

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>VOLARE HEALTH, LLC COLONIAL PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VOLARE HEALTH, LLC</u></p> <p><u>10401 LINN STATION ROAD</u> <u>SUITE 300</u> <u>LOUISVILLE, KY 40223</u></p>	<p>1c Effective date of plan <u>03/01/2023</u></p> <p>2b Employer Identification Number (EIN) <u>88-2124963</u></p> <p>2c Plan Sponsor's telephone number <u>270-336-1050</u></p> <p>2d Business code (see instructions) <u>623000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2024	KRISTIN WALLS
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	385
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)	385
	6a(2)	311
	6b	0
	6c	0
	6d	311
	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:
4B 4F 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan VOLARE HEALTH, LLC COLONIAL PLAN	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 VOLARE HEALTH, LLC	D Employer Identification Number (EIN) 88-2124963

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
COLONIAL LIFE AND ACCIDENT 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
57-0144607	62049	E5916713	521	03/01/2023	02/29/2024

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

(a) Total amount of commissions paid 196974	(b) Total amount of fees paid 68074
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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
VARIOUS BROKERS SEE ATTACHED

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
196974	68074	COMMISSIONS AND FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	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	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	348041
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. ▶

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [X] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program... 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: Volare Health, LLC Colonial Plan
1b Three-digit plan number (PN): 503
1c Effective date of plan: 03/01/2023
2a Plan sponsor's name (employer, if for a single-employer plan): Volare Health, LLC
2b Employer Identification Number (EIN): 88-2124963
2c Plan Sponsor's telephone number: 270-336-1050
2d Business code (see instructions): 623000

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Kristin Walls, 9/25/2024, KRISTIN WALLS, Enter name of individual signing as plan administrator.

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

Form 5500 (2023) v. & \$\$\$&

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">385</td> </tr> </table>	5	385																															
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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:
 4B 4F 4Q

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Hale Nani Rehab & Nursing Cent
Attn: Vicki Fite
1677 Pensacola Street
Honolulu, HI 96822

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916713

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006009 E59167130000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Hale Nani Rehab & Nursing Cent
Billing Control Number: E5916713
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$51,994.81
Amount for After Tax Paid Premium: \$32,869.68
Total Paid Premium: \$84,864.49

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 178

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$10,327.55	\$8,794.87	\$19,122.42	\$3,088.09
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$3,330.09	\$3,253.04	\$6,583.13	\$0.00
Victoria L Flynn 7009 Fairview Rd Corryton TN 37721	\$3,287.08	\$2,408.36	\$5,695.44	\$859.51
Rita S Ornellas 95-1023 Hoailona St Mililani HI 96789	\$353.26	\$321.26	\$674.52	\$5.92

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Jeanice Lyn Geyrozaga 2888 Ala Ilima St Apt 2209 Honolulu HI 96818	\$3,805.01	\$2,771.61	\$6,576.62	\$0.00
Jm Tamer & Co 6500 Papermill Dr Ste 201 Knoxville TN 37919	\$287.22	\$249.83	\$537.05	\$309.10
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$4,263.09	\$3,056.33	\$7,319.42	\$8,816.81
Grand Totals	\$25,653.30	\$20,855.30	\$46,508.60	\$13,079.43



006010 E59167130000000 004 001

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
AVP of Sales Compensation

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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Corvallis Manor Nursing & Reha
Attn: Vicki Fite
160 Ne Conifer Blvd.
Corvallis, OR 97330

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916721

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006011 E59167210000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Corvallis Manor Nursing & Reha
Billing Control Number: E5916721
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$7,973.73
Amount for After Tax Paid Premium: \$14,582.02
Total Paid Premium: \$22,555.75

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 35

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$1,549.11	\$3,747.10	\$5,296.21	\$855.43
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$490.36	\$1,333.35	\$1,823.71	\$0.00
Cheryl Lynn Bonner 2754 Tangent Way Se Salem OR 97317	\$128.79	\$182.90	\$311.69	\$0.95
Corrine Dawn Attebery 391 Randy Dr Grants Pass OR 97527	\$6.23	\$11.05	\$17.28	\$11.34

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Marci Marie Otis 200 Julina Ln Roseburg OR 97471	\$6.23	\$11.05	\$17.28	\$3.54
Mpart Benefits Inc 100 Albright Ln Prosper TX 75078	\$76.68	\$217.36	\$294.04	\$255.97
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$638.01	\$1,343.30	\$1,981.31	\$2,387.10
Ingle Benefits Llc 1840 Lariat Trail Celina TX 75009	\$927.56	\$1,973.47	\$2,901.03	\$1,142.75
Grand Totals	\$3,822.97	\$8,819.58	\$12,642.55	\$4,657.08



