

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: EL DORADO INSURANCE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): EL DORADO FURNITURE CORPORATION
2b Employer Identification Number (EIN): 59-1350886
2c Plan Sponsor's telephone number: 305-624-9700
2d Business code (see instructions): 442110

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. Rows include: 1. Filed with authorized/valid electronic signature, 07/08/2025, IVAN TRABAL (Signature of plan administrator); 2. Filed with authorized/valid electronic signature, 07/08/2025, IVAN TRABAL (Signature of employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>EL DORADO FURNITURE CORPORATION DIRECTOR OF HUMAN RESOURCES 4200 NW 167TH ST MIAMI GARDENS, FL 33054-6112</p>	<p>3b Administrator's EIN 59-1350886</p> <p>3c Administrator's telephone number 305-624-9700</p>
<p>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:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 562</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1) 562</p> <p>6a(2) 506</p> <p>6b</p> <p>6c</p> <p>6d 506</p> <p>6e</p> <p>6f 506</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7 7</p>

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D 4E

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EL DORADO INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EL DORADO FURNITURE CORPORATION</p>	<p>D Employer Identification Number (EIN) 59-1350886</p>	

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
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0115150	506	02/01/2024	01/31/2025

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">17356</p>	<p>(b) Total amount of fees paid</p>
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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

STRATEGIC BENEFITS LLC **15757 PINES BLVD**
PEMBROKE PINES, FL 33027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17356			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
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	(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			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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)	
(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)
(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	166391
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. Specify nature of costs.	10b	

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. ▶

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EL DORADO INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EL DORADO FURNITURE CORPORATION</p>	<p>D Employer Identification Number (EIN) 59-1350886</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED HEALTH CARE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2739571	79413	0934855	351	02/01/2024	01/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
	80397

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
STRATEGIC BENEFITS LLC
15757 PINES BLVD STE 139
PEMBROKE PINES, FL 33027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	80397	INDIRECT COMPENSATIONS	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	

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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)	
	(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)
	(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	2826238
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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 EL DORADO INSURANCE PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 EL DORADO FURNITURE CORPORATION		D Employer Identification Number (EIN) 59-1350886

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 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	E5362009	226	02/01/2024	01/31/2025

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 69845	(b) Total amount of fees paid 13139
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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

SEE ATTACHED

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24538	13139	INDIRECT COMPENSATION	3

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

STRATEGIC BENEFITS LLC
15757 PINES BLVD
PEMBROKE PINES, FL 33027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24538			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

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	(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
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(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			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ **SUPPLEMENTAL 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)	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)	
(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)	
(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	262985
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. Specify nature of costs.	10b	

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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EL DORADO INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EL DORADO FURNITURE CORPORATION</p>	<p>D Employer Identification Number (EIN) 59-1350886</p>	

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 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	E6118624	106	02/01/2024	01/31/2025

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.

<p>(a) Total amount of commissions paid 28636</p>	<p>(b) Total amount of fees paid 4289</p>
--------------------------------------------------------------	------------------------------------------------------

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

SEE ATTACHED

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17248	4289	INDIRECT COMPENSATION	3

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

STRATEGIC BENEFITS LLC
15757 PINES BLVD
PEMBROKE PINES, FL 33027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11388			3

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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)	
	7c(6)	
(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)	
(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 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)	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)	
	(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)	
	(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	146986
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan EL DORADO INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EL DORADO FURNITURE CORPORATION</p>	<p>D Employer Identification Number (EIN) 59-1350886</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED OF OMAHA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	G000BPNS	148	02/01/2024	02/01/2025

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">5158</p>	<p>(b) Total amount of fees paid</p>
---------------------------------------------------------------------------------------------------	---------------------------------------------

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

STRATEGIC BENEFITS LLC **15757 PINES BLVD STE 139**
PEMBROKE PINES, FL 33027

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5158			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)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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)	
	(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)	
	(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	51581
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. Specify nature of costs.	10b	

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. ▶

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



El Dorado Furniture Leaders
Attn: Glenis Gomez
4200 Nw 167 St
Miami, FL 33054

March 13, 2025

Re: Information Schedule A (Form 5500)
BCN: E5362009

Dear Glenis Gomez:

