

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: NORITSU AMERICA CORPORATION EMPLOYEE BENEFIT PLAN
1b Three-digit plan number (PN): 504
1c Effective date of plan: 05/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan): NORITSU AMERICA CORPORATION
2b Employer Identification Number (EIN): 95-3308920
2c Plan Sponsor's telephone number: 714-521-9040
2d Business code (see instructions): 423800

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 rows for plan administrator, employer/plan sponsor, and DFE.

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	129
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)	128
	6a(2)	108
	6b	0
	6c	0
	6d	108
	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 4B 4D 4E 4F 4H 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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>7</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 _____

<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>
---	--	--

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

<p>A Name of plan NORITSU AMERICA CORPORATION EMPLOYEE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 504</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORITSU AMERICA CORPORATION</p>	<p>D Employer Identification Number (EIN) 95-3308920</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
CIGNA HEALTH AND 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
59-1031071	67369	3333731	90	09/01/2023	08/31/2024

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

<p>(a) Total amount of commissions paid 70910</p>	<p>(b) Total amount of fees paid 0</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
WILLIS INSURANCE SVCS. OF CA, INC. 2010 MAIN STREET, SUITE 1050 IRVINE, CA 92614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70910			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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		1989411
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. ▶

(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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	58319
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. ▶

(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. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		20440
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. ▶

**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 NORITSU AMERICA CORPORATION EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 504
C Plan sponsor's name as shown on line 2a of Form 5500 NORITSU AMERICA CORPORATION	D Employer Identification Number (EIN) 95-3308920

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

VISION SERVICE PLAN

(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
94-1632821	00000	12221301	95	09/01/2023	08/31/2024

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

(a) Total amount of commissions paid 853	(b) Total amount of fees paid 0
---	--

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

WILLIS INSURANCE SVCS. OF CA, INC.

**2010 MAIN STREET, SUITE 1050
IRVINE, CA 92614**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
853			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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		11793
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. ▶

**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 NORITSU AMERICA CORPORATION EMPLOYEE BENEFIT PLAN		B Three-digit plan number (PN) ▶	504
C Plan sponsor's name as shown on line 2a of Form 5500 NORITSU AMERICA CORPORATION		D Employer Identification Number (EIN) 95-3308920	

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
52-0807803	60380	N2972	4	09/01/2023	08/31/2024

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

(a) Total amount of commissions paid 283	(b) Total amount of fees paid 0
---	------------------------------------

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

AFLAC - SEE ATTACHMENT

1932 WYNNTON ROAD
COLUMBUS, GA 31999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
283			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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		3150
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. ▶

**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 NORITSU AMERICA CORPORATION EMPLOYEE BENEFIT PLAN		B Three-digit plan number (PN) ▶	504
C Plan sponsor's name as shown on line 2a of Form 5500 NORITSU AMERICA CORPORATION		D Employer Identification Number (EIN) 95-3308920	

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

LIFE INSURANCE COMPANY OF NORTH AMERICA

(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
23-1503749	65498	SOK608397	108	09/01/2023	08/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	9

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

WILLIS INSURANCE SVCS. OF CA, INC.

2010 MAIN STREET, SUITE 1050
IRVINE, CA 92614

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9	OVERRIDES	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. 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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account		
(5) Other (specify below)..... ▶		
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below)..... ▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2463
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 NORITSU AMERICA CORPORATION EMPLOYEE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 504
C Plan sponsor's name as shown on line 2a of Form 5500 NORITSU AMERICA CORPORATION		D Employer Identification Number (EIN) 95-3308920

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
82-2723296	60380	L6701	27	09/01/2023	08/31/2024

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

(a) Total amount of commissions paid 2466	(b) Total amount of fees paid 0
---	---

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

AFLAC - SEE ATTACHMENT

**1932 WYNNTON ROAD
COLUMBUS, GA 31999**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2466			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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		21602
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

SCHEDULE A EARNINGS REPORT

Group Number	Total Premium Collected	Group Covered Count
L6701	\$21,602.36	27

Group Address	Name of Insurance Carrier
NORITSU AMERICA CORPORATION	AFLAC
6900 NORITSU AVE	1932 WYNNTON ROAD
BUENA PARK, CA 90620	COLUMBUS, GA 31999
	PLAN YEAR 09/01/2023 to 08/31/2024
CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
MARGARET R WINTERS 6014 GIESEKE DR CRYSTAL LAKE, IL 60014	\$284.28	\$0.00
KANDI M MCINTYRE 8429 LORRAINE RD 385 LAKEWOOD RANCH, FL 34202	\$159.18	\$0.00
JEANNETTE E FATHERREE 171 COUNTY ROAD 1559 ALBA, TX 75410	\$157.45	\$0.00
GLEN E TWAITS 2006 DOUBLE EAGLE DR MISSION, TX 78572	\$119.64	\$0.00
KAREN JOAN NELSON 8751 SWALLOW AVE FOUNTAIN VALLEY, CA 92708	\$102.21	\$0.00

