

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [X] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [] Form 5558 [] automatic extension... 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: SOUTHEAST UTILITY TRAILER, LLC ANCILLARY BENEFIT PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 01/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHEAST UTILITY TRAILER, LLC
2b Employer Identification Number (EIN): 02-0793499
2c Plan Sponsor's telephone number: 404-363-4383
2d Business code (see instructions): 532100

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 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	137
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)	137
	6a(2)	129
	6b	0
	6c	0
	6d	129
	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:

4B 4F 4H 4Q

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

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 2
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **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: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan SOUTHEAST UTILITY TRAILER, LLC ANCILLARY BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>502</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST UTILITY TRAILER, LLC</p>	<p>D Employer Identification Number (EIN) 02-0793499</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
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	899684G	141	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">10349</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</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

RESOURCE SEVEN INC
500 LANIER AVENUE WEST
#203
FAYETTEVILLE, GA 30214

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10349			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
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)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	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) **▶ AD&D**

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		68987
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 SOUTHEAST UTILITY TRAILER, LLC ANCILLARY BENEFIT PLAN		B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST UTILITY TRAILER, LLC		D Employer Identification Number (EIN) 02-0793499

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
AMERICAN HERITAGE 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
59-0781901	60534	E0590	39	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 19022	(b) Total amount of fees paid 0
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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
VARIOUS - SEE ATTACHED

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19022			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	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) ▶ **ACCIDENT, CANCER, CRITICAL ILLNESS**

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	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		54063
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. ▶

SOUTHEAST UTILITY TRAILER, LLC-CRTS
(E0590)
3301 INTEGRITY DR
GARNER NC 27529



Plan/Contract Year: 1/1/2024-12/31/2024
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: E0590

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Accident Account: E0590

Accident	39	\$7,746.30			\$3,917.55	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$168.85	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$385.02	\$0.00	
			MIKLOSOVIC DAWN 200 LEE LASSETTER RD NEWNAN GA 30263	2E3C0	\$1.18	\$0.00	
			MOBLEY HEATHER 500 LANIER WEST #203 FAYETTEVILLE GA 30214	112L0	\$912.23	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$1,510.58	\$0.00	
			PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1RXE0	\$630.29	\$0.00	

Disclaimers:


- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	TORRES JOSEFINA 5276 POUNDS DR S STONE MOUNTAIN GA 30087	483T0	\$309.40	\$0.00	
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Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

SOUTHEAST UTILITY TRAILER, LLC-CRTS
 (E0590)
 3301 INTEGRITY DR
 GARNER NC 27529



Plan/Contract Year: 1/1/2024-12/31/2024
 Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
 Part I (b) EIN: 59-0781901
 Part I (c) NAIC Code: 60534

Includes the Following Accounts: E0590

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Cancer Account: E0590

Cancer	19	\$6,927.00			\$3,121.33	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$149.31	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$296.54	\$0.00	
			MIKLOSOVIC DAWN 200 LEE LASSETTER RD NEWNAN GA 30263	2E3C0	\$1.09	\$0.00	
			MOBLEY HEATHER 500 LANIER WEST #203 FAYETTEVILLE GA 30214	112L0	\$684.01	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$1,288.98	\$0.00	
			PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1RXE0	\$460.40	\$0.00	

Disclaimers:

- Number of Persons covered represents the total certificates in force on the Plan Year end date.
- Total premium represent premium that is both received and applied during the Plan Year; this is referred to as 'Paid Premium'.
- Total Commissions Paid and Total Fees Paid reflect the respective amounts paid during the Plan Year.

	TORRES JOSEFINA 5276 POUNDS DR S STONE MOUNTAIN GA 30087	483T0	\$241.00	\$0.00	
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SOUTHEAST UTILITY TRAILER, LLC-CRTS
(E0590)
3301 INTEGRITY DR
GARNER NC 27529



Plan/Contract Year: 1/1/2024-12/31/2024
Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
Part I (b) EIN: 59-0781901
Part I (c) NAIC Code: 60534

Includes the Following Accounts: E0590

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Critical Illness Account: E0590

Critical Illness	7	\$2,731.50			\$1,735.70	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$116.30	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$183.80	\$0.00	
			MOBLEY HEATHER 500 LANIER WEST #203 FAYETTEVILLE GA 30214	112L0	\$210.00	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$664.50	\$0.00	
			PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1RXE0	\$469.70	\$0.00	
			TORRES JOSEFINA 5276 POUNDS DR S STONE MOUNTAIN GA 30087	483T0	\$91.40	\$0.00	

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SOUTHEAST UTILITY TRAILER, LLC-CRTS (E0590)
 3301 INTEGRITY DR
 GARNER NC 27529



Plan/Contract Year: 1/1/2024-12/31/2024
 Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
 Part I (b) EIN: 59-0781901
 Part I (c) NAIC Code: 60534

Includes the Following Accounts: E0590

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Traditional Life Account: E0590

Traditional Life	8	\$3,410.04			\$2,593.59	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$78.76	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$145.90	\$0.00	
			MOBLEY HEATHER 500 LANIER WEST #203 FAYETTEVILLE GA 30214	112L0	\$1,252.57	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$719.16	\$0.00	
			PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1RXE0	\$397.20	\$0.00	
Grand Total		\$20,814.84			\$11,368.17	\$0.00	

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UTILITY TRAILER SALES CO OF GA(BG200)
 3301 INTEGRITY DR
 GARNER NC 27529



Plan/Contract Year:1/1/2024-12/31/2024
 Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
 Part I (b) EIN: 59-0781901
 Part I (c) NAIC Code: 60534