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



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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: El Dorado Furniture Leaders
Billing Control Number: E5362009
Plan Year Date Range: 02/01/2024 - 01/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$150,539.02
Amount for After Tax Paid Premium: \$112,445.61
Total Paid Premium: \$262,984.63

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2025: 226

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	\$82.22	\$53.98	\$136.20	\$37.00
Joseph Hernandez 11471 Nw 39th Pl Sunrise FL 33323	\$307.85	\$64.68	\$372.53	\$66.37
Kelly D Hannan-Daley 2644 Table Coral Trail N Ft Myers FL 33903	\$21.33	\$2.99	\$24.32	\$0.00
Carlos Paez 3550 Nw 85th Ct Apt 350 Doral FL 33122	\$40.34	\$18.74	\$59.08	\$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
Roger Hugh Jones 10524 Ibis Reserve Cir West Palm Beach FL 33412	\$11.09	\$9.78	\$20.87	\$17.36
Nancy Jones 10524 Ibis Reserve Cir West Palm Beach FL 33412	\$4.88	\$0.00	\$4.88	\$0.00
Marirosy Gonzalez 2200 Sw 4th Ave Miami FL 33129	\$352.81	\$203.23	\$556.04	\$16.03
Cousin Richie Enterprises Llc 15005 Sw 8th Ter Miami FL 33194	\$5.20	\$0.00	\$5.20	\$0.00
Janet Ibanez 17501 Sw 92nd Ct Palmetto Bay FL 33157	\$7,218.03	\$6,607.15	\$13,825.18	\$5,016.28
Paul Martin Walkington 10100 Sw 99th Ave Miami FL 33176	\$0.60	\$0.00	\$0.60	\$0.56
Samantha Ann Meter 17588 Wayside Bend Punta Gorda FL 33982	\$6.15	\$12.54	\$18.69	\$0.00
Perla Spirgel 10886 Blue Palm St Plantation FL 33324	\$23.70	\$7.63	\$31.33	\$0.00
Brito Benefits Solutions Inc 14716 Sw 112th Ter Miami FL 33196	\$3.20	\$0.92	\$4.12	\$1.42
Migdalia Burgos 16774 Nw 90th Ave Miami Lakes FL 33018	\$1,080.99	\$1,507.02	\$2,588.01	\$39.87
Wendolyn Isola 9271 Caribbean Blvd Cutler Bay FL 33157	\$5,847.27	\$5,059.37	\$10,906.64	\$3,136.48
Maria Elizabeth Gadea 9433 Fontainebleau Blvd Apt 10 Miami FL 33172	\$1,102.75	\$1,107.27	\$2,210.02	\$634.88
Gregorio R Ugaz 12300 Sw 36th St Miami FL 33175	\$833.63	\$451.93	\$1,285.56	\$140.05



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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 Anita Miranda 2727 Sw 1st Ave Cape Coral FL 33914	\$0.46	\$2.21	\$2.67	\$3.65
Lucas Gartenmayer 39051 12th Ave Zephyrhills FL 33542	\$62.01	\$23.62	\$85.63	\$2.05
Jennifer Romo-Valdes 841 E 18th St Hialeah FL 33013	\$151.17	\$146.18	\$297.35	\$404.16
Joaquin Miranda 2727 Sw 1st Ave Cape Coral FL 33914	\$0.46	\$2.21	\$2.67	\$11.55
Magda L Orozco 15807 Sw 72nd Ter Miami FL 33193	\$672.70	\$225.93	\$898.63	\$0.00
Natasha Delgado 6800 Sw 40th St Miami FL 33155	\$644.81	\$871.97	\$1,516.78	\$120.41
John Anthony Carreiro Iii 11750 Capri Cir S Apt 3 Treasure Island FL 33706	\$2.94	\$1.04	\$3.98	\$0.40
Geovanny Encarnacion 11754 Nw 1st St Coral Springs FL 33071	\$207.80	\$132.57	\$340.37	\$0.00
Mario Arturo Cuello 10841 Sw 123rd St Miami FL 33176	\$8.02	\$0.00	\$8.02	\$0.00
Gabriela Castro Vega 17580 Nw 67 Pl Apt J Hialeah FL 33015	\$51.71	\$0.85	\$52.56	\$14.93
Yolanda Maria Restrepo 16171 Blatt Blvd Apt O303 Weston FL 33326	\$48.14	\$0.00	\$48.14	\$0.00
Yessica Berti Frometa 2775 Ne 187th St Apt 622 Miami FL 33180	\$40.33	\$0.00	\$40.33	\$0.00
Samantha Simo 1609 Nw 17th Ter Cape Coral FL 33993	\$0.00	\$31.64	\$31.64	\$3.50

