

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: FARMERS AGENT GROUP BENEFITS PROGRAM
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1945
2a Plan sponsor's name (employer, if for a single-employer plan): FARMERS AGENT GROUP BENEFITS PROGRAM
2b Employer Identification Number (EIN): 95-2575893
2c Plan Sponsor's telephone number: 800-432-6761
2d Business code (see instructions): 524210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 07/24/2025, LEA TANTOY (Signature of plan administrator); 2. Filed with authorized/valid electronic signature, 07/24/2025, LEA TANTOY (Signature of employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  FARMERS AGENT GROUP BENEFITS PROGRAM  6303 OWENSMOUTH AVE FL 7 WOODLAND HILLS, CA 91367-2264	<b>3b</b> Administrator's EIN 95-2575893  <b>3c</b> Administrator's telephone number 800-432-6761																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 7614																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="text-align: right;">7614</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">6955</td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">6955</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td style="text-align: right;">6955</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>	7614	<b>6a(2)</b>	6955	<b>6b</b>		<b>6c</b>		<b>6d</b>	6955	<b>6e</b>		<b>6f</b>	6955	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>	7614																				
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<b>6b</b>																					
<b>6c</b>																					
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<b>6f</b>	6955																				
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>15</u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN 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
13-5581829	65978	0148608	6955	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><b>(a)</b> Total amount of commissions paid <b>205099</b></p>	<p><b>(b)</b> Total amount of fees paid <b>76044</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 62939  
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	57	MARKETING FEES	3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 66119  
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
205099	75987	NON MONETARY COMPENSATION AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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	(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	4427168
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN 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
13-5581829	65978	0236216	263	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><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>1667</b></p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;"><b>196</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**USI INSURANCE SERVICES LLC** **PO BOX 66119**  
**VIRGINIA BEACH, VA 23466**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1667	196	SUPPLEMENTAL AND NON MONETARY COMPENSATION	3

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	13225
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**AETNA LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0810111	6356	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 <b>112678</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** **1000 BURNETT AVE STE 330**  
**CONCORD, CA 94520**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
112678	0		3

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

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

(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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**e** Deductions:

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2754464
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN 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
13-5581829	65978	0236214	5426	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><b>(a)</b> Total amount of commissions paid <b>19536</b></p>	<p><b>(b)</b> Total amount of fees paid <b>7549</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 62939  
VIRGINIA BEACH, VA 23466

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 66119  
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19536	7544	NON MONETARY COMPENSATION AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**e** Deductions:

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	422382
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN 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
13-5581829	65978	0236217	52	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><b>(a)</b> Total amount of commissions paid <b>4161</b></p>	<p><b>(b)</b> Total amount of fees paid <b>352</b></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  
**USI INSURANCE SERVICES LLC** **PO BOX 66119**  
**VIRGINIA BEACH, VA 23466**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4161	352	MONETARY AND SUPPLEMENTAL COMPENSATION	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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	26381
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
62-0331200	68195	0000122347	11	01/01/2024	01/01/2025

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

<p><b>(a)</b> Total amount of commissions paid <b>202</b></p>	<p><b>(b)</b> Total amount of fees paid <b>12</b></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  
**USI INSURANCE SERVICES LLC** PO BOX 66119  
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
63	12	ADDITIONAL COMPENSATION	3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** 201 MISSION ST  
SAN FRANCISCO, CA 94105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125	0		3

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

HALL JIMMY HARRISON

959 SKYWAY RD 2ND FLOOR  
SAN CARLOS, CA 94070

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

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

(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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**e** Deductions:

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	4515
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN 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
13-5581829	65978	0244052	1167	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><b>(a)</b> Total amount of commissions paid <b>9903</b></p>	<p><b>(b)</b> Total amount of fees paid <b>755</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** **PO BOX 66119**  
**VIRGINIA BEACH, VA 23466**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9903	755	NON MONETARY AND SUPPLEMENTAL COMPENSATION	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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**e** Deductions:

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	74052
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**METROPOLITAN 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
13-5581829	65978	0244053	1098	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 <b>32558</b></p>	<p>(b) Total amount of fees paid <b>2302</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 62939  
VIRGINIA BEACH, VA 23466

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 66119  
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32558	2299	NON MONETARY AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	238717
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**METROPOLITAN 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
13-5581829	65978	0110031	12493	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 <b>147504</b></p>	<p>(b) Total amount of fees paid <b>28389</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 62939  
VIRGINIA BEACH, VA 23466