MICHAEL FATHERREE 171 COUNTY ROAD 1559 ALBA, TX 75410	\$99.57	\$0.00
GEOFFREY MALAIS PO BOX 280717 NORTHRIDGE, CA 91328	\$96.58	\$0.00
STEPHANIE L SANDERS PO BOX 800186 SANTA CLARITA, CA 91380	\$95.95	\$0.00
MICHAEL A FORNARO 271 US HIGHWAY 46 STE H119 FAIRFIELD, NJ 07004	\$81.36	\$0.00
FRANK L LINDSEY 5S701 RIDGEVIEW LN NAPERVILLE, IL 60540	\$75.72	\$0.00
ROSEMARY HERRERA 5900 BAYWATER DR APT 2202 PLANO, TX 75093	\$69.44	\$0.00
STEPHANIE L SANDERS 6325 SIMPSON AVE NORTH HOLLYWOOD, CA 91606	\$64.75	\$0.00
RACHEL JOY BIGELOW 10140 W POTTER DR PEORIA, AZ 85382	\$54.36	\$0.00
JODY D WINTERS 6014 GIESEKE DR CRYSTAL LAKE, IL 60014	\$52.94	\$0.00
DAVID F NELSON 8751 SWALLOW AVE FOUNTAIN VALLEY, CA 92708	\$50.76	\$0.00
JOSEPH A BUZZELLO 14747 N NORTHSIGHT BLVD STE 111-454 SCOTTSDALE, AZ 85260	\$49.48	\$0.00
BILLY DALE ELKINS 1024 BOURLAND RD KELLER, TX 76248	\$46.44	\$0.00
BRETT MERLYN BIGELOW 10140 W POTTER DR PEORIA, AZ 85382	\$42.48	\$0.00
- GTS INC 1284 ROSEGATE CT AURORA, IL 60504	\$41.52	\$0.00

TODD C DEVOSS 321 N CLARK ST STE 625 CHICAGO, IL 60654	\$41.52	\$0.00
MONICA B SCHWARZBLATT 623 N CRESCENT DR BEVERLY HILLS, CA 90210	\$39.56	\$0.00
KRISTY L SOMMERS 2306 RUBY SUNSET SAN ANTONIO, TX 78232	\$36.36	\$0.00
ALBERT SHUST 200 CENTENNIAL AVE STE 105 PISCATAWAY, NJ 08854	\$33.24	\$0.00
RIO RIOJAS 91-1035 ILIAHALOE LOOP EWA BEACH, HI 96706	\$27.96	\$0.00
FRANKLIN R DAVIES 201 ROYAL ABERDEEN WAY MCKINNEY, TX 75072	\$27.40	\$0.00
ANA TERESA CORTES MORALES 1357 AVE ASHFORD PMB 362 SAN JUAN, PR 00907	\$27.12	\$0.00
RODGER LINCOLN WELLS 415 W WALL ST STE 1818 MIDLAND, TX 79701	\$25.80	\$0.00
ELIZABETH M GASPAROVIC 18 N SMITH ST PALATINE, IL 60067	\$24.72	\$0.00
- MERCER HEALTH AND BENEFITS LLC 4565 PAYSHERE CIR CHICAGO, IL 60674	\$24.06	\$0.00
MICHAEL P ZORN 10573 VERSAILLES BLVD WELLINGTON, FL 33449	\$23.88	\$0.00
KIMBERLY O KWOK 2044 COBBLEFIELD WAY GLEN DORA, CA 91740	\$21.96	\$0.00
JASON D BODKER 11230 WEST AVE STE 2209 SAN ANTONIO, TX 78213	\$19.44	\$0.00
DONNA K PRONTO 465 E COVE RD MONTEREY, TN 38574	\$19.32	\$0.00