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
Cheryl Ann Hernandez 833 Sw Curry St Port St Lucie FL 34983	\$3,131.18	\$2,816.57	\$5,947.75	\$2,276.60
Karen Reina 2044 Nw 27th St Miami FL 33142	\$0.00	\$180.46	\$180.46	\$0.00
Strategic Benefits Llc 15757 Pines Blvd. Pembroke Pines FL 33027	\$14,006.96	\$10,531.53	\$24,538.49	\$0.00
Choice Benefits Solutions Llc 11399 81st Pl Seminole FL 33772	\$2.94	\$1.04	\$3.98	\$5.59
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$102.93	\$60.13	\$163.06	\$62.44
The Family Insurance Discount 12010 Sw 135th Ter Miami FL 33186	\$52.88	\$20.17	\$73.05	\$2.42
Epic Solutions Enterprise 132 Sw 113th Ave Miami FL 33174	\$731.81	\$2,098.45	\$2,830.26	\$901.49
Modern Life Financial Group 2826 Sw 145th Ct Miami FL 33175	\$29.10	\$7.36	\$36.46	\$0.00
L&I Consultants 1870 Nw 152nd St Opa Locka FL 33054	\$160.86	\$230.09	\$390.95	\$63.15
Single Point Enrollment Solutions I 14716 Sw 112th Ter Miami FL 33196	\$3.20	\$0.92	\$4.12	\$5.71
Em Insurance And Financial Services 4679 Sw 154th Ct Miami FL 33185	\$6.48	\$4.69	\$11.17	\$24.75
Luis Carlos Sr. Gonzalez 6755 Miami Lakes Dr Apt J135 Miami Lakes FL 33014	\$170.62	\$116.42	\$287.04	\$130.11

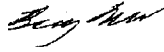


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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Grand Totals	\$37,231.55	\$32,613.28	\$69,844.83	\$13,139.21

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

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

Colonial Life.

El Dorado Furniture Sales
Attn: Glenis Gomez
4200 Nw 167 St
Miami, FL 33054

March 13, 2025

Re: Information Schedule A (Form 5500)
BCN: E6118624

Dear Glenis Gomez:

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



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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: El Dorado Furniture Sales
Billing Control Number: E6118624
Plan Year Date Range: 02/01/2024 - 01/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$75,806.70
Amount for After Tax Paid Premium: \$71,179.58
Total Paid Premium: \$146,986.28

