

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 THE BTC BANK CAFETERIA PLAN AND ACCOUNT PLANS
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/04/2005
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) BTC BANK 3606 MILLER STREET BETHANY, MO 64424
2b Employer Identification Number (EIN) 44-0170910
2c Plan Sponsor's telephone number 660-425-7285
2d Business code (see instructions) 522110

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for DIANE GARBER on 07/10/2025.

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

Form 5500 (2024) v. 240311

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	163
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)	163
	6a(2)	133
	6b	0
	6c	0
	6d	133
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

DEEANN MARIE NINKLE 1026 240TH ST
HIAWATHA, KS 66434

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1634	26	FEES PAID	3

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

CHRISTI LANE FARNAN 11193 CLUB VIEW DR
SAINT JOSEPH, MO 64505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
805	80	FEES PAID	3

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

RYAN LAGER LLC 9221 NE 111TH ST
KANSAS CITY, MO 64157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
379	66	FEES PAID	3

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

MORGAN DUNKLE 1016 ELM ST
STE B
MARYVILLE, MO 64468

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
297	14	FEES PAID	3

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

ERIC J HENNEGIN 7604 S PEOGA RD
TRAFALGAR, IN 46181

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
232	0		3

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

DESARAY WILHITE

1295 COUNTRY ROAD 2205
HUNTSVILLE, MO 65259

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
152	0		3

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

MICHAEL L PACKARD

298 CONWICK DR
JACKSONVILLE, FL 32218

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
146	0		3

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

CHARLES DAVIS

6015 NE WOODBINE RD
SAINT JOSEPH, MO 64505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
131	0		3

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

K GRAMLICH INC

9131 N BOOTH CT
KANSAS CITY, MO 64157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
117	0		3

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

WADE MASONER

175 SPRING AVE
HOLTS SUMMIT, MO 65043

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
104	0		3

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

MICHELLE L SCHROFF 28095 W US HIGHWAY 69
BETHANY, MO 64424

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
98	0		3

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

MINDY SKIDMORE LLC 2301 BURLINGTON ST
STE 200
NORTH KANSAS CITY, MO 64116

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
97	9	FEES PAID	3

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

KERRY R PICKARD 8534 N OVERLAND DR
KANSAS CITY, MO 64154

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

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

KRISTY GRAMLICH INC 9131 N BOOTH CT
KANSAS CITY, MO 64157

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
85	0		3

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

RAMI C PACKARD 298 CONWICH DR
JACKSONVILLE, FL 32218

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
79	0		3

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

CORINNA E RIDENHOUR 1621 RESIDENCE DR
COLUMBIA, MO 65201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76	0		3

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

TIMOTHY J DOUBLEDEE 660 SANDY DR
ALTENBURG, MO 63732

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72	0		3

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

ANGELIA DENISE CLUCK 1873 EMINENCE RD
HIGHLAND, KS 66035

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

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

JOSEPH E PUPEK JR 325 LOBLOLLY DR
BONAIRE, GA 31005

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

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

CHANDA L CASE 29575 STATE HWY E
LA PLATA, MO 63549

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53	4	FEES PAID	3

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

JACQUELYN KIMBROUGH PO BOX 568
CARLISLE, IA 50047

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

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

JOANNE KIRKLAND 1044 HARBORT RIDGE RD
GUNTERSVILLE, AL 35976

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

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

BRADLEY W TREASTER 3629 EDGAR ST
HANNIBAL, MO 63401

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

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

TIM C HAYSLETT 10752 N FAIRMOUNT AVE
KANSAS CITY, MO 64155

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

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

JEREMY FRYE & ASSOCIATES INC 1508 N CHURCH RD
STE B
LIBERTY, MO 64068

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

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

CHRISTINA J AMMONS 6609 SPRING PARK DR
JEFFERSON CITY, MO 65109

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

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

DENISE SIMPSON 1803 S BELT HWY
SAINT JOSEPH, MO 64507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44	0		3

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

KELLY THOMAS 9800 OLD BASS RD
EUGENE, MO 65032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44	0		3