AIXA GONZALEZ LOUBRIEL 641 CALLE BIBLOS URB VENUS GDNS RIO PIEDRAS, PR 00926	\$17.88	\$0.00
JAMES VINCENT PETERSEN JR 10736 KNICKERBOCKER AVE LAS VEGAS, NV 89166	\$17.88	\$0.00
MEGAN CHAPMAN 415 W WALL ST STE 1818 MIDLAND, TX 79701	\$17.76	\$0.00
RENE CASTRO 5460 E EL PARQUE ST LONG BEACH, CA 90815	\$16.56	\$0.00
RAND G SIMKINS 6508 PINE HILLS LN DENTON, TX 76210	\$15.60	\$0.00
JACQUELINE MULERO MELENDEZ 839 CALLE ANASCO APT 518 CONDOMINIO PLAZA UNIVERSIDAD 2000 SAN JUAN, PR 00925	\$15.48	\$0.00
KELLY V ZURZOLO 535 ABBEYWOOD DR CARY, IL 60013	\$14.88	\$0.00
GAIL B SILVER 265 S OAKHURST DR BEVERLY HILLS, CA 90212	\$13.00	\$0.00
MICHELLE C LEE 1044 LOMA LISA LN ARCADIA, CA 91006	\$12.30	\$0.00
CYNTHIA LUQUIN 2001 E FINANCIAL WAY STE 202 GLEN DORA, CA 91741	\$11.88	\$0.00
DON J CONOYER 119 OAKSHIRE DR W GLEN CARBON, IL 62034	\$11.76	\$0.00
DANALIZ MARTINEZ RUIZ PO BOX 360192 SAN JUAN, PR 00936	\$11.64	\$0.00
FRANK D LAFEMINA 165 S GUADALUPE ST STE 120 SAN MARCOS, TX 78666	\$9.84	\$0.00
DEBORAH A GUILBEAULT 120 VALLEY VIEW DR ALGONQUIN, IL 60102	\$9.60	\$0.00

TAMMY A SWAIN 10736 KNICKERBOCKER AVE LAS VEGAS, NV 89166	\$9.60	\$0.00
JOHN DAVID BODKER II 11415 SPRIGHTLY LN SAN ANTONIO, TX 78254	\$9.48	\$0.00
SCOTT WEBB 26729 N 91ST DR PEORIA, AZ 85383	\$9.00	\$0.00
ADAM H MICHAELS 2922 CORDA LN LOS ANGELES, CA 90049	\$8.76	\$0.00
H PATRICK BRUMLEY 1524 TWISTLEAF RD ARGYLE, TX 76226	\$8.52	\$0.00
TOMMY L JOHNSON JR 711 S OLIVE ST APT 314 LOS ANGELES, CA 90014	\$8.28	\$0.00
ALFRED RIETKERK 438 PISGAH PIKE PULASKI, TN 38478	\$7.80	\$0.00
SUZANNE LEWIS 101 E PARK BLVD PLANO, TX 75074	\$7.08	\$0.00
DOMINICK R SIRACUSA 225 DOLSON AVE STE 304 MIDDLETOWN, NY 10940	\$6.96	\$0.00
GREGORY J SHARP 702 E 5TH ST COAL VALLEY, IL 61240	\$6.92	\$0.00
AMANDA MCCANN POTTER PO BOX 591 COMFORT, TX 78013	\$6.12	\$0.00
GREGORY J WEEKS 1259 LOOP 337 2ND FL NEW BRAUNFELS, TX 78130	\$5.58	\$0.00
CHAD L NELSON 5266 N KUFALK LN BYRON, IL 61010	\$4.32	\$0.00
MICHAEL R FISHER 50 W LEMON AVE STE 2 MONROVIA, CA 91016	\$3.84	\$0.00
BRENT LYNN SCHNEIDER 4220 PIKE CT PLANO, TX 75093	\$3.72	\$0.00