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2025: 106

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	\$21.50	\$36.21	\$57.71	\$15.68
Joseph Hernandez 11471 Nw 39th Pl Sunrise FL 33323	\$0.00	\$182.73	\$182.73	\$37.42
Kelly D Hannan-Daley 2644 Table Coral Trail N Ft Myers FL 33903	\$9.68	\$0.00	\$9.68	\$0.00
Carlos Paez 3550 Nw 85th Ct Apt 350 Doral FL 33122	\$14.83	\$0.00	\$14.83	\$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
Roger Hugh Jones 10524 Ibis Reserve Cir West Palm Beach FL 33412	\$2.88	\$5.60	\$8.48	\$7.05
Nancy Jones 10524 Ibis Reserve Cir West Palm Beach FL 33412	\$0.80	\$0.00	\$0.80	\$0.00
Marirosy Gonzalez 2200 Sw 4th Ave Miami FL 33129	\$69.33	\$283.38	\$352.71	\$9.63
Cousin Richie Enterprises Llc 15005 Sw 8th Ter Miami FL 33194	\$26.54	\$0.00	\$26.54	\$0.00
Janet Ibanez 17501 Sw 92nd Ct Palmetto Bay FL 33157	\$2,581.62	\$2,916.16	\$5,497.78	\$1,659.25
Perla Spigel 10886 Blue Palm St Plantation FL 33324	\$2.75	\$3.16	\$5.91	\$0.00
Brito Benefits Solutions Inc 14716 Sw 112th Ter Miami FL 33196	\$1.99	\$0.00	\$1.99	\$0.68
Migdalia Burgos 16774 Nw 90th Ave Miami Lakes FL 33018	\$492.94	\$649.13	\$1,142.07	\$16.93
Wendolyn Isola 9271 Caribbean Blvd Cutler Bay FL 33157	\$2,346.73	\$2,120.09	\$4,466.82	\$1,139.57
Maria Elizabeth Gadea 9433 Fontainebleau Blvd Apt 10 Miami FL 33172	\$228.21	\$656.11	\$884.32	\$247.51
Gregorio R Ugaz 12300 Sw 36th St Miami FL 33175	\$142.45	\$171.17	\$313.62	\$34.17
Lucas Gartenmayer 39051 12th Ave Zephyrhills FL 33542	\$5.11	\$0.00	\$5.11	\$0.00
Jennifer Romo-Valdes 841 E 18th St Hialeah FL 33013	\$0.00	\$32.62	\$32.62	\$53.39



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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
Magda L Orozco 15807 Sw 72nd Ter Miami FL 33193	\$383.86	\$27.92	\$411.78	\$0.00
Natasha Delgado 6800 Sw 40th St Miami FL 33155	\$0.00	\$7.90	\$7.90	\$0.62
Geovanny Encarnacion 11754 Nw 1st St Coral Springs FL 33071	\$38.48	\$74.27	\$112.75	\$0.00
Gabriela Castro Vega 17580 Nw 67 Pl Apt J Hialeah FL 33015	\$4.76	\$0.00	\$4.76	\$1.35
Yolanda Maria Restrepo 16171 Blatt Blvd Apt O303 Weston FL 33326	\$42.34	\$0.00	\$42.34	\$0.00
Yessica Berti Frometa 2775 Ne 187th St Apt 622 Miami FL 33180	\$10.55	\$0.00	\$10.55	\$0.00
Cheryl Ann Hernandez 833 Sw Curry St Port St Lucie FL 34983	\$1,124.91	\$1,255.19	\$2,380.10	\$749.40
Karen Reina 2044 Nw 27th St Miami FL 33142	\$0.00	\$21.73	\$21.73	\$0.00
Strategic Benefits Llc 15757 Pines Blvd. Pembroke Pines FL 33027	\$5,981.78	\$5,406.49	\$11,388.27	\$0.00
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$29.59	\$37.15	\$66.74	\$25.56
Epic Solutions Enterprise 132 Sw 113th Ave Miami FL 33174	\$61.09	\$589.41	\$650.50	\$164.16
Modern Life Financial Group 2826 Sw 145th Ct Miami FL 33175	\$15.71	\$23.23	\$38.94	\$0.00
L&I Consultants 1870 Nw 152nd St Opa Locka FL 33054	\$42.17	\$324.56	\$366.73	\$61.25

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
Single Point Enrollment Solutions I 14716 Sw 112th Ter Miami FL 33196	\$1.99	\$0.00	\$1.99	\$2.63
Em Insurance And Financial Services 4679 Sw 154th Ct Miami FL 33185	\$1.72	\$0.94	\$2.66	\$5.89
Luis Carlos Sr. Gonzalez 6755 Miami Lakes Dr Apt J135 Miami Lakes FL 33014	\$124.94	\$0.00	\$124.94	\$56.69
Grand Totals	\$13,811.25	\$14,825.15	\$28,636.40	\$4,288.83



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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



El Dorado Furniture Leaders
Attn: Glenis Gomez
4200 Nw 167 St
Miami, FL 33054

March 13, 2025

Re: Information Schedule A (Form 5500)
BCN: E5362009

Dear Glenis Gomez:

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



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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: El Dorado Furniture Leaders
Billing Control Number: E5362009
Plan Year Date Range: 02/01/2024 - 01/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$150,539.02
Amount for After Tax Paid Premium: \$112,445.61
Total Paid Premium: \$262,984.63

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2025: 226

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	\$82.22	\$53.98	\$136.20	\$37.00
Joseph Hernandez 11471 Nw 39th Pl Sunrise FL 33323	\$307.85	\$64.68	\$372.53	\$66.37
Kelly D Hannan-Daley 2644 Table Coral Trail N Ft Myers FL 33903	\$21.33	\$2.99	\$24.32	\$0.00
Carlos Paez 3550 Nw 85th Ct Apt 350 Doral FL 33122	\$40.34	\$18.74	\$59.08	\$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
Roger Hugh Jones 10524 Ibis Reserve Cir West Palm Beach FL 33412	\$11.09	\$9.78	\$20.87	\$17.36
Nancy Jones 10524 Ibis Reserve Cir West Palm Beach FL 33412	\$4.88	\$0.00	\$4.88	\$0.00
Marirosy Gonzalez 2200 Sw 4th Ave Miami FL 33129	\$352.81	\$203.23	\$556.04	\$16.03
Cousin Richie Enterprises Llc 15005 Sw 8th Ter Miami FL 33194	\$5.20	\$0.00	\$5.20	\$0.00
Janet Ibanez 17501 Sw 92nd Ct Palmetto Bay FL 33157	\$7,218.03	\$6,607.15	\$13,825.18	\$5,016.28
Paul Martin Walkington 10100 Sw 99th Ave Miami FL 33176	\$0.60	\$0.00	\$0.60	\$0.56
Samantha Ann Meter 17588 Wayside Bend Punta Gorda FL 33982	\$6.15	\$12.54	\$18.69	\$0.00
Perla Spirgel 10886 Blue Palm St Plantation FL 33324	\$23.70	\$7.63	\$31.33	\$0.00
Brito Benefits Solutions Inc 14716 Sw 112th Ter Miami FL 33196	\$3.20	\$0.92	\$4.12	\$1.42
Migdalia Burgos 16774 Nw 90th Ave Miami Lakes FL 33018	\$1,080.99	\$1,507.02	\$2,588.01	\$39.87
Wendolyn Isola 9271 Caribbean Blvd Cutler Bay FL 33157	\$5,847.27	\$5,059.37	\$10,906.64	\$3,136.48
Maria Elizabeth Gadea 9433 Fontainebleau Blvd Apt 10 Miami FL 33172	\$1,102.75	\$1,107.27	\$2,210.02	\$634.88
Gregorio R Ugaz 12300 Sw 36th St Miami FL 33175	\$833.63	\$451.93	\$1,285.56	\$140.05



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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 Anita Miranda 2727 Sw 1st Ave Cape Coral FL 33914	\$0.46	\$2.21	\$2.67	\$3.65
Lucas Gartenmayer 39051 12th Ave Zephyrhills FL 33542	\$62.01	\$23.62	\$85.63	\$2.05
Jennifer Romo-Valdes 841 E 18th St Hialeah FL 33013	\$151.17	\$146.18	\$297.35	\$404.16
Joaquin Miranda 2727 Sw 1st Ave Cape Coral FL 33914	\$0.46	\$2.21	\$2.67	\$11.55
Magda L Orozco 15807 Sw 72nd Ter Miami FL 33193	\$672.70	\$225.93	\$898.63	\$0.00
Natasha Delgado 6800 Sw 40th St Miami FL 33155	\$644.81	\$871.97	\$1,516.78	\$120.41
John Anthony Carreiro Iii 11750 Capri Cir S Apt 3 Treasure Island FL 33706	\$2.94	\$1.04	\$3.98	\$0.40
Geovanny Encarnacion 11754 Nw 1st St Coral Springs FL 33071	\$207.80	\$132.57	\$340.37	\$0.00
Mario Arturo Cuello 10841 Sw 123rd St Miami FL 33176	\$8.02	\$0.00	\$8.02	\$0.00
Gabriela Castro Vega 17580 Nw 67 Pl Apt J Hialeah FL 33015	\$51.71	\$0.85	\$52.56	\$14.93
Yolanda Maria Restrepo 16171 Blatt Blvd Apt O303 Weston FL 33326	\$48.14	\$0.00	\$48.14	\$0.00
Yessica Berti Frometa 2775 Ne 187th St Apt 622 Miami FL 33180	\$40.33	\$0.00	\$40.33	\$0.00
Samantha Simo 1609 Nw 17th Ter Cape Coral FL 33993	\$0.00	\$31.64	\$31.64	\$3.50