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

SUSAN L MASCARO 4267 WORDSWORTH WAY
VENICE, FL 34293

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

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

SHARON R GROOM 25275 HARDESTY LN
WESTON, MO 64098

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

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

BRYAN C SWYERS 3219 EMERALD LN
STE 800
JEFFERSON CITY, MO 65109

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

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

KAMARA K ROACH 15280 PRIVATE DRIVE 3432
SAINT JOSEPH, MO 64505

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

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

JASON WHITE 310 E 8TH ST
MARYVILLE, MO 64468

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

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

COURTNEY HURT 5550 PONDEROSA DR
WEST DES MOISE, IA 50266

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

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

BRADLEY K HARRISON 3824 BENNINGTON LN
JEFFERSON CITY, MO 65109

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

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

THE C & S GROUP 2301 BURLINGTON ST
STE 200
NORTH KANSAS CITY, MO 64116

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

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

GREG WALKER 13420 PENNSYLVANIA CT
KANSAS CITY, MO 64145

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

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

STEPHANIE SUE EDWARDS 101 SALEM RD
LAWSON, MO 64062

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

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

WESNER ENTERPRISES LLC 1508 N CHURCH RD
STE B
LIBERTY, MO 64068

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

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

DEBRA KAY ALDRIDGE 1530 RAX CT
JEFFERSON CITY, MO 65109

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

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

DANNIELLE STURM

33209 MEADOW RD
CONCEPTION JUNCTION, MO 64434

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

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

BRITT F PARK

PO BOX 14
WENTZVILLE, MO 63385

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

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

RIDENHOUR INSURANCE SERVICES LLC

1270 CINNAMON HILL LN
APT 204
COLUMBIA, MO 64504

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

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

CHRISTOPHER M ASHTON

5962 SCREAMING EAGLE LN
COLUMBIA, MO 65201

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

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

CHAD J BASLER

460 NE LAKES EDGE DR
LEES SUMMIT, MO 64064

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

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

BRADLEY T VANDEGRITTE 914 CREEKMOOR DR
RAYMORE, MO 64083

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

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

JONATHAN P PERKINSON 2901 FREDERICK AVE
APT 22A
SAINT JOSEPH, MO 64506

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

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

CHAD M POSTON 2409 W ASH ST
COLUMBIA, MO 65203

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

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

BETH ANN TAYLOR 6022 N 22ND STREET TER
ST JOSEPH, MO 64505

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

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

GARY M BOCK 2378 HIGHLAND ACRES RD
MARSHALLTOWN, IA 50581

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

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

CONATANCE I LAGER

5109 NE 55TH TERRACE
KANSAS CITY, MO 64119

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

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

TARA M JORDAN

800 LAKESHORE DR
TUSCOLA, IL 61953

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

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

JENNIFER LEIGH WEAVER

3815 BENNINGTON LN
JEFFERSON CITY, MO 65109

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

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

HH ASSOCIATES LLC

3824 BENNINGTON LN TER
JEFFERSON CITY, MO 65109

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

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

KATIE JO WHITLEY

512 FOLSON LN
MORRISVILLE, NC 27560

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

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

SAM J SODA 1200 E EMMA AVE
DES MOINES, IA 50315

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

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

BRIAN D NEUNER 7651 E HIGHWAY WW
COLUMBIA, MO 65201

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

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

JERMEY J FRYE 1508 N CHURCH RD
STE B
LIBERTY, MO 64068

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

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

PAM L LEFLER 3 ELMWOOD RD
ST JOSEPH, MO 64505

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

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

JENNIFER L SMITH 4640 S STEWART AVE
SPRINGFIELD, MO 65804

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

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

JAY P HIGGINS

1530 RAX CT
JEFFERSON CITY, MO 65109

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

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

SUSAN ANNE MILLER

724 INDIAN GRASS WAY
RAYMORE, MO 64803

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

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

BRADLEY VENDEGRITTE

914 CREEKMOORE DR
RAYMORE, MO 64083

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

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

CLARENCE P BOCK

2378 HIGHLAND ACRES RD
MARSHALLTOWN, IA 50158

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

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

TYSON C FUNK

917 CROWN POINTE TERRACE CT
WILDWOOD, MO 63021

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

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

AUSTIN J PETERSON
 11116 AURORA AVE
 URBANDALE, IA 50322

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

DONNA M BAILEY
 1108 WESTPORT DR
 APT 1
 MARSHALL, MO 65340

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

RICHARD R KIMBROUGH
 1972 MUIRFIELD WAY SE
 PALM BAY, FL 32909

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

JEREMY M SATTERLEE
 4351 JAGER DR NE
 STE B
 RIO RANCHO, NM 87144

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

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

JOHN MYERS
 17635 ORRVILLE RD
 WILDWOOD, MO 63005

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

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

RONALD E KIRKLAND 1044 HARBOR RIDGE RD
GUNTERSVILLE, AL 35976

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

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

JANET ZENTMIRE RIGBY 801 MELANAE CT
LIBERTY, MO 64068

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

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

CHRISTIE LANDWEHR 4104 GRASSLAND DR
OZARK, MO 65721

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

SINDY L ROSS 1821 CRADER DR
APT B
JEFFERSON CITY, MO 65109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

DAVID MATHEW LYONS 1112 GRACE LN
BOONVILLE, MO 65109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

ERICA ROSE ASHLEY 13563 MILL TOWN DR
FRISCO, TX 75033

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

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

CHRISTOPHER M ASHTON 28 N 8TH ST
GUITAR BLDG STE 317
COLUMBIA, MO 65201

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

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

ROBIN M CALLAWAY 10201 W MARKHAM ST
STE 203
LITTLE ROCK, AR 72205

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

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

JONATHAN SAMUEL KIRKLAND 1270 HOPEWELL CRST
ALPHARETTA, GA 30004

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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) ▶ **ACCIDENT, CANCER, CRITICAL CARE, CRITICAL ILLNESS**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
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	101669
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. ▶