ROBERTO P DEVILLA 6401 KENNEDY BLVD E APT B1 WEST NEW YORK, NJ 07093	\$3.48	\$0.00
RICKY POLSER 1210 COUNTY ROAD 4930 LEONARD, TX 75452	\$2.73	\$0.00
KEMP G PILE 525 CHARLES ST SYCAMORE, IL 60178	\$2.64	\$0.00
DENNIS J CASSENS 4646 E MARRILL RD BYRON, IL 61010	\$1.92	\$0.00
CHRISTOPHER HAGER 44 COLONIAL DR RANCHO MIRAGE, CA 92270	\$1.68	\$0.00
MICHAEL A STACHOWIAK 321 N CLARK ST STE 615 CHICAGO, IL 60654	\$1.68	\$0.00
AMY K FOY 804 MCCOY RD FRANKLIN LAKES, NJ 07417	\$1.56	\$0.00
JOSEPH H WILLIS JR 1431 NE 55TH ST FORT LAUDERDALE, FL 33334	\$1.56	\$0.00
DANIEL A JAIME 1150 GUSTINE ST CHULA VISTA, CA 91913	\$1.20	\$0.00
HEATHER F SEIBERT 86 COUNTY ROAD 303 SHINER, TX 77984	\$1.20	\$0.00
JAMES ROBERT BLAKEY 221 CALUMET PL SAN ANTONIO, TX 78209	\$1.20	\$0.00
LARA K GRANDE 117 MORNING MIST LN FRANKLIN, TN 37064	\$1.08	\$0.00
ALLISON FARRIS WENDELBERGER 207 SANTA FE DR WALNUT CREEK, CA 94598	\$1.02	\$0.00
FELIX L VALENTIN PAGAN 1204 BULEVAR SAN LUIS VILLAS DEL LAUREL 1 COTO LAUREL, PR 00780	\$0.84	\$0.00
MIGUEL A NUNEZ COLON PO BOX 250392 AGUADILLA, PR 00604	\$0.84	\$0.00

GENE L NAUERT 4505 BILLINGSGATE LN WOODSTOCK, IL 60098	\$0.82	\$0.00
MEGHAN M MILLER 149 MALIBU RD MOORESVILLE, NC 28117	\$0.73	\$0.00
BARBARA ANN MCNAUGHTON 4910 CORPORATE DR NW STE G HUNTSVILLE, AL 35805	\$0.72	\$0.00
- MANIFESTED ABUNDANCE INC 2155 PAGANINI AVE HENDERSON, NV 89052	\$0.48	\$0.00
JUDITH S KASS 47 MORNING WATCH RD WAYNE, NJ 07470	\$0.24	\$0.00
Sum:	\$2,466.11	\$0.00

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

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

SCHEDULE A EARNINGS REPORT

Group Number	Total Premium Collected	Group Covered Count
L6701	\$21,602.36	27

Group Address	Name of Insurance Carrier
NORITSU AMERICA CORPORATION	AFLAC
6900 NORITSU AVE	1932 WYNNTON ROAD
BUENA PARK, CA 90620	COLUMBUS, GA 31999
	PLAN YEAR 09/01/2023 to 08/31/2024
CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
MARGARET R WINTERS 6014 GIESEKE DR CRYSTAL LAKE, IL 60014	\$284.28	\$0.00
KANDI M MCINTYRE 8429 LORRAINE RD 385 LAKEWOOD RANCH, FL 34202	\$159.18	\$0.00
JEANNETTE E FATHERREE 171 COUNTY ROAD 1559 ALBA, TX 75410	\$157.45	\$0.00
GLEN E TWAITS 2006 DOUBLE EAGLE DR MISSION, TX 78572	\$119.64	\$0.00
KAREN JOAN NELSON 8751 SWALLOW AVE FOUNTAIN VALLEY, CA 92708	\$102.21	\$0.00

MICHAEL FATHERREE 171 COUNTY ROAD 1559 ALBA, TX 75410	\$99.57	\$0.00
GEOFFREY MALAIS PO BOX 280717 NORTHRIDGE, CA 91328	\$96.58	\$0.00
STEPHANIE L SANDERS PO BOX 800186 SANTA CLARITA, CA 91380	\$95.95	\$0.00
MICHAEL A FORNARO 271 US HIGHWAY 46 STE H119 FAIRFIELD, NJ 07004	\$81.36	\$0.00
FRANK L LINDSEY 5S701 RIDGEVIEW LN NAPERVILLE, IL 60540	\$75.72	\$0.00
ROSEMARY HERRERA 5900 BAYWATER DR APT 2202 PLANO, TX 75093	\$69.44	\$0.00
STEPHANIE L SANDERS 6325 SIMPSON AVE NORTH HOLLYWOOD, CA 91606	\$64.75	\$0.00
RACHEL JOY BIGELOW 10140 W POTTER DR PEORIA, AZ 85382	\$54.36	\$0.00
JODY D WINTERS 6014 GIESEKE DR CRYSTAL LAKE, IL 60014	\$52.94	\$0.00
DAVID F NELSON 8751 SWALLOW AVE FOUNTAIN VALLEY, CA 92708	\$50.76	\$0.00
JOSEPH A BUZZELLO 14747 N NORTHSIGHT BLVD STE 111-454 SCOTTSDALE, AZ 85260	\$49.48	\$0.00
BILLY DALE ELKINS 1024 BOURLAND RD KELLER, TX 76248	\$46.44	\$0.00
BRETT MERLYN BIGELOW 10140 W POTTER DR PEORIA, AZ 85382	\$42.48	\$0.00
- GTS INC 1284 ROSEGATE CT AURORA, IL 60504	\$41.52	\$0.00