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
Cheryl Ann Hernandez 833 Sw Curry St Port St Lucie FL 34983	\$3,131.18	\$2,816.57	\$5,947.75	\$2,276.60
Karen Reina 2044 Nw 27th St Miami FL 33142	\$0.00	\$180.46	\$180.46	\$0.00
Strategic Benefits Llc 15757 Pines Blvd. Pembroke Pines FL 33027	\$14,006.96	\$10,531.53	\$24,538.49	\$0.00
Choice Benefits Solutions Llc 11399 81st Pl Seminole FL 33772	\$2.94	\$1.04	\$3.98	\$5.59
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$102.93	\$60.13	\$163.06	\$62.44
The Family Insurance Discount 12010 Sw 135th Ter Miami FL 33186	\$52.88	\$20.17	\$73.05	\$2.42
Epic Solutions Enterprise 132 Sw 113th Ave Miami FL 33174	\$731.81	\$2,098.45	\$2,830.26	\$901.49
Modern Life Financial Group 2826 Sw 145th Ct Miami FL 33175	\$29.10	\$7.36	\$36.46	\$0.00
L&I Consultants 1870 Nw 152nd St Opa Locka FL 33054	\$160.86	\$230.09	\$390.95	\$63.15
Single Point Enrollment Solutions I 14716 Sw 112th Ter Miami FL 33196	\$3.20	\$0.92	\$4.12	\$5.71
Em Insurance And Financial Services 4679 Sw 154th Ct Miami FL 33185	\$6.48	\$4.69	\$11.17	\$24.75
Luis Carlos Sr. Gonzalez 6755 Miami Lakes Dr Apt J135 Miami Lakes FL 33014	\$170.62	\$116.42	\$287.04	\$130.11

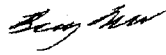


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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Grand Totals	\$37,231.55	\$32,613.28	\$69,844.83	\$13,139.21

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

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



El Dorado Furniture Sales
Attn: Glenis Gomez
4200 Nw 167 St
Miami, FL 33054

March 13, 2025

Re: Information Schedule A (Form 5500)
BCN: E6118624

Dear Glenis Gomez:

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



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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: El Dorado Furniture Sales
Billing Control Number: E6118624
Plan Year Date Range: 02/01/2024 - 01/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$75,806.70
Amount for After Tax Paid Premium: \$71,179.58
Total Paid Premium: \$146,986.28