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 66119  
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
147504	28369	NON MONETARY COMPENSATION AND SUPPLEMENTAL COMPENSATION	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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1587453
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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**

<b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b>		<b>D</b> Employer Identification Number (EIN) <b>95-2575893</b>

**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  
**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
62-0331200	68195	0000169356	68195	01/01/2024	01/01/2025

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

<b>(a)</b> Total amount of commissions paid <b>526</b>	<b>(b)</b> Total amount of fees paid <b>614</b>
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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

**NFP INSURANCE SERVICES INC**  
1250 CAPITAL OF TEXAS HWY  
BLVD. 2 STE 125  
AUSITN, TX 78746

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
0	112	ADDITIONAL COMPENSATION	3

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

**USI INSURANCE SERVICES LLC**  
PO BOX 66119  
VIRGINIA BEACH, VA 23466

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
236	178	ADDITIONAL COMPENSATION	3

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

MANAGEMENT COMPENSATION GROUP NE IN 55 BROADWAY SUITE 701  
NEW YORK, NY 10006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	260	ADDITIONAL COMPENSATION	3

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

MANAGEMENT COMPENSATION GROUP SE IN 40 WALL ST STE 1304  
NEW YORK, NY 10005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
290	64	ADDITIONAL COMPENSATOIN	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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	3675
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**SAFEGUARD HEALTH PLANS, INC., A CALIFORNIA CORP**

(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
95-2879515	96030	0142143	255	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><b>(a)</b> Total amount of commissions paid <b>1247</b></p>	<p><b>(b)</b> Total amount of fees paid <b>713</b></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  
**USI INSURANCE SERVICES LLC** **PO BOX 66119**  
**VIRGINIA BEACH, VA 23466**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1247	713	SUPPLEMENTAL COMPENSATION	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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

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

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

**e** Deductions:

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	36531
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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**

<b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b>		<b>D</b> Employer Identification Number (EIN) <b>95-2575893</b>

**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  
**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>62-0331200</b>	<b>68195</b>	<b>0000156267</b>	<b>770</b>	<b>01/01/2024</b>	<b>01/01/2025</b>

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

<b>(a)</b> Total amount of commissions paid <b>266082</b>	<b>(b)</b> Total amount of fees paid <b>218528</b>
--	---

**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  
**NFP INSURANCE SERVICES** **1250 CAPITAL OF TEXAS HWY**  
**AUSTIN, TX 78746**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>0</b>	<b>52601</b>	<b>ADDITIONAL COMPENSATION</b>	<b>3</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** **PO BOX 66119**  
**VIRGINIA BEACH, VA 23466**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>109109</b>	<b>49908</b>	<b>ADDITIONAL COMPENSATION</b>	<b>3</b>

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

MANAGEMENT COMPENSATION GROUP NE IN 55 BROADWAY SUITE 701  
NEW YORK, NY 10006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	83652	ADDITIONAL COMPENSATION	3

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

MANAGEMENT COMPENSATION GROUP SE IN 40 WALL ST STE 1304  
NEW YORK, NY 10005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
156973	32367	ADDITIONAL COMPENSATION	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	

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1439997
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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**

<b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2575893</b>

**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

**UNUM LIFE INSURANCE COMPANY OF 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
<b>01-0278678</b>	<b>62235</b>	<b>528376</b>	<b>54</b>	<b>01/01/2024</b>	<b>01/01/2025</b>

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

<b>(a) Total amount of commissions paid</b> <b>1169</b>	<b>(b) Total amount of fees paid</b> <b>393</b>
--	--

**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

**USI INSURANCE SERVICES LLC**

**PO BOX 66119  
VIRGINIA BEACH, VA 23466**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>40</b>	<b>393</b>	<b>ADDITIONA COMPENSATION</b>	<b>3</b>

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

**USI INSURANCE SERVICES LLC**

**21250 HAWTHORNE BLVD 6TH FLOOR  
TORRANCE, CA 90503**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>16</b>	<b>0</b>		<b>3</b>

