

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>PRAIRIE LAKES HEALTHCARE SYSTEM AFLAC PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>506</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PRAIRIE LAKES HEALTHCARE SYSTEM</u> <u>PRAIRIE LAKES HEALTHCARE SYSTEM</u></p> <p><u>401 9TH AVE NW</u> <u>401 9TH AVE NW</u> <u>WATERTOWN, SD 57201-1548</u> <u>WATERTOWN, SD 57201-1548</u></p>	<p><b>1c</b> Effective date of plan <u>04/15/1979</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>46-0391067</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>605-882-7702</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/16/2025	ERIC BERGSBAKEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/16/2025	ERIC BERGSBAKEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	262
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	262
	<b>6a(2)</b>	285
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	285
	<b>6e</b>	
	<b>6f</b>	285
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:  
4F

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>PRAIRIE LAKES HEALTHCARE SYSTEM AFLAC PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>506</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRAIRIE LAKES HEALTHCARE SYSTEM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>46-0391067</b></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  
**AFLAC**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<b>82-2723296</b>	<b>60380</b>	<b>OCGZ7</b>	<b>285</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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 <b>43152</b></p>	<p>(b) Total amount of fees paid <b>1380</b></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

**ASHTON CONSULTING INC** **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	
<b>1</b>	<b>0</b>		

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

**TANYA L MARTINSON** **6395 S KEWAUNEE WAY**  
**AURORA, CO 80016**

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

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

JOHN P THOMPSON JR 1543 TEDDINGTON ST  
DELAND, FL 32720

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

(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 BLDGST 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		