006012 E59167210000000 004 001

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
AVP of Sales Compensation

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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



French Prairie Nursing & Rehab
Attn: Vicki Fite
601 Evergreen Road
Woodburn, OR 97071

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916739

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006013 E59167390000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: French Prairie Nursing & Rehab
Billing Control Number: E5916739
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$4,264.63
Amount for After Tax Paid Premium: \$7,971.55
Total Paid Premium: \$12,236.18

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 18

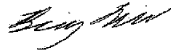
Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$813.74	\$2,113.51	\$2,927.25	\$472.63
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$235.22	\$699.13	\$934.35	\$0.00
Carlos Paez 3550 Nw 85th Ct Apt 350 Doral FL 33122	\$531.49	\$998.64	\$1,530.13	\$729.62
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$36.27	\$103.47	\$139.74	\$53.96

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$323.09	\$738.96	\$1,062.05	\$1,279.14
Grand Totals	\$1,939.81	\$4,653.71	\$6,593.52	\$2,535.35

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation



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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Umpqua Valley Nursing & Rehabi
Attn: Vicki Fite
525 West Umpqua Street
Roseburg, OR 97470

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916747

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006015 E59167470000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Umpqua Valley Nursing & Rehabi
Billing Control Number: E5916747
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$4,901.06
Amount for After Tax Paid Premium: \$17,937.78
Total Paid Premium: \$22,838.84

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 39

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$945.81	\$4,976.74	\$5,922.55	\$956.34
Walter Thomas Bonilla 9 Longleaf Ln Medford NY 11763	\$61.32	\$313.24	\$374.56	\$78.75
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$308.29	\$1,843.17	\$2,151.46	\$0.00
Michel Alexander Aubertin 135 Willowbrook Rd Fl 2 Staten Island NY 10302	\$630.23	\$2,786.82	\$3,417.05	\$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Brooke Ingram Po Box 2753 Grants Pass OR 97528	\$13.45	\$41.99	\$55.44	\$0.00
Corrine Dawn Attebery 391 Randy Dr Grants Pass OR 97527	\$1.81	\$5.59	\$7.40	\$4.85
Robert Armando Rodriguez 11403 Barker Cypress Rd Ste J Cypress TX 77433	\$0.53	\$0.00	\$0.53	\$0.00
Caroline Rios 17411 Roberts Rd Hockley TX 77447	\$4.09	\$0.00	\$4.09	\$1.08
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$405.15	\$1,683.31	\$2,088.46	\$2,516.07
Grand Totals	\$2,370.68	\$11,650.86	\$14,021.54	\$3,557.09



006016 E59167470000000 004 001

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
 AVP of Sales Compensation

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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Keizer Nursing And Rehab Cente
Attn: Vicki Fite
4062 Arleta Ave Ne
Keizer, OR 97303

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916754

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006017 E59167540000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Keizer Nursing And Rehab Cente
Billing Control Number: E5916754
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$5,116.15
Amount for After Tax Paid Premium: \$7,721.36
Total Paid Premium: \$12,837.51

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 12

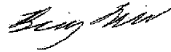
Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$920.99	\$2,440.86	\$3,361.85	\$542.94
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$298.35	\$912.60	\$1,210.95	\$0.00
Carlos Paez 3550 Nw 85th Ct Apt 350 Doral FL 33122	\$678.12	\$1,223.70	\$1,901.82	\$906.84
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$56.93	\$151.04	\$207.97	\$80.30

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$389.21	\$744.53	\$1,133.74	\$1,365.90
Grand Totals	\$2,343.60	\$5,472.73	\$7,816.33	\$2,895.98

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation



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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Hearthstone Nursing & Rehabili
Attn: Vicki Fite
2901 E Barnett Road
Medford, OR 97504

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916762

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006019 E59167620000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Hearthstone Nursing & Rehabili
Billing Control Number: E5916762
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$8,732.06
Amount for After Tax Paid Premium: \$18,266.24
Total Paid Premium: \$26,998.30

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 27

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Tulasi Angelica Asurza 4679 Sw 154th Ct Miami FL 33185	\$880.16	\$2,222.80	\$3,102.96	\$1,383.90
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$1,522.65	\$5,145.55	\$6,668.20	\$1,076.78
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$490.17	\$1,912.28	\$2,402.45	\$0.00
Kevin Brooks 97 Rockland Ln Spring Valley NY 10977	\$21.63	\$108.68	\$130.31	\$65.17