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

USI INSURANCE SERVICES LLC

201 MISSION ST STE 1100  
SAN FRANCISCO, CA 94105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
401	0		3

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

HALL JIMMY HARRISON

959 SKYWAY RD 2ND FL  
SAN CARLOS, CA 94070

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
712	0		3

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

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

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	25622
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-2575893</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**METROPOLITAN 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
13-5581829	65978	0236215	434	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 <b>4463</b></p>	<p>(b) Total amount of fees paid <b>1791</b></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  
**USI INSURANCE SERVICES LLC** PO BOX 62939  
VIRGINIA BEACH, VA 23466

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**USI INSURANCE SERVICES LLC** PO BOX 66119  
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4463	1790	NON MENTARY AND SUPPLEMENTAL COMPENSATION	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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(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 .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	84198
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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**

<b>A</b> Name of plan <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FARMERS AGENT GROUP BENEFITS PROGRAM</b>		<b>D</b> Employer Identification Number (EIN) <b>95-2575893</b>

**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  
**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
62-0331200	68195	0000144735	25	01/01/2024	01/01/2025

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

<b>(a)</b> Total amount of commissions paid <b>11025</b>	<b>(b)</b> Total amount of fees paid <b>497</b>
---	--

**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  
**HALL JIMMY HARRISON** **201 MISSION ST STE 1100**  
**SAN FRANCISCO, CA 94105**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2560	0		3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MANAGEMENT COMPENSATION GROUP/NORTH** **55 BROADWAY ST 701**  
**NEW YORK, NY 10006**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2048	ADDITIONAL COMPENSATION	3

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

USI INSURANCE SERVICES LLC

PO BOX 66119  
VIRGINIA BEACH, VA 23466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4798	1422	ADDITIONAL COMPENSATION	3

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

NFP INSURANCE SERVICES, INC

1250 CAPITAL OF TEXAS HWY  
BLDG 2 STE 125  
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	862	ADDITIONAL COMPENSATION	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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	57160
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<b>First Name</b>	<b>Last Name</b>
SAMUEL	CHOI
TIM	CUNNINGHAM
SCOTT	RITTICHER
RICHARD	TYLER
AL	KASH
TONY	PENA
JASON	ZAMANI
NANCY	VAZQUEZ
EVA	CHONG
SAMUEL	KLEIN
ENRIQUE	MORALES
JORGE	ROSALES
ROBERT	SCHAFNITZ
PHIYEN	TRAN
GABRIELA	CASTRO
DARIEN	KINTNER
JENNIE	PHAM
SANDY	HOCKING-CLINE
MANZUR MAX	CHOWDHURY
SAMUEL	FRIAR
DANA	NGUYEN
THUY	MAI
REUBEN	SOLORZANO
GEVIK	KESHISHMOOSA
GLENN	DOMINGO
GREGORY	HATZ
EMBER	STITES
DAVID	JOHNSON
JASON	SANDS
JOANNE	LIM
GERMAIN	GARCIA
CLARA	GUTIERREZ
BILL	DALATI
JEFF	MILLER
RICHARD	SEAY
RUBEN	SOLIZ
ALEXANDRA	RIVERA
SERGIO	SOLORZANO
BLANCA	HARO
AN	TRUONG
PATRICK	WONG

JOHN	BOYD
JOSEPH	HADDAD
DONNY	VU
KERWIN	WALTERS
THERESA	SIMES
ANTHONY	SIGALA
HECTOR	GONZALEZ
ERIC	UZETA
JASON	REDMOND
GERARDO	NAVARRO
CRISTIAN	AGUIRRE
CINDY	SERAFIN-MARQUEZ
EMILY	EVERROAD
ANDY	ZULOAGA
MALIK	AWAN
LUPE	SALAZAR
SCOTT	CLAUS
KEUM	LEE
LUIS	ECHEVESTE
MICHAEL	CRAWLEY
FREYDEL	BUSHALA
ROY	REDMAN
KATHY	LAMM
FREXINY	LAZO
JOHN	PETIT
ROY	PALACIOS
JUAN	ZARAGOZA
JOEL	CLARK
DAVID	CLARKE
LEWIS	COHEN
JENNIFER	STANFORD
JAMES	MILLER
ALEJANDRO	MANZO
JUSTIN	BITHELL
MAX	YOUNG
ROSARIO	ORTEGA
SOFIA	VELASCO
CHERYL	HART-MUNOZ
ELLEN	WILLIAMS
MANUEL	ROCHA
JOSEPH	NIENHUIS
MARIM	ABDUL