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

JEFFREY A HIMMELRICK 2215 W A ST  
NORTH PLATTE, NE 69101

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

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

STEPHEN W SIMPSON 540 CELTIC CT  
EDMOND, OK 73025

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

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

RENAE SALLQUIST KNOPF 1716 W GRAND ARBOR CIR  
SIOUX FALLS, SD 57108

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

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

MICHAEL COPPESS 8790 F ST STE 204  
OMAHA, NE 68127

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

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

KIMBERLY DIAN CROCKETT 172 WALKING STICK DR  
ELLERSLIE, GA 31807

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

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

LINDA G LESSELYOUNG 1730 TERRITORIAL RD  
MADISON, SD 57042

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

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

JADE NELSON WITHERS 1206 MAIN AVE S  
BROOKINGS, SD 57006

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

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

JOHN P THOMPSON 6395 S KEWAUNEE WAY  
STE 425  
AURORA, CO 80016

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

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

DALTON JAMES ENG 1820 FOX RD  
APT 208  
RAPID CITY, SD 57702

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

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

BRADLEY 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	
3	0		

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

THEODORE HONKE 29478 US HIGHWAY 281  
LAKE ANDES, SD 57356

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

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

LESTER RAY BLACKSHEAR 9192 SE 168TH COOK PL  
THE VILLAGES, FL 32162

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

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

WILLIAM M BARNETT 703 N SAGEHORN DR  
HARTFORD, SD 57033

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

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

GENA GRACE QUARANTELLO 12962 E VISTAPARK DR  
MOORPARK, CA 93021

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

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

KARA M CARMODY 718 HOYT AVE E  
SAINT PAUL, MN 55106

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

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

THOMAS EDWARD SHEFFIELD PO BOX 151  
MC COOL JUNCTION, NE 68401

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

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

JOEL DOCKTER 1705 MARSHALL RD  
ABERDEEN, SD 57401

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

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

DAVID BECK 19007 BOYD ST  
ELKHORN, NE 68022

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

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

MERLE D BIEBER 18932 HUNTLEY TRL  
LAKEVILLE, MN 55044

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

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

HOWARD F WECKEL III 2542 WESTLAKE AVE N  
UNIT 15  
SEATTLE, WA 98109

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

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

JOYCE ANN MOODY 1413 BRENTWOOD DR  
FORT COLLINS, CO 80521

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

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

JENNIFER A LECLAIRE 1410 SE 12TH TER  
CAPE CORAL, FL 33990

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

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

KENNETH W STEELE PO BOX 88806  
SIOUX FALLS, SD 57109

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

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

ALAN R LECLAIRE 1410 SE 12TH TER  
CAPE CORAL, FL 33990

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

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

NADINE THERESA POLLMAN 1306 SUMMIT CIR  
BROOKINGS, SD 57006

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

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

BRUCE J BOSSUYT 201 N WILSON ST  
MINNEOTA, MN 56264

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

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

CLAIRE MARIE FRAZEE 15274 477TH AVE  
MILBANK, SD 57252

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

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

JADE NELSON 1206 MAIN AVE S  
BROOKINGS, SD 57006

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

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

MITCHELL FRIEHE & ASSOCIATES INC 16909 PALISADES DR  
OMAHA, NE 68136

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

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

ROBERT LYLE BORTNEM 608 SWALLOW RIDGE RD  
BROOKINGS, SD 57006

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

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

GREGG ROBSON 23275 457TH AVE  
MADISON, SD 57042

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

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

LARRY L HULT 2005 IOWA ST  
BROOKINGS, SD 57006

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

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

CAROL JANZ 4935 SAINT ANDREWS CT  
LOVELAND, CO 80537

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

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

MICHAEL B LESSELYOUNG 1730 TERRITORIAL RD  
MADISON, SD 57042

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

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

JOYCE SMITH 13374 SHIRLEY ST  
OMAHA, NE 68144

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

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

KARLA JEAN KENDRICK PO BOX 530  
KADOKA, SD 57543

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

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

ROXANNE M FIECHTNER 2635 SWEETGRASS DR  
BROOKINGS, SD 57006

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

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

DNB NATIONAL BANK PO BOX 1038  
CLEAR LAKE, SD 57226

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

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

SHAWN D BENSER

422 SEQUOIA DR  
MAPLETON, ND 58059

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

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

DANIEL J KNEIP

603 5TH AVE  
BROOKINGS, SD 57006

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

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

LUKE SMITH LLC

211 WALTERS AVE N  
LAKE PRESTON, SD 57249

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

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

ANGEL S MATHIOWETZ

407 OAK AVE  
GARY, SD 57237

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

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

KRISTA OLESON

1193 MAYFAIR DR  
WATERTOWN, SD 57201

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

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

MARSH & MCLENNAN AGENCY LLC  
 PO BOX 412703  
 BOSTON, MA 02241

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

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

BRADLEY A MANGUS  
 943 N HILLS DR  
 CAPE GIRARDEAU, MO 63701

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

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

NANCY K BLOCKER  
 1919 E 35TH PL  
 TULSA, OK 74105

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

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

NATHEN T GORTEMAKER  
 5917 SUNSET DR UNIT 2  
 CHEYENNE, WY 82009

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

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

SIDNEY H SHOEMAKER  
 6100 PINE VIEW DR  
 SIOUX CITY, IA 51106

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

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

JADE NELSON 518 MAIN AVE  
BROOKINGS, SD 57006

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

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

ANNE E MACK 1623 7TH ST NE  
WATERTOWN, SD 57201

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

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

BONNIE J BUSDICKER 515 SAMARA ACE APT 14  
VOLGA, SD 57071

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

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

AUBREY PORTER 7716 STAGECOACH RD  
CHEYENNE, WY 82009

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

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

CHARLES L PRICE 915 E DONEGAL ST  
O NEILL, NE 68763

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

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

JASON MACK 1623 7TH ST NE  
WATERTOWN, SD 57201

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

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

BRADY L WEISENBERGER 4840 AMBER VALLEY PKWY S STE C  
FARGO, ND 58104

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

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

AWS INC 1919 W 57TH ST  
STE 101  
SIOUX FALLS, SD 57108

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

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

JENNIFER MARIE STREETMAN 11207 DOC HOLLIDAY LOOP  
CHEYENNE, WY 82009

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

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

AMBER D PETERREINS 18129 SD HIGHWAY 101  
GARY, SD 57237

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

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

SARA KNEIP 1500 FRANKLIN AVE  
BROOKINGS, SD 57006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67	0		

