTLER

105 LONG LEAF PL
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0	FEES	3

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

ALAN W MARTIN

12524 MALLARD BAY DR
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0	FEES	3

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

GRAVES INC

5659 W HOLIDAY ST
HOMOSASSA, FL 34446

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0	FEES	3

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

MONICA G WENTZ

2629 UPPER CANEY VALLEY RD
TAZEWELL, TN 37879

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0	FEES	3

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

ALMA J MOORE

1315 GALLAGHER RD
KINGSTON, TN 37763

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0	FEES	3

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

AMY KLUTTZ

5496 MOUNT PLEASANT RD S
CONCORD, NC 28025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

KATRINA D AIKEN

2511 JUDITH ST
LYNCHBURG, VA 24501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

JOANNA MATHERLY

2000 GLEN ECHO RD STE 204
NASHVILLE, TN 37215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

PETER B WILKINSON JR

1408 LANCELOT AVE
WOLFFORTH, TX 79382

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

ANNE SWANSON

123 CENTER PARK DR STE 102
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

JOHN B ROBINSON

20191 NAPA LOOP
ESTERO, FL 33928

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

JOSHUA BUZZARD

6848 HENDRY DR
LAKE WORTH, FL 33463

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

GEORGE LOWNDES WILLIAMS

208 GRAND PARK BLVD
CHARLESTON, SC 29492

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

MICHAEL R MARTIN

32 OLD HICKORY
PITTSBORO, NC 27312

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0	FEES	3

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

DAVID CLOUD JR

12 TRENT DR SE
ROME, GA 30161

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	FEES	3

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

KELLY G WENTZ

2629 UPPER CANEY VALLEY RD
TAZEWELL, TN 37879

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	FEES	3

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

VBTN INC

2000 GLEN ECHO RD STE 204
NASHVILLE, TN 37215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	FEES	3

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

BRENT GOODE

2000 GLEN ECHO RD STE 204
NASHVILLE, TN 37215

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	FEES	3

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

GREGORY EUGENE MEYER

5005 BODIE LN
GREENSBORO, NC 27455

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	FEES	3

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

KANDI H HECKLER

5453 HASELL DR
ROCKVALE, TN 37153

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0	FEES	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	
5	0	FEES	3