Includes the Following Accounts: BG200

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Accident Account: BG200

Accident	26	\$8,443.22			\$1,614.57	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$105.11	\$0.00	
			GROUP ACCESS INC 500 LANIER AVE WEST STE 203 FAYETTEVILLE GA 30214	0WE70	\$28.38	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$175.74	\$0.00	
			MIKLOSOVIC DAWN 200 LEE LASSETTER RD NEWNAN GA 30263	2E3C0	\$11.80	\$0.00	
			MOBLEY HEATHER 500 LANIER WEST #203 FAYETTEVILLE GA 30214	112L0	\$426.09	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$602.32	\$0.00	

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	PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1AM30	\$119.24	\$0.00	
	PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1RXE0	\$106.83	\$0.00	
	TORRES JOSEFINA 5276 POUNDS DR S STONE MOUNTAIN GA 30087	483T0	\$37.40	\$0.00	
	WL HALL & ASSOCIATES INC 2504 PEBBLEWOOD DR VALDOSTA GA 31602	3WH30	\$1.66	\$0.00	

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UTILITY TRAILER SALES CO OF GA(BG200)
 3301 INTEGRITY DR
 GARNER NC 27529



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 Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
 Part I (b) EIN: 59-0781901
 Part I (c) NAIC Code: 60534

Includes the Following Accounts: BG200

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Cancer Account: BG200

Cancer	16	\$7,424.18			\$1,226.65	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$110.93	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$91.45	\$0.00	
			MIKLOSOVIC DAWN 200 LEE LASSETTER RD NEWNAN GA 30263	2E3C0	\$10.90	\$0.00	
			MOBLEY HEATHER 500 LANIER WEST #203 FAYETTEVILLE GA 30214	112L0	\$374.36	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$497.36	\$0.00	
			PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1RXE0	\$92.80	\$0.00	

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	TORRES JOSEFINA 5276 POUNDS DR S STONE MOUNTAIN GA 30087	483T0	\$24.10	\$0.00	
	WL HALL & ASSOCIATES INC 2504 PEBBLEWOOD DR VALDOSTA GA 31602	3WH30	\$24.75	\$0.00	

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UTILITY TRAILER SALES CO OF GA(BG200)
 3301 INTEGRITY DR
 GARNER NC 27529



Plan/Contract Year:1/1/2024-12/31/2024
 Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
 Part I (b) EIN: 59-0781901
 Part I (c) NAIC Code: 60534

Includes the Following Accounts: BG200

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Critical Illness Account: BG200

Critical Illness	11	\$2,745.76			\$524.31	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$57.01	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$51.79	\$0.00	
			MOBLEY HEATHER 500 LANIER WEST #203 FAYETTEVILLE GA 30214	112L0	\$140.69	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$168.88	\$0.00	
			PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1RXE0	\$46.97	\$0.00	
			TORRES JOSEFINA 5276 POUNDS DR S STONE MOUNTAIN GA 30087	483T0	\$9.14	\$0.00	

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	WL HALL & ASSOCIATES INC 2504 PEBBLEWOOD DR VALDOSTA GA 31602	3WH30	\$49.83	\$0.00	
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UTILITY TRAILER SALES CO OF GA(BG200)
 3301 INTEGRITY DR
 GARNER NC 27529



Plan/Contract Year:1/1/2024-12/31/2024
 Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
 Part I (b) EIN: 59-0781901
 Part I (c) NAIC Code: 60534

Includes the Following Accounts: BG200

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Traditional Life Account: BG200

Traditional Life	19	\$12,312.72			\$4,172.05	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$157.99	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$105.45	\$0.00	
			MOBLEY HEATHER 500 LANIER WEST #203 FAYETTEVILLE GA 30214	112L0	\$2,318.64	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$1,335.09	\$0.00	
			PILGRIM MARJORIE M 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	1RXE0	\$212.86	\$0.00	
			SULLIVAN KATHY 500 LANIER AVE W STE 203 FAYETTEVILLE GA 30214	6R1G0	\$42.02	\$0.00	

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UTILITY TRAILER SALES CO OF GA(BG200)
 3301 INTEGRITY DR
 GARNER NC 27529



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 Part I (a) Name of Insurance Carrier: American Heritage Life Insurance Company
 Part I (b) EIN: 59-0781901
 Part I (c) NAIC Code: 60534

Includes the Following Accounts: BG200

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at end of Contract Year	Part III, Sec 10a Total Premium or Subscription Charges to carrier	Part I, Sec 3 Name and Address of the Agents	Agent Number	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 (c) Total amount of Fees paid	Part I, Sec 3 (d) Purpose of Fee
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Universal Life Account: BG200

Universal Life	6	\$2,322.32			\$116.71	\$0.00	
			EMTT INC C/O TAYLOR INSURANCE SERVICES PO BOX 189 VALDOSTA GA 31603	8N261	\$38.06	\$0.00	
			GROUP ACCESS INC 500 W LANIER AVE SUITE 203 FAYETTEVILLE GA 30214	1RXC0	\$26.84	\$0.00	
			MOBLEY RANDAL 500 LANIER AVENUE WEST SUITE 203 FAYETTEVILLE GA 30214	1RXB0	\$27.28	\$0.00	
			WL HALL & ASSOCIATES INC 2504 PEBBLEWOOD DR VALDOSTA GA 31602	3WH30	\$24.53	\$0.00	
Grand Total		\$33,248.20			\$7,654.29	\$0.00	

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