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
David J Mcclellan 118 Royal Horse Way Reinholds PA 17569	\$2.46	\$1.58	\$4.04	\$11.80
Brooke Ingram Po Box 2753 Grants Pass OR 97528	\$113.31	\$271.16	\$384.47	\$0.00
Corrine Dawn Attebery 391 Randy Dr Grants Pass OR 97527	\$9.63	\$29.40	\$39.03	\$25.61
Mpart Benefits Inc 100 Albright Ln Prosper TX 75078	\$1.22	\$5.32	\$6.54	\$5.82
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$75.90	\$274.48	\$350.38	\$135.29
James Bartlett Llc 3138 Greenridge Dr Lancaster PA 17601	\$34.17	\$13.28	\$47.45	\$12.77
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$651.47	\$1,693.02	\$2,344.49	\$2,824.43
Ingle Benefits Llc 1840 Lariat Trail Celina TX 75009	\$16.46	\$45.52	\$61.98	\$24.39
Grand Totals	\$3,819.23	\$11,723.07	\$15,542.30	\$5,565.96



006020 E59167620000000 004 001

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
AVP of Sales Compensation

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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Highland House Nursing & Rehab
Attn: Vicki Fite
740 Nw Hill Place
Roseburg, OR 97471

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916770

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006021 E59167700000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Highland House Nursing & Rehab
Billing Control Number: E5916770
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$5,720.56
Amount for After Tax Paid Premium: \$9,435.44
Total Paid Premium: \$15,156.00

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 32

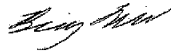
Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$1,193.36	\$2,513.98	\$3,707.34	\$598.60
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$383.02	\$922.13	\$1,305.15	\$0.00
Kevin Brooks 97 Rockland Ln Spring Valley NY 10977	\$788.62	\$1,521.71	\$2,310.33	\$1,155.57
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$551.08	\$1,073.74	\$1,624.82	\$1,956.81

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Grand Totals	\$2,916.08	\$6,031.56	\$8,947.64	\$3,710.98

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation



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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Hillside Heights Rehabilitatio
Attn: Vicki Fite
1201 Mclean Blvd.
Eugene, OR 97405

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916788

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006023 E59167880000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Hillside Heights Rehabilitatio
Billing Control Number: E5916788
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$6,799.12
Amount for After Tax Paid Premium: \$7,223.87
Total Paid Premium: \$14,022.99

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 21

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$1,287.87	\$1,729.56	\$3,017.43	\$487.28
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$419.08	\$622.62	\$1,041.70	\$0.00
Carlos Paez 3550 Nw 85th Ct Apt 350 Doral FL 33122	\$833.91	\$1,034.18	\$1,868.09	\$890.76
Mpart Benefits Inc 100 Albright Ln Prosper TX 75078	\$0.83	\$2.99	\$3.82	\$3.23

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$88.54	\$117.79	\$206.33	\$79.67
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$546.19	\$635.17	\$1,181.36	\$1,423.35
Ingle Benefits Llc 1840 Lariat Trail Celina TX 75009	\$6.20	\$26.92	\$33.12	\$13.07
Grand Totals	\$3,182.62	\$4,169.23	\$7,351.85	\$2,897.36



006024 E59167880000000 004 001

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
AVP of Sales Compensation

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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Green Valley Rehab Center
Attn: Vicki Fite
740 Nw Hill Place
Roseburg, OR 97471

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916796

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006025 E59167960000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Green Valley Rehab Center
Billing Control Number: E5916796
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$12,573.49
Amount for After Tax Paid Premium: \$25,588.35
Total Paid Premium: \$38,161.84

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 44

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$2,359.18	\$6,521.25	\$8,880.43	\$1,434.18
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$766.92	\$2,357.81	\$3,124.73	\$0.00
David J McClellan 118 Royal Horse Way Reinholds PA 17569	\$135.53	\$395.17	\$530.70	\$1,542.51
Carlos Paez 3550 Nw 85th Ct Apt 350 Doral FL 33122	\$0.00	\$118.33	\$118.33	\$56.44

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Robert Armando Rodriguez 11403 Barker Cypress Rd Ste J Cypress TX 77433	\$11.79	\$7.55	\$19.34	\$0.00
Caroline Rios 17411 Roberts Rd Hockley TX 77447	\$157.76	\$56.51	\$214.27	\$57.12
Mpart Benefits Inc 100 Albright Ln Prosper TX 75078	\$5.31	\$11.10	\$16.41	\$14.23
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$0.00	\$6.12	\$6.12	\$2.37
James Bartlett Llc 3138 Greenridge Dr Lancaster PA 17601	\$1,401.35	\$3,486.02	\$4,887.37	\$1,315.94
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$985.36	\$2,290.21	\$3,275.57	\$3,946.46
Ingle Benefits Llc 1840 Lariat Trail Celina TX 75009	\$66.65	\$93.06	\$159.71	\$62.89
Grand Totals	\$5,889.85	\$15,343.13	\$21,232.98	\$8,432.14



006026 E59167960000000 004 001

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
 AVP of Sales Compensation

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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Royale Gardens Health & Rehabi
Attn: Vicki Fite
2075 Nw Highland Avenue
Grants Pass, OR 97526

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916804

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006027 E59168040000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Royale Gardens Health & Rehabi
Billing Control Number: E5916804
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$8,967.62
Amount for After Tax Paid Premium: \$17,430.38
Total Paid Premium: \$26,398.00

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 27

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$1,746.57	\$4,692.51	\$6,439.08	\$1,039.99
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$572.83	\$1,686.30	\$2,259.13	\$0.00
Kevin Brooks 97 Rockland Ln Spring Valley NY 10977	\$1,007.65	\$2,268.57	\$3,276.22	\$1,638.70
Brooke Ingram Po Box 2753 Grants Pass OR 97528	\$128.53	\$98.95	\$227.48	\$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Corrine Dawn Attebery 391 Randy Dr Grants Pass OR 97527	\$21.45	\$26.23	\$47.68	\$31.28
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$800.27	\$1,838.48	\$2,638.75	\$3,178.50
Grand Totals	\$4,277.30	\$10,611.04	\$14,888.34	\$5,888.47



006928 E59168040000000 004 001

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
AVP of Sales Compensation

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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



South Hills Rehab Center
Attn: Vicki Fite
1166 E 28th Avenue
Eugene, OR 97403

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5916812

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006029 E59168120000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: South Hills Rehab Center
Billing Control Number: E5916812
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$18,545.18
Amount for After Tax Paid Premium: \$24,858.29
Total Paid Premium: \$43,403.47

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 43

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$3,543.56	\$6,192.95	\$9,736.51	\$1,572.53
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$1,092.89	\$2,150.06	\$3,242.95	\$0.00
Mpart Benefits Inc 100 Albright Ln Prosper TX 75078	\$190.59	\$390.74	\$581.33	\$506.12
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$1,440.40	\$2,250.95	\$3,691.35	\$4,447.09

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Ingle Benefits Llc 1840 Lariat Trail Celina TX 75009	\$2,273.80	\$3,487.36	\$5,761.16	\$2,269.44
Grand Totals	\$8,541.24	\$14,472.06	\$23,013.30	\$8,795.18

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.



Ben Quick
AVP of Sales Compensation



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Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365



Rose Haven Nursing Center
Attn: Vicki Fite
740 Nw Hill Place
Roseburg, OR 97471

March 7, 2024

Re: Information Schedule A (Form 5500)
BCN: E5949870

Dear Vicki Fite:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department



006439 E59498700000000 004 000

Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
 Post Office Box 1365
 Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Rose Haven Nursing Center
Billing Control Number: E5949870
Plan Year Date Range: 02/01/2023 - 01/31/2024

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$11,089.31
Amount for After Tax Paid Premium: \$17,478.92
Total Paid Premium: \$28,568.23

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2024: 45

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Baruch Klahr 100 Dutch Hill Rd Ste 220 Orangeburg NY 10962	\$2,278.95	\$5,863.63	\$8,142.58	\$1,315.05
Yehudah Gutman 1066 E 2nd St Brooklyn NY 11230	\$735.60	\$2,186.17	\$2,921.77	\$0.00
Michel Alexander Aubertin 135 Willowbrook Rd Fl 2 Staten Island NY 10302	\$0.00	\$0.73	\$0.73	\$0.00
Charles Don Schaef 17106 Waterview Meadow Blvd Roland AR 72135	\$127.25	\$321.11	\$448.36	\$719.13

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Tiffany Raeann Hammond 11216 Johnna Ln Lot C Jacksonville AR 72076	\$1,442.21	\$2,720.60	\$4,162.81	\$860.27
Brooke Ingram Po Box 2753 Grants Pass OR 97528	\$95.80	\$6.62	\$102.42	\$0.00
Corrine Dawn Attebery 391 Randy Dr Grants Pass OR 97527	\$12.84	\$0.00	\$12.84	\$8.42
Soteria Partners Llc 550 W 29th St Apt 3a New York NY 10001	\$908.40	\$1,713.63	\$2,622.03	\$3,158.57
Grand Totals	\$5,601.05	\$12,812.49	\$18,413.54	\$6,061.44



006440 E59498700000000 004 001

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
 AVP of Sales Compensation

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