

<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;">2024</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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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>SUNFLOWER CANCER PROTECTION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>530</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>SUNFLOWER ELECTRIC POWER CORPORATION</u></p> <p><u>PO BOX 1020</u> <u>301 W 13TH STREET</u> <u>HAYS, KS 67601-1020</u> <u>HAYS, KS 67601</u></p>	<p>1c Effective date of plan <u>03/01/1998</u></p> <p>2b Employer Identification Number (EIN) <u>01-0707918</u></p> <p>2c Plan Sponsor's telephone number <u>785-628-2845</u></p> <p>2d Business code (see instructions) <u>221100</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.	06/02/2025	LANA BUSTAMANTE
	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	210
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)	210
	6a(2)	205
	6b	
	6c	
	6d	205
	6e	
	6f	205
	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

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SUNFLOWER CANCER PROTECTION PLAN		B Three-digit plan number (PN) ▶ 530
C Plan sponsor's name as shown on line 2a of Form 5500 SUNFLOWER ELECTRIC POWER CORPORATION		D Employer Identification Number (EIN) 01-0707918

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	J7486	205	01/01/2024	12/31/2024

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 20519	(b) Total amount of fees paid 684
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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

SUE C 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	
1			

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

JONI S WOBORNY BUNKER

**4601 LICHEN LN
MANHATTAN, KS 66503**

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

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

SCOTT W LUTY 524 E 30TH AVE
HUTCHINSON, KS 67502

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

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

JOHN A BACON 30837 SPRING VALLEY RD
PAOLA, KS 66071

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

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

MOORE AGENCY PO BOX 1004
ULYSSES, KS 67880

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

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

LINDA C MOORE LEGGETTE 302 N COLLEGE ST
ULYSSES, KS 67880

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

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

CHRISTIE L WOOKEY 440 N LAKE DR
WATERTOWN, SD 57201

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

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

JAMES C FLETCHER

131 N SANTA FE AVE STE 140
SALINA, KS 67401

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

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

THEODORE W HONKE

29478 US HIGHWAY 281
LAKE ANDES, SD 57356

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

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

LON E PISHNY

545 S TOWNS BLVD
GARDEN CITY, KS 67846

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

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

BRIAN MILLS

1402 W LUCY WEBB RD
RAYMORE, MO 64083

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

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

TERRY S DECKER

123401 EW 6 RD
TURPIN, OK 73950

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

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

MARC W COLBY

539 N SAINT ANDREWS DR
WICHITA, KS 67230

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

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

VONDA OLDHAM MCFARLAND

1617 ORCHARD LN
HIDEAWAY, TX 75771

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

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

LYNN E MOLLER

4527 ENGLISH HOLLY DR
FAIRFAX, VA 22030

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

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

CHRISTOPHER THOMAS HIPPI

1601 MEADOW LN
HAYS, KS 67601

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

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

NEFZGER ENTERPRISES INC

524 W LAKE DR
LAKE NORDEN, SD 57248

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

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

JOHN C MAGNUSON 507 S CORONADO AVE
LINDSBORG, KS 67456

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

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

KENNETH D MORRIS JR 5410 PLYMOUTH DR
LAWRENCE, KS 66049

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

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

MARC LUTHER HOMAN 11828 W CENTRAL AVE STE 100
WICHITA, KS 67212

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

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

LUKE CAVALLI 1508 22ND AVE
MITCHELL, NE 69357

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

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

GARY WAYNE WILLINGHAM 6033 STRAFFORD OAKS DR
SEBRING, FL 33875

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

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

RANDY MAUS
 PO BOX 236
 LEBANON, KS 66952

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

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

HEATHER M BRAMER
 808 S MAPLE
 WATERTOWN, SD 57201

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

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

SIGRID GALLAGHER
 1306 HOOVER ST
 GREAT BEND, KS 67530

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

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

NATHAN L HARRISON
 5301 E VISTA RICA ST
 PARADISE VALLEY, AZ 85253

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

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

JASON D GROSS
 511 S MAIN ST
 KENSINGTON, KS 66951

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

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

DOUGLAS R SCHENKEL

2205 WASHINGTON ST
GREAT BEND, KS 67530

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

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

CLINT ANDERSEN

PO BOX 586
RUSHVILLE, NE 69360

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

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

DAN STECKLEIN

2011 CENTRAL AVE
LOWER LEVEL SOUTH
DODGE CITY, KS 67801

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

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

WILLINGHAM INC

35354 MISSION BELLEVIEW RD
LOUISBURG, KS 66053

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
262	0		

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

BRAD J SCHUMACHER

2804 COUNTRY LN
HAYS, KS 67601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
485			

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

JORDAN J SHARP 1473 TOULON AVE
HAYS, KS 67601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
549			

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

SHAWN D SCHWARZ 1010 DOWNING AVE
STE 20
HAYS, KS 67601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
601			

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

JODY K HIPP PO BOX 1587
HAYS, KS 67601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1227	0		

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

TIMOTHY J SCHUMACHER PO BOX 657
HAYS, KS 67601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2406	171		

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

ANTHONY ELDEE CONNER 1001 1/2 STATE ST
PHILLIPSBURG, KS 67661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2628	66		

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

DAVID J WINDHOLZ

PO BOX 1225
HAYS, KS 67601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5147	223		

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

RYAN DAVID WINDHOLZ

PO BOX 1225
HAYS, KS 67601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6182	223		

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	20519
(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)	20519
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	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. ▶

*Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.

**Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.

SCHEDULE A EARNINGS REPORT

Group Number	Total Premium Collected	Group Covered Count
J7486	\$155,828.27	214

Group Address	Name of Insurance Carrier
SUNFLOWER ELECTRIC POWER CORPORATION	AFLAC
301 W 13TH ST	1932 WYNNNTON ROAD
HAYS, KS 67601	COLUMBUS, GA 31999
	PLAN YEAR 01/01/2024 to 12/31/2024
CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
RYAN DAVID WINDHOLZ PO BOX 1225 HAYS, KS 67601	\$6,181.75	\$222.70
DAVID J WINDHOLZ PO BOX 1225 HAYS, KS 67601	\$5,147.27	\$223.25
ANTHONY ELDEE CONNER 1001 1/2 STATE ST PHILLIPSBURG, KS 67661	\$2,628.18	\$66.45
TIMOTHY J SCHUMACHER PO BOX 657 HAYS, KS 67601	\$2,405.50	\$171.48
JODY K HIPPI PO BOX 1587 HAYS, KS 67601	\$1,226.90	\$0.00

SHAWN D SCHWARZ 1010 DOWNING AVE STE 20 HAYS, KS 67601	\$600.98	\$0.00
JORDAN J SHARP 1473 TOULON AVE HAYS, KS 67601	\$548.96	\$0.00
BRAD J SCHUMACHER 2804 COUNTRY LN HAYS, KS 67601	\$485.07	\$0.00
- WILLINGHAM INC 35354 MISSION BELLEVIEW RD LOUISBURG, KS 66053	\$262.32	\$0.00
DAN STECKLEIN 2011 CENTRAL AVE LOWER LEVEL SOUTH DODGE CITY, KS 67801	\$99.96	\$0.00
CLINT ANDERSEN PO BOX 586 RUSHVILLE, NE 69360	\$92.64	\$0.00
DOUGLAS R SCHENKEL 2205 WASHINGTON ST GREAT BEND, KS 67530	\$74.16	\$0.00
JASON D GROSS 511 S MAIN ST KENSINGTON, KS 66951	\$69.60	\$0.00
NATHAN L HARRISON 5301 E VISTA RICA ST PARADISE VALLEY, AZ 85253	\$64.82	\$0.00
SIGRID GALLAGHER 1306 HOOVER ST GREAT BEND, KS 67530	\$57.05	\$0.00
HEATHER M BRAMER 808 S MAPLE WATERTOWN, SD 57201	\$48.84	\$0.00
RANDY MAUS PO BOX 236 LEBANON, KS 66952	\$45.96	\$0.00
GARY WAYNE WILLINGHAM 6033 STRAFFORD OAKS DR SEBRING, FL 33875	\$45.36	\$0.00
LUKE CAVALLI 1508 22ND AVE MITCHELL, NE 69357	\$42.56	\$0.00
MARC LUTHER HOMAN 11828 W CENTRAL AVE STE 100 WICHITA, KS 67212	\$40.20	\$0.00

KENNETH D MORRIS JR 5410 PLYMOUTH DR LAWRENCE, KS 66049	\$38.98	\$0.00
JOHN C MAGNUSON 507 S CORONADO AVE LINDSBORG, KS 67456	\$35.76	\$0.00
- NEFZGER ENTERPRISES INC 524 W LAKE DR LAKE NORDEN, SD 57248	\$32.40	\$0.00
CHRISTOPHER THOMAS HIPPI 1601 MEADOW LN HAYS, KS 67601	\$28.98	\$0.00
LYNN E MOLLER 4527 ENGLISH HOLLY DR FAIRFAX, VA 22030	\$25.80	\$0.00
VONDA OLDHAM MCFARLAND 1617 ORCHARD LN HIDEAWAY, TX 75771	\$24.36	\$0.00
MARC W COLBY 539 N SAINT ANDREWS DR WICHITA, KS 67230	\$23.04	\$0.00
TERRY S DECKER 123401 EW 6 RD TURPIN, OK 73950	\$20.88	\$0.00
BRIAN MILLS 1402 W LUCY WEBB RD RAYMORE, MO 64083	\$18.48	\$0.00
LON E PISHNY 545 S TOWNS BLVD GARDEN CITY, KS 67846	\$17.22	\$0.00
THEODORE W HONKE 29478 US HIGHWAY 281 LAKE ANDES, SD 57356	\$16.44	\$0.00
JAMES C FLETCHER 131 N SANTA FE AVE STE 140 SALINA, KS 67401	\$14.12	\$0.00
CHRISTIE L WOOKEY 440 N LAKE DR WATERTOWN, SD 57201	\$12.24	\$0.00
LINDA C MOORE LEGGETTE 302 N COLLEGE ST ULYSSES, KS 67880	\$10.84	\$0.00
- MOORE AGENCY PO BOX 1004 ULYSSES, KS 67880	\$10.78	\$0.00

JOHN A BACON 30837 SPRING VALLEY RD PAOLA, KS 66071	\$9.64	\$0.00
SCOTT W LUTY 524 E 30TH AVE HUTCHINSON, KS 67502	\$7.08	\$0.00
JONI S WOBORNY BUNKER 4601 LICHEN LN MANHATTAN, KS 66503	\$3.48	\$0.00
SUE C TUCKER 9856 US HIGHWAY 29 N CUSSETA, AL 36852	\$0.48	\$0.00
Sum:	\$20,519.08	\$683.88