MICHAEL	TANG
WILBER	RENDON
MARK	BOUTROS
ADAM	JUNGK
BORNA	EFTEKARI
THOMAS	KRYNICKI
KEITH	DAVIS
BILL	WALSH
LOUIS	ADAMS
DANIEL	PENATE
JEFFREY	PEDDIE
DAVIS	STANFORTH
MICHAEL	MALOY
ERIN	ALLSBERRY
WINSTON	ZAMORA
GARTH	MOORE
EDWARD	ALEXANDER
KENNA	YAPA
JASMINE	ARTEAGA-PINEDA
JOSHUA	YAGER
DUSHIME	GASHUGI
JONATHAN	MAYORQUIN
JULIE	HAIDAO
DANA	JOHNSON
FRANCISCO	MORENO
BLAKE	GIUFFRE
CHRIS	MCMURRY
DANIEL	COVARRUBIAS
SALVADOR	LOPEZ
CLINTON	ALFORD
NANCY	TONG
MARYBEL	RUBIO
STEVEN	RHODD
JENNIE	VALDEZ
MARAL	POOCHIGIAN
DOUGLAS	DIXON
R SCOTT	BASINGER
JESSICA	GONZALEZ
KRYSTLE	CHANG
LYNN	NGUYEN
RONALD	FERRERO-PHAM
ALLEN	TEPPER

SRAS	KIM
BERNARDINA	MALDONADO
CONNIE	TAYLOR
EDGAR	SILVA
GUILLERMO	CARRANZA
JORDAN	RACEY
ELI	WENCES
BARRIE	ELLIOTT
ESMANUEL	RUIZ
CHRISTOPHER	DININO
RON	HENDERSON
FELIPE	ALVAREZ
JEANETTE	TO
SHERRY	GOGUE
PATRICIA	RUIZ
BRIAN	TAPKEN
CATHY	PETERSON
RICHARD	KHASIM
RONALD	CONRAD
DANA	GARDNER
MONICA	DELUZ
SARA	GONZALEZ
MICHAEL	MCELVANY
HELM	DEREGNE
JASMINE	CORONA
NADIA	KORKIS
AMBER	RAMIREZ
CARLOS	MATTEI
CLARISA	SANCHEZ
TRAVIS	CAMPBELL
LUIS	DE LA CRUZ
JOLETTA	MIZE
MELISSA	MISIC
TONYA	YADON
COLE	ROBERTSON
STACEY	LATTA
GREGORY	MCMILLEN
JASON	MALLORY
ELIZABETH	PALMER
DANIEL	MYERS
JANE	COLE
HUGO	GARCIA

MAURICIO	ROMERO
KAREN	KURTZ
SHANE	LOVE
CAMERON	JOHNSON
JAMES	GOODRICH
JACOB	EATON
STEVE	DAVILA
LONNIE	MACKEPRANG
JOURDAN	Lodge
STEVEN	PICKARD
STEVEN	ROGERS
SKYE	Milleson
SUE	BAILEY
JOHN	BUSELT
TRAVIS	OVERLEY
ANNA	CRABLE
MARIA	LOZANO
STEVEN	CARRILLO
ROBERT	JOHNSON
JUSTIN	MAY
CORY	WASHAM
PAUL	ORR
BRANDON	WHINERY
MARC	CROCKER
RHILEY	BAMBER
DAVID	WALLACE
CING	HOIH
GARY	LEHRMAN
ERIC	QUINNELLY
MICHAEL	MARES
CHASE	POLLARD
MICHAEL	DAY
ARTHUR	SAGER
MINDY	PRITCHARD
PAUL	HARRINGTON
TONI	WILLIAMS
JENNIFER	CRAWFORD
SCOTT	THOMPSON
DON	COX
TODD	WILEY
DENNIS	SMITH
IRVING	TOVAR