TODD C DEVOSS 321 N CLARK ST STE 625 CHICAGO, IL 60654	\$41.52	\$0.00
MONICA B SCHWARZBLATT 623 N CRESCENT DR BEVERLY HILLS, CA 90210	\$39.56	\$0.00
KRISTY L SOMMERS 2306 RUBY SUNSET SAN ANTONIO, TX 78232	\$36.36	\$0.00
ALBERT SHUST 200 CENTENNIAL AVE STE 105 PISCATAWAY, NJ 08854	\$33.24	\$0.00
RIO RIOJAS 91-1035 ILIAHALOE LOOP EWA BEACH, HI 96706	\$27.96	\$0.00
FRANKLIN R DAVIES 201 ROYAL ABERDEEN WAY MCKINNEY, TX 75072	\$27.40	\$0.00
ANA TERESA CORTES MORALES 1357 AVE ASHFORD PMB 362 SAN JUAN, PR 00907	\$27.12	\$0.00
RODGER LINCOLN WELLS 415 W WALL ST STE 1818 MIDLAND, TX 79701	\$25.80	\$0.00
ELIZABETH M GASPAROVIC 18 N SMITH ST PALATINE, IL 60067	\$24.72	\$0.00
- MERCER HEALTH AND BENEFITS LLC 4565 PAYSHERE CIR CHICAGO, IL 60674	\$24.06	\$0.00
MICHAEL P ZORN 10573 VERSAILLES BLVD WELLINGTON, FL 33449	\$23.88	\$0.00
KIMBERLY O KWOK 2044 COBBLEFIELD WAY GLEN DORA, CA 91740	\$21.96	\$0.00
JASON D BODKER 11230 WEST AVE STE 2209 SAN ANTONIO, TX 78213	\$19.44	\$0.00
DONNA K PRONTO 465 E COVE RD MONTEREY, TN 38574	\$19.32	\$0.00

AIXA GONZALEZ LOUBRIEL 641 CALLE BIBLOS URB VENUS GDNS RIO PIEDRAS, PR 00926	\$17.88	\$0.00
JAMES VINCENT PETERSEN JR 10736 KNICKERBOCKER AVE LAS VEGAS, NV 89166	\$17.88	\$0.00
MEGAN CHAPMAN 415 W WALL ST STE 1818 MIDLAND, TX 79701	\$17.76	\$0.00
RENE CASTRO 5460 E EL PARQUE ST LONG BEACH, CA 90815	\$16.56	\$0.00
RAND G SIMKINS 6508 PINE HILLS LN DENTON, TX 76210	\$15.60	\$0.00
JACQUELINE MULERO MELENDEZ 839 CALLE ANASCO APT 518 CONDOMINIO PLAZA UNIVERSIDAD 2000 SAN JUAN, PR 00925	\$15.48	\$0.00
KELLY V ZURZOLO 535 ABBEYWOOD DR CARY, IL 60013	\$14.88	\$0.00
GAIL B SILVER 265 S OAKHURST DR BEVERLY HILLS, CA 90212	\$13.00	\$0.00
MICHELLE C LEE 1044 LOMA LISA LN ARCADIA, CA 91006	\$12.30	\$0.00
CYNTHIA LUQUIN 2001 E FINANCIAL WAY STE 202 GLEN DORA, CA 91741	\$11.88	\$0.00
DON J CONOYER 119 OAKSHIRE DR W GLEN CARBON, IL 62034	\$11.76	\$0.00
DANALIZ MARTINEZ RUIZ PO BOX 360192 SAN JUAN, PR 00936	\$11.64	\$0.00
FRANK D LAFEMINA 165 S GUADALUPE ST STE 120 SAN MARCOS, TX 78666	\$9.84	\$0.00
DEBORAH A GUILBEAULT 120 VALLEY VIEW DR ALGONQUIN, IL 60102	\$9.60	\$0.00