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

JOSH FIELDS SERVICES INC

160 N MAIN ST STE 8
WAYNESVILLE, NC 28786

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0	FEES	3

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

GINGER KAYE HARDY

431 W MAIN ST STE 410
TUPELO, MS 38804

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0	FEES	3

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

KEITH LIN BELICH

8408 TIMBER CREEK DR
PIKE ROAD, AL 36064

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0	FEES	3

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

SUSAN P WATLEY

6366 INDEPENDENCE DR
COLUMBUS, GA 31909

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0	FEES	3

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

KEVIN E PLUMB

3228 DEER PARK DR
VIRGINIA BEACH, VA 23452

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0	FEES	3

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

SUSAN C BRIMHALL

PO BOX 8
LAKE PLACID, NY 12946

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0	FEES	3

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

ACRISURE WALLSTREET PARTNERS LLC

158 PRINTERS LN
NEW LONDON, NC 28127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0	FEES	3

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

LISA M HALL

686 W MOGUL LOOP APT 102
HAYDEN, ID 83835

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0	FEES	3

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

JANE FAUST

518 HARRISON DR NW
CONCORD, NC 28027

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

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

EXSEPTIONAL SERVICES INC

158 PRINTERS LN
NEW LONDON, NC 28127

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

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

SEAN PATRICK LENNON

1531 NORTHSHORE WOODS DR
KNOXVILLE, TN 37919

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

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

DENA JORDAN

9300 HARRIS CORNERS PKWY STE 100
CHARLOTTE, NC 28269

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

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

DEBORAH B SMITH

647 WOOD POINT WAY
DALLAS, GA 30157

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

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

JEFFREY GLENN YARISH

8575 SUNSET CT
TREASURE ISLAND, FL 33706

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

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

JANET LYNN BOMWELL

3652 CINCINNATI ST
NORTH PORT, FL 34286

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

ALAN W MARTIN

123 CENTER PARK DR STE 102
KNOXVILLE, TN 37922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

NICHOLAS WAGNER

1508 BACK COVE RD
VIRGINIA BEACH, VA 23454

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

JOHN AMOS

10051 VETERANS PKWY STE B-2
MIDLAND, GA 31820

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

BARTLEIN AND ASSOC INC

22465 PANTHER LOOP
BRADENTON, FL 34202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

NANCY HUFF

306 BARBEE BLVD
OAK ISLAND, NC 28465

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

WILLIAM C ATKINS

891 HARRELL DR
WEST POINT, MS 39773

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

LAURA SLAY

PO BOX 138
CUSSETA, AL 36852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

WILLIAM L AMOS & CO INC

7100 STILLWATER DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

HOLLY ADAMS BUTCHER

1149 CREIGHTON RD STE 1
PENSACOLA, FL 32504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

AMY SHIELDS

5159 CALGARY DR
DOUGLASVILLE, GA 30135

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

DAVID S MORRIS

950 PENINSULA CORPORATE CIR
STE 1005
BOCA RATON, FL 33487

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

SACHIKO BASDEN

112 FIRECRACKER RD
SLOCOMB, AL 36375

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

ALLISON FARRIS WENDELBERGER

207 SANTA FE DR
WALNUT CREEK, CA 94598

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

JOSEPH L LEDOUX

2411 CARTER AVE
NASHVILLE, TN 37206

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

RICHARD J KRESINSKE

4004 ATLANTIC AVE APT 803
VIRGINIA BEACH, VA 23451

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

SCOTT GUTHRIE

14227 N 14TH ST
PHOENIX, AZ 85022

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

JOEL SANDERS

2165 HALCYON BLVD
MONTGOMERY, AL 36117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0	FEES	3

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

SANDRA DILLON

1922 HIGHWAY 42 N
JACKSON, GA 30233

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

WETMORE INSURANCE AGENCY LLC

102 CIRCLE DR
SALISBURY, NC 28144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

DEBORAH WITHEY

2149 6TH ST NW
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

FRANK ROBERT SOBOCINSKI

2000 PGA BLVD STE 4440
PALM BEACH GARDENS, FL 33408

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

SUZANN T EUSEPI-GREEN

216 RIVER DR
TEQUESTA, FL 33469

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

AUTUMN BETHEA

1124 GOLF VIEW WAY
SPRING HILL, TN 37174

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

DELORES ELAINE PINKOWSKI

HC 64 BOX 1815
CASTLE VALLEY, UT 84532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

HORACE R WEAVER III

2512 GARDEN ST
MERAUX, LA 70075

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

JANINE FOX

18 HAVILAND DR
SCHENECTADY, NY 12302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

AMELIA KAY MORGAN

1904 ELLIS DR
MAIDENS, VA 23102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

FRANCIS V CRUZ

PO BOX 302
BRADFORDWOODS, PA 15015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

JESSICA RAE ESKEW

10426 SPRINGROSE DR
TAMPA, FL 33626

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

MARK D LUTHER

300 LOOP RD
SHERWOOD, AR 72120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

MARY REBECCA WEATHERLY

273 WILLIAMSBURG DR
MT WASHINGTON, KY 40047

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

RONALD SANDERS

817 CYPRESS OAK CIR
DELAND, FL 32720

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

JAMES HARBOUR

405 BARSCHALL DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

BRADLEY S BOLICK

6433 FALL BRANCH DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

KIMBERLY DIAN CROCKETT

172 WALKING STICK DR
ELLERSLIE, GA 31807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

JUSTIN E GRIESINGER

8107 WAXHAW CREEK RD
WAXHAW, NC 28173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

JO RAMIREZ

3527 GULF BREEZE PKWY APT 3105
GULF BREEZE, FL 32563

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	FEES	3

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

ROGER MURRAY JOHNSON

5936 ENCLAVE DR
MURFREESBORO, TN 37128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0	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	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	682369
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC	D Employer Identification Number (EIN) 46-0764919

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HELM HR D/B/A LYONS AND COMPANY INC