TODD	WALLACE
DENA	FLOYD
CASEY	MARTIN
STEVE	GROGAN
CANDICE	LOZIER
KYLE	MCNALLY
ERIN	O'HARA
JASON	CLARY
ASHLEY	POWELL
DAVID	VIK
SHAWN	MCREYNOLDS
NANCY	GARRETT
CHARLES	CAUGHERN
WILLIAM	ADREAN
RONALD	HAYES
CANDACE	PRESLEY-CAUTHON
RENEE	SCATES
JASON	EGGERS
BRANDON	ADAMS
CHARLES	BROWNING
ROBERT	IRWIN
TYLER	GOOCH
CHAD	TREDWAY
SCOTT	BAKER
ARTURO	LIPTAK
RODNEY	MORTON
TARA	LANDERS
BRENDAN	MITCHELL
RICHARD	GLASSER
RACHELLE	STANGE
SIDNEY	SANDERS
JUAN	MOORE
CHRISTOPHER	MULLINGS
JEFFREY	BLOOD
JEFFERY	DEISERING
PEYTON	EGLESTON
ANGILA	JEFFRIES
AHMOND	DAWSON
ANDREW	BEACHUM
JOSEPH	ROZA
ERIC	EPPARD
YOLANDA	TREJO

ELIZABETH	RAYGOZA-AGUAYO
ZACHARY	GOODWIN
CHRISTOPHER	WAGNER
IRIS	KANINA
DEBORAH	YORK
BRUCE	PRATT
ALISHA	ELLIOTT
NICKLAS	PRESKO
Amanda	Young
MARIE	HUDSON
TIMOTHY	LAGER
LOGAN	DRISCOLL
ROBERT	MERRITT
STEVEN	SMITH
JULIANNA	CROW
SCOTT	SMITH
ANDREW	BRYANT
JOSE	LEON
SHELBI	NEEL
J ROBERT	ATKINS
ERNEST	COCKRUM
ROGER	YOUNG
JOHN	NEUHAUSER
KRIS	HANKE
TASHA	FERRELL
JOSHUA	SHARP
DOUGLAS	SHROUT
SCOTT	HENSE
JASON	LANGSTON
STORM	MARTIN
BRADLEY	SEINER
COURTNEY	BREWER
CRAIG	BERRY
ARMONDO	FUQUA
LEE	SCHMEIDERER
CASH	EARNEST
WALT	HOLLEY
LOIS	MANS
AUTUMN	BEST
JEREMIAH	ESSMYER
RICHARD	BERTACCHI
KEACHA	SEDDENS

TYLER	DELEON
MURIS	BAJRIC
TERESA	SPARKS
JASON	DUREE
EDWARD	FOGELBACH
MICHAEL	CAPLES
WILLIAM	ADAMS
MATTHEW	WADDINGTON
CHASSIDY	DUFFY
BRYANT	FOGELBACH
JEFF	FLOWERREE
ANGELIQUE	DAILY
SUSAN	JORENS
MICHAEL	HARMON
TIMOTHY	BRYANT
DOUGLAS	SPOOLER
JAMES	COLEMAN
HEATHER	FOSTER
NICHOLAS	MCCONNELL
RICK	MCLEOD
LORI	ROGERS
ANDREW	DILLARD
REGINA	SHADOWENS
JEFFREY	DANLEY
DOUGLAS	SNYDER
KEVIN	CRONE
KYLE	MINYARD
CODY	WALLACE
RENEE	BARROW
ERIK	ARMSTRONG
DEANNA	PARKS
MATTHEW	BROWN
KENNETH	NICHOLS
SCOTT	DORMINY
BRANDY	RILEY
JAY ANDY	WESCOAT
PATRICK	BORECKY
JOE	YOUNG
ANTHONY	MARTIN
LUCAS	SAN MARTIN
SHERRY	ALGOOD
KACIE LEA	KIRKLAND

ROBERT	HUDDLESTON
CHAD	MIOT
JAMES	PRANDI
CURTIS	SZUCS
ANGEL	FELICIANO
JUSTIN	FRANK
MARK	VARADY
ROBERT	PAXTON
STEPHEN	DARRINGTON
WENDY	NARAD
JEREMY	JIVAN
PATRICK	DUGAN
TRACY	ZARLINGO
MICHELLE	COX
LAURA	FORD
ERICK	DOMES
JOEL	MCKINNON
JOHNNIE	RUSSELL
CYNTHIA	CHESTERS
HEDY	JARWONO
JACK	HURST
JAYME	LOBO LICONA
KELLEY	STEWART
PAUL	MARCHIO
SARAH	LUDWIG-SCHULTHEISS
DONNA	WOLERY
SCOTT	TAYLOR
MARK	COUP
BRUCE	HAJOST
KEITH	SIDER
RONALD	BRYANT
CHRISTOPHER	NEWPORT
ANDREW	ANDER
SHANNON	WALKER
DAVID	VANOVER
MICAH	WINDSOR
ANDREA	QUEALE
RANDALL	MUELLER
ROBERT	LEWIS
RODNEY	HINES
SHELLIE	BURKE
MARSHALL	THOMPSON