APPROXIMATE NUMBER OF PERSONS COVERED IN JANUARY 2025: 106

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	\$21.50	\$36.21	\$57.71	\$15.68
Joseph Hernandez 11471 Nw 39th Pl Sunrise FL 33323	\$0.00	\$182.73	\$182.73	\$37.42
Kelly D Hannan-Daley 2644 Table Coral Trail N Ft Myers FL 33903	\$9.68	\$0.00	\$9.68	\$0.00
Carlos Paez 3550 Nw 85th Ct Apt 350 Doral FL 33122	\$14.83	\$0.00	\$14.83	\$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
Roger Hugh Jones 10524 Ibis Reserve Cir West Palm Beach FL 33412	\$2.88	\$5.60	\$8.48	\$7.05
Nancy Jones 10524 Ibis Reserve Cir West Palm Beach FL 33412	\$0.80	\$0.00	\$0.80	\$0.00
Marirosy Gonzalez 2200 Sw 4th Ave Miami FL 33129	\$69.33	\$283.38	\$352.71	\$9.63
Cousin Richie Enterprises Llc 15005 Sw 8th Ter Miami FL 33194	\$26.54	\$0.00	\$26.54	\$0.00
Janet Ibanez 17501 Sw 92nd Ct Palmetto Bay FL 33157	\$2,581.62	\$2,916.16	\$5,497.78	\$1,659.25
Perla Spirgel 10886 Blue Palm St Plantation FL 33324	\$2.75	\$3.16	\$5.91	\$0.00
Brito Benefits Solutions Inc 14716 Sw 112th Ter Miami FL 33196	\$1.99	\$0.00	\$1.99	\$0.68
Migdalia Burgos 16774 Nw 90th Ave Miami Lakes FL 33018	\$492.94	\$649.13	\$1,142.07	\$16.93
Wendolyn Isola 9271 Caribbean Blvd Cutler Bay FL 33157	\$2,346.73	\$2,120.09	\$4,466.82	\$1,139.57
Maria Elizabeth Gadea 9433 Fontainebleau Blvd Apt 10 Miami FL 33172	\$228.21	\$656.11	\$884.32	\$247.51
Gregorio R Ugaz 12300 Sw 36th St Miami FL 33175	\$142.45	\$171.17	\$313.62	\$34.17
Lucas Gartenmayer 39051 12th Ave Zephyrhills FL 33542	\$5.11	\$0.00	\$5.11	\$0.00
Jennifer Romo-Valdes 841 E 18th St Hialeah FL 33013	\$0.00	\$32.62	\$32.62	\$53.39



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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
Magda L Orozco 15807 Sw 72nd Ter Miami FL 33193	\$383.86	\$27.92	\$411.78	\$0.00
Natasha Delgado 6800 Sw 40th St Miami FL 33155	\$0.00	\$7.90	\$7.90	\$0.62
Geovanny Encarnacion 11754 Nw 1st St Coral Springs FL 33071	\$38.48	\$74.27	\$112.75	\$0.00
Gabriela Castro Vega 17580 Nw 67 Pl Apt J Hialeah FL 33015	\$4.76	\$0.00	\$4.76	\$1.35
Yolanda Maria Restrepo 16171 Blatt Blvd Apt O303 Weston FL 33326	\$42.34	\$0.00	\$42.34	\$0.00
Yessica Berti Frometa 2775 Ne 187th St Apt 622 Miami FL 33180	\$10.55	\$0.00	\$10.55	\$0.00
Cheryl Ann Hernandez 833 Sw Curry St Port St Lucie FL 34983	\$1,124.91	\$1,255.19	\$2,380.10	\$749.40
Karen Reina 2044 Nw 27th St Miami FL 33142	\$0.00	\$21.73	\$21.73	\$0.00
Strategic Benefits Llc 15757 Pines Blvd. Pembroke Pines FL 33027	\$5,981.78	\$5,406.49	\$11,388.27	\$0.00
Em Property & Casualty Llc 13500 Sw 88th St Ste 287 Miami FL 33186	\$29.59	\$37.15	\$66.74	\$25.56
Epic Solutions Enterprise 132 Sw 113th Ave Miami FL 33174	\$61.09	\$589.41	\$650.50	\$164.16
Modern Life Financial Group 2826 Sw 145th Ct Miami FL 33175	\$15.71	\$23.23	\$38.94	\$0.00
L&I Consultants 1870 Nw 152nd St Opa Locka FL 33054	\$42.17	\$324.56	\$366.73	\$61.25

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
Single Point Enrollment Solutions I 14716 Sw 112th Ter Miami FL 33196	\$1.99	\$0.00	\$1.99	\$2.63
Em Insurance And Financial Services 4679 Sw 154th Ct Miami FL 33185	\$1.72	\$0.94	\$2.66	\$5.89
Luis Carlos Sr. Gonzalez 6755 Miami Lakes Dr Apt J135 Miami Lakes FL 33014	\$124.94	\$0.00	\$124.94	\$56.69
Grand Totals	\$13,811.25	\$14,825.15	\$28,636.40	\$4,288.83



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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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