20-4033514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 10 15 24	PLAN ADMINISTRATOR	159166	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PRISM HR

04-2876308

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	PLAN ADMINISTRATION	69072	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CLIFTON LARSON ALLEN

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	45623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMERICAN BENEFITS ADMINISTRATION

82-2689662

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	PLAN ADMINISTRATION	24965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SANTOS PRINTING

63-1080303

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	PLAN ADMINISTRATION	24530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

UPS FOR BENEFIT

58-2480149

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49 50	NONE	8190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LYONS HR LLC		
D Employer Identification Number (EIN) 46-0764919		

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	1438770	1525883
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1438770	1525883
Liabilities			
g Benefit claims payable	1g	105518	108680
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	1374591	1380193
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1480109	1488873
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-41339	37010

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10387153	
(B) Participants	2a(1)(B)	7413684	
(C) Others (including rollovers)	2a(1)(C)	120495	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		17921332
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		17921332

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)	17505932	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17505932
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	167556	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	169495	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		337051
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17842983

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		78349
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**LYONS & COMPANY, INC.
HEALTH AND WELFARE PLAN**

FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2023 AND 2022, AND
FOR THE YEAR ENDED DECEMBER 31, 2023**



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**LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN
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AS OF DECEMBER 31, 2023 AND 2022, AND
FOR THE YEAR ENDED DECEMBER 31, 2023**

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Lyons & Company, Inc. Health and Welfare Plan
Florence, Alabama

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Lyons & Company, Inc. Health and Welfare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligation as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits and benefit obligation for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligation of the Plan as December 31, 2023 and 2022, and the changes in its net assets available for benefits and benefit obligation for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing the audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audits.



CliftonLarsonAllen LLP

Baltimore, Maryland
September 9, 2024

**LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE
FOR BENEFITS AND BENEFIT OBLIGATIONS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS		
RECEIVABLES		
Amounts Due from Sponsor	\$ 1,507,533	\$ 1,433,299
Premium Reimbursements	<u>18,350</u>	<u>5,471</u>
Total Assets	1,525,883	1,438,770
LIABILITIES		
Accrued Expenses	18,350	5,471
Deferred Contribution Revenue	<u>1,361,843</u>	<u>1,369,120</u>
Total Liabilities	<u>1,380,193</u>	<u>1,374,591</u>
NET ASSETS AVAILABLE FOR BENEFITS	145,690	64,179
BENEFITS OBLIGATIONS		
Premiums Payable to Insurance Companies	<u>108,680</u>	<u>105,518</u>
NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 37,010</u>	<u>\$ (41,339)</u>

See accompanying Notes to Financial Statements.

**LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS AND BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31, 2023**

ADDITIONS

Participant Contributions	\$ 7,413,684
Company Contributions	10,387,153
Cobra Contributions	<u>120,495</u>
Total Additions	<u>17,921,332</u>

DEDUCTIONS

Premium Payments, Net of Rebates	17,502,770
Administrative Expense	<u>337,051</u>
Total Deductions	<u>17,839,821</u>

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	81,511
--	--------

NET INCREASE IN BENEFIT OBLIGATIONS

Increase Attributable to Premiums Payable to Insurance Companies	<u>3,162</u>
--	--------------

**NET ASSETS AVAILABLE FOR BENEFITS
OVER BENEFIT OBLIGATIONS - END OF YEAR**

<u><u>\$ 78,349</u></u>

See accompanying Notes to Financial Statements.

LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 DESCRIPTION OF PLAN

The following description of Lyons & Company, Inc. (the Sponsor and the Plan administrator) Health and Welfare Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Sponsor is a Professional Employer Organization (PEO). The Plan was established on January 1, 2018 to provide health and other benefits to eligible employees of Lyons & Company, Inc. and participating professional employer organizations (PEO) member companies (collectively, the Company) and covered dependents. The Plan is subject to ERISA, as amended.

In general, all employees scheduled to work at least 30 hours per week on a regular basis are eligible to participate in the Plan.