FRANCIS	OLALEYE
BRANDON	JONES
PAUL	HEYWOOD
ZIAD	NAJJAR
KRISTIN	CROSE
MICHAEL	MULVEY
MCKENZIE	CROSE
LINDA	RAY
GREGORY	BECKER
R WILLIAM	BALLOG
DAN	KALINOWSKI
HEIDI	MEES
BRANDON	JOHNSON
CRAIG	REEVES
KEN	GAFFER
RAUL	MACIAS
KENNETH	SPINDLER
CHAD	LOVELAND
RODNEY	REDDEN
THOMAS	GROOM
JOEL	CHRISTNER
KURT	URCH
CARRIE	ROACH
KEYANTE	HUMPHREY-WHITE
YOLANDE	HEALEY
TIMOTHY	VICTOR
IRFAN	HADDAD
KURT	STUROS
TALITHA	PERRY
AMY	DRYER
ANTONIO	ASMAR
ANTHONY	FISCHER
MICHAEL	EORY
THOMAS	GREGWER
DAVID	GREGWER
JEFFERY	WELCH
CODY	SCHEUERMAN
PAUL	KOOIMA
MARK	JOHNSON
KORIN	AYERS
JEFFREY	ANDERSON
MICHAEL	VANDERMEULEN

WILLIAM	GRUBB
OLIVIA	HERMAN
RODNEY	MOORE
MICHAEL	WILUSZ
EMILY	SMITH
TERRY	SMITH
PAUL	SCHROEDER
THOMAS	WESA
TAYLOR	SNURE
ROBERT	WETOSKEY
JUSTIN	WRAY
NATHAN	BOWERS
Faudner	Jean-Baptiste
ALECIA	KLANN
CAMERON	ALVESTEFFER
PATRICK	YASSO
BENJAMIN	SMITH
MELISSA	KELLY
JERICO	HAYWARD
BRIAN	CLARK
CHRISTOPHER	FENNER
JOSHUA	FERGUSON
COREY	BENSON
GRANT	SCHEELE
RICHARD	BURSELL
MACKENZIE	RODGERS
AMANDA	BRAY
JOSEPH	RAYBURN
HOLLY	SPITZ
SEAN	CRAWFORD
TIMOTHY	POWLISON
MICHAEL	ISMERT
TANNER	SMITH
CHRISTINE	WAGNER
MICHAEL	BARCLAY
ALEX	ROGERS
JOHN	BLAZEVICH
LEVI	WHITTAKER
DAMON	BURIAN
RICHARD	JACKSON-OSBORN
TIMOTHY	CRACOLICE
MALLORY	HEGGE

ROBYN	HAMACHER
SANDRA	STEURY
Michael	Bowen
GARRY	GILBERT
BOB	BAILEY
STEVEN	WOODFORD
CHRIS	GILLET
PAUL	HAULBROOK
PAUL	RILATT
ROBERT	HOLLISTER
CURTIS	TOTSKY
ADAM	BOYD
BRIAN	WOODBURY
BYRON	BETTLES
CODY	FELDER
JEFF	PRUSKI
CODY	DITTER
JOSEPH	LAPARNE
TIMOTHY	MORGAN
RYAN	COFFMAN
LOWELL	YOST
DAVID	JEROME
DAVID	BLOOMFIELD
ERIK	NELSON
KELLY	CHRISTOPHERSON
STEPHEN	BERRY
JASON	COUGHLIN
KRISTOPHER	JOHNSON
SEAN	HENDERSON
EREN	STARR
CHRISTINA	BUSHNELL
CALEB	PUGH
C BRANT	PAGE
CHARLOTTE	LEHTO
KIMBERLEY	DUTY
GORDON	SMITH
LENEVE	KOSMECKI
LARISSA	DEHART
COLE	JANNUSCH
JOSEPH	FROMAN
BROCK	JODOIN
TREVIN	WEBB

CINDY	REIN
JOSH	WONG
BARBARA	PORCHE
MARK	GREGORY
LORI	STEGMANN
KAREN	INZUNZA
FADIA	HADEED
CHAD	HOLZNAGEL
DANIEL	BROWN
SHANNON	BYERLY
Zackary	Ownby
RAUL	CASTILLO
COLLEEN	CASEY
SCOTT	GILLMAN
CHARLES	LEWIS
KEITH	WOOD
DANIEL	FRALEY
TYLER	MARTINDALE
ROY	OVENELL
CHARLES	CHAI
C. RANDY	MCCREADY
SAMANTHA	POWELL
MICHELLE	LORENSON
TERRESSA	MONTGOMERY
JOSEPH	TURNER
MARIBEL	RUVALCABA SANDOVAL
LARRY	FORMAN
MARISELA	IBARRA
BRIAN	ARNOLD
MICHAEL VAN	LUU
JEFFERY	VILLARREAL
JAIRO	CABREJO
BRIDGET	KEMAHLI
PRAVEEN	NAIR
TONY	DAVIDSON
JEREMIAH	OLIVER
BRUCE	HAUGLIE
NICHOLAS	BLISS
TIM	BISHOP
SARAH	SPEARS
KIMBERLEY	CAFFREY
SCOTT	RAYMOND

SHELLY	WALKLEY
JODI	STROHM
AARON	HOROWITZ
BRUCE	HERRING
CARLOS	AIRE
PAOLA	ZARATE
ROB	WHITE
AMANDA	KNIGHT GOULET
SACHA	AMUNDSON
GREG	BREWER
DALE	VOELZ
TIMOTHY	BIAS
DAWN	SINJEM
TIM	SHIRLEY
KIRK	BRUCE
RYAN	BROWN
SHANE	HART
JAMES	SORENSEN
JACOB	GORRETTA
ROBERT	FRAIZER
MARK	KUNING
ANDREW	JEWELL
GILLIANE	GRAYYE
PAULA	CROSETTI
SARAH	GALLELLA
BILL	DAVIS
DARREN	CLARK
GREGORY	MOHORIC
JARED	BOUCHEY
MICHAEL	LESTER
TERESA	BRAYKOVICH
BILL	YOUNT
TRAPPER	STILLWELL
JENNIFER	MULLEN
ALEC	LEWIS
KAREN	DUNN
JEROME	DICKSON
JOSH	GRAVES
MARIA	ACEVEDO
EVA	MILLER
KAYLA	BLOUIN
RICK	ROMANI

JOSE	SARMIENTO CORONADO
KARLEEN	NEZIRI
VICTOR	THOMPSON
ANEL	GALICIA PICHARDO
SCOTT	ERLWEIN
STEVE	WINSBERG
RASHIDA	GAYE
CHRIS	FAVERTY
KALEAB	ASSEFA
CINDY	HENSON
GREGORY	CAFFREY
JESSICA	DANIKEN
JOHN	MOOREHEAD
RUTHANN	NELSON
JONATHAN	HARDEN
CRISTEN	MARCEAU
STEVEN	BARELA
Michael	Bower
KATIE	MAEDER
KYLE	CARLSON
GINGER	TYLER
DARREN	STEELE
DAVID	GARCIA
LAT	WIPLINGER
PABLO	RAMIREZ
ANGELETE	FRIEDBAUER
RAUL	MARTINEZ
LYNN	CLARK
LARRY	RINDLISBACHER
SHAUN	MONTGOMERY
ROBERT	CHANG
HEATHER	LIVSEY
ARTEMIO	GUTIERREZ
JEFF	SCHELL
MARC	CISNEROS
TUCKER	KELLOGG
STEPHEN	ABRAHAM
JOHN	SYRCLE
MARK	SAYKO
DAVID	WHITTLESEY
DENNIS	DYE INS AGENCY INC
S. SCOTT	MCGREW

HIEN	LUONG
RICARDO	HAMILTON
RICHARD	DEBENEDETTO
BRANDON	CANNON
MATTHEW	GRAUPNER
JOSHUA	FABIO
Richard	AGUILAR
DAVID	BOLEY
JAMES	DAVIS
LESTER	EVANS
JUSTIN	FABIO
CHRISTOPHER	VERNET-DJELOU
KEITH	ROBINSON
WAYNE	SCHLEPP
DANA	YANG
AUSTIN	CARTER
MICHAEL	GILLESPIE
ROBERT	SCHAUDT
JORDAN	CARTER
ALBERT	HARRISON
STACEY	CARUTHERS
KRISTIN	RILEY
CRAIG	HALL