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

ASHLEY POITRA 908 1ST ST  
BRITTON, SD 57430

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

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

MELODY B THOMPSON 1601 BLAIRHILL CIR  
BROOKINGS, SD 57006

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

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

MARY E NOSBUSH PO BOX 14  
GARY, SD 57237

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

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

MICHAEL BOLGER 128 WOODLAND DR  
MADISON, SD 57042

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

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

CAROLYN MAE AMMANN 2013 PALISADES LN  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
103	0		

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

CONNIE L SALLQUIST 1716 W GRAND ARBOR CIR  
SIOUX FALLS, SD 57108

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

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

PATRICK K RICKERL 3300 S PILLSBERRY AVE  
SIOUX FALLS, SD 57103

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

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

TIMOTHY L CASS 227 NELTOM DR  
PIERRE, SD 57501

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

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

DAVID AESOPH 2700 W NICOLE DR  
SIOUX FALLS, SD 57105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
158	0		

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

WARREN FRICK

4655 HAMPTONS DR  
ALPHARETTA, GA 30004

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

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

WILLIAM D WENBERG

13024 STACY LANE  
LITTLE ROCK, AR 72211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
168	0		

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

JUSTINE DEVILLE

5514 7TH AVE SW  
WATERTOWN, SD 57201

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

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

DONALD G NORTON

506 S MAPLE  
WATERTOWN, SD 57201

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

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

DEBORAH J LANGENFELD

PO BOX 462  
HURON, SD 57350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
191	0		

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

PERFORMANCE PLUS LLC 114 N MAIN ST  
MITCHELL, SD 57301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
199	0		

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

LISA K UHLIR 8516 E WILLOW RIDGE PL  
SIOUX FALLS, SD 57110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
213	0		

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

ROBIN R NEFZGER 524 W LAKE DR  
LAKE NORDEN, SD 57248

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

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

TRACY L HOSTLER 518 MAIN AVE  
BROOKINGS, SD 57006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
237	0		

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

MICHAEL J TOMLINSON 40 PARADISE DR  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
256	0		

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

MICHAEL D EVANS JR 113 5TH ST SE  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
295	0		

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

ALFSON INSURANCE LLC 602 IRONWOOD DR  
HARTFORD, SD 57033

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

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

LANCE D THORSON 1721 12TH AVE NE  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
355	0		

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

NAOMI C MCLAUGHLIN 320 DEERVIEW AVE  
TEA, SD 57064

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
397	0		

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

JEREMY L TOMLINSON 6305 W RUSSETT ST  
BOISE, ID 83704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
485	0		

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

MICHAEL D EVANS JR 3199 SIOUX CONIFER RD  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
563	0		

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

ASHLEY D WARNER 712 2ND ST SW  
DE SMET, SD 57231

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
576	0		

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

THEODORE W HONKE 29478 US HIGHWAY 281  
LAKE ANDES, SD 57356

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
646	0		

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

MATTISON NICOLE NAWROTH 214 1ST ST SW  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
675	0		

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

KRISTI ENDRES 1305 22ND ST NE  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
977	28		

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

CHRISTIE L WOOKEY 440 N LAKE DR  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1042	0		

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

SHON FORD LLC 427 N BROADWAY AVE  
MILLER, SD 57362

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1628	102		

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

NEFZGER ENTERPRISES INC 524 W LAKE DR  
LAKE NORDEN, SD 57248

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2144	0		

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

TRAVIS RONKE 102 8TH ST NW  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2363	173		

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

JULIA MOES 808 S MAPLE  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2718	186		

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

JOLYNNE M MACK

1301 4TH ST NE  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2864	95		

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

JAMES ALAN HEYN

1301 4TH ST NE  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2947	52		

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

HEATHER BRAMER

808 S MAPLE  
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18035	744		

(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.

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

**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>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
(6) Total additions .....			<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....			<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