Contributions

The Plan provides that participating employers make monthly premium contributions based on the number of employees, types of coverage, and elected component benefit program. The breakdown between participant and Company contributions is determined by the participating employer on an annual basis. Participants are advised of any changes to their contributions prior to the effective date of such change. Participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections. If elected, the Company may make contributions to the Plan to offset the cost of participant's monthly contributions.

Benefits

The Plan provides health benefits (medical, vision, dental, telehealth, and prescription drugs), life insurance, short and long-term disability benefits, accidental death and dismemberment benefits, and AFLAC to eligible members and to their beneficiaries and dependents, as applicable. The Plan also provides continuation of certain benefits where required pursuant to the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured Benefits

The Plan benefits are fully insured. The Sponsor purchases annual insurance contracts for the fully insured benefits.

Experience Rated Contracts

Certain insurance contracts are subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year.

LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Deferred Contribution Revenue

The Plan administrator invoices the member companies for contributions for certain insurance premiums in advance. Accordingly, these amounts are deferred and recognized in the period earned.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to the Sponsor for administering the Plan including trustee fees, legal and accounting fees, and Plan administration fees. Expenses paid directly by the Sponsor are excluded from these financial statements unless they are submitted for reimbursement by the Plan. The Sponsor submits expenses for reimbursement monthly, and the expenses are not due from the Plan until the Plan Sponsor seeks reimbursement. These expenses are reported on the statement of changes in net assets available for benefits and benefit obligations as administrative expenses.

Insurance Premiums

Premiums are expensed in the period which the insurance policy covers.

Premium Reimbursements

The Plan receives, from time to time, rebates from its third-party providers. These fees are held in a trust and used to pay administrative expenses. These funds are netted against insurance premiums in the accompanying statement of changes in net assets available for benefits and benefit obligations. Reimbursements are recorded when earned. Amounts due as of the financial statement date are recorded as a receivable.

Subsequent Events

The Plan has evaluated subsequent events through September 9, 2024, the date the financial statements were available to be issued.

On March 1, 2024, certain assets of Lyons & Company, Inc. were sold to Resourcing Edge including the assets of the PEO business.

LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 BENEFIT OBLIGATIONS

The liability for premiums payable to insurance companies was determined by Plan management using Plan provisions, the number of eligible participants, and the actual billings of the Plan.

NOTE 4 TAX STATUS

The Trust intends to be a taxable trust under the Internal Revenue Code and, accordingly, any Trust net income will be taxable. During the years ended December 31, 2023 and 2022, the Trust's tax liability was \$-0-.

The Plan's administrator evaluates tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 PLAN TERMINATION

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of participants, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits or for on account of the participants. No assets of the Plan may revert to the Sponsor or Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 6 PARTY-IN-INTEREST TRANSACTIONS

The Sponsor provides accounting and various administrative services to the Plan for which it is reimbursed by the Plan. For the year ended December 31, 2023, the Sponsor received \$433,395 for these services from the Plan directly.

The Sponsor collects participant and employer contributions and pays insurance premiums directly to the insurance company. The amount collected by the Sponsor prior to year-end for premiums paid after year-end totaled \$1,507,533 and \$1,433,299 as of December 31, 2023 and 2022, respectively. These balances are recorded as Amounts Due from Sponsor on the statements of net assets available for benefits and benefit obligations.

Additionally, Plan assets are managed by the trustee of the Plan. As described in Notes 1 and 2, the Plan has several arrangements with service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

LYONS & COMPANY, INC. HEALTH AND WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 7 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2023</u>	<u>2022</u>
Net Assets Available for Benefits per Financial Statements	\$ 145,690	\$ 64,179
Less: Premium Payable	<u>(108,680)</u>	<u>(105,518)</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 37,010</u>	<u>\$ (41,339)</u>

The following is a reconciliation of net increase in net assets per the financial statements to Form 5500 for the year ended December 31, 2023:

Net Increase In Net Assets Available For Benefits per Financial Statements	\$ 81,511
Decrease Attributable to Premiums Payable to Insurance Companies	<u>(3,162)</u>
Net Increase per Form 5500	<u>\$ 78,349</u>

Premiums payable are included as a benefit obligation on the financial statements; however, the benefit obligation is recorded as a liability on the Form 5500.