TAMMY A SWAIN 10736 KNICKERBOCKER AVE LAS VEGAS, NV 89166	\$9.60	\$0.00
JOHN DAVID BODKER II 11415 SPRIGHTLY LN SAN ANTONIO, TX 78254	\$9.48	\$0.00
SCOTT WEBB 26729 N 91ST DR PEORIA, AZ 85383	\$9.00	\$0.00
ADAM H MICHAELS 2922 CORDA LN LOS ANGELES, CA 90049	\$8.76	\$0.00
H PATRICK BRUMLEY 1524 TWISTLEAF RD ARGYLE, TX 76226	\$8.52	\$0.00
TOMMY L JOHNSON JR 711 S OLIVE ST APT 314 LOS ANGELES, CA 90014	\$8.28	\$0.00
ALFRED RIETKERK 438 PISGAH PIKE PULASKI, TN 38478	\$7.80	\$0.00
SUZANNE LEWIS 101 E PARK BLVD PLANO, TX 75074	\$7.08	\$0.00
DOMINICK R SIRACUSA 225 DOLSON AVE STE 304 MIDDLETOWN, NY 10940	\$6.96	\$0.00
GREGORY J SHARP 702 E 5TH ST COAL VALLEY, IL 61240	\$6.92	\$0.00
AMANDA MCCANN POTTER PO BOX 591 COMFORT, TX 78013	\$6.12	\$0.00
GREGORY J WEEKS 1259 LOOP 337 2ND FL NEW BRAUNFELS, TX 78130	\$5.58	\$0.00
CHAD L NELSON 5266 N KUFALK LN BYRON, IL 61010	\$4.32	\$0.00
MICHAEL R FISHER 50 W LEMON AVE STE 2 MONROVIA, CA 91016	\$3.84	\$0.00
BRENT LYNN SCHNEIDER 4220 PIKE CT PLANO, TX 75093	\$3.72	\$0.00

ROBERTO P DEVILLA 6401 KENNEDY BLVD E APT B1 WEST NEW YORK, NJ 07093	\$3.48	\$0.00
RICKY POLSER 1210 COUNTY ROAD 4930 LEONARD, TX 75452	\$2.73	\$0.00
KEMP G PILE 525 CHARLES ST SYCAMORE, IL 60178	\$2.64	\$0.00
DENNIS J CASSENS 4646 E MARRILL RD BYRON, IL 61010	\$1.92	\$0.00
CHRISTOPHER HAGER 44 COLONIAL DR RANCHO MIRAGE, CA 92270	\$1.68	\$0.00
MICHAEL A STACHOWIAK 321 N CLARK ST STE 615 CHICAGO, IL 60654	\$1.68	\$0.00
AMY K FOY 804 MCCOY RD FRANKLIN LAKES, NJ 07417	\$1.56	\$0.00
JOSEPH H WILLIS JR 1431 NE 55TH ST FORT LAUDERDALE, FL 33334	\$1.56	\$0.00
DANIEL A JAIME 1150 GUSTINE ST CHULA VISTA, CA 91913	\$1.20	\$0.00
HEATHER F SEIBERT 86 COUNTY ROAD 303 SHINER, TX 77984	\$1.20	\$0.00
JAMES ROBERT BLAKEY 221 CALUMET PL SAN ANTONIO, TX 78209	\$1.20	\$0.00
LARA K GRANDE 117 MORNING MIST LN FRANKLIN, TN 37064	\$1.08	\$0.00
ALLISON FARRIS WENDELBERGER 207 SANTA FE DR WALNUT CREEK, CA 94598	\$1.02	\$0.00
FELIX L VALENTIN PAGAN 1204 BULEVAR SAN LUIS VILLAS DEL LAUREL 1 COTO LAUREL, PR 00780	\$0.84	\$0.00
MIGUEL A NUNEZ COLON PO BOX 250392 AGUADILLA, PR 00604	\$0.84	\$0.00

GENE L NAUERT 4505 BILLINGSGATE LN WOODSTOCK, IL 60098	\$0.82	\$0.00
MEGHAN M MILLER 149 MALIBU RD MOORESVILLE, NC 28117	\$0.73	\$0.00
BARBARA ANN MCNAUGHTON 4910 CORPORATE DR NW STE G HUNTSVILLE, AL 35805	\$0.72	\$0.00
- MANIFESTED ABUNDANCE INC 2155 PAGANINI AVE HENDERSON, NV 89052	\$0.48	\$0.00
JUDITH S KASS 47 MORNING WATCH RD WAYNE, NJ 07470	\$0.24	\$0.00
Sum:	\$2,466.11	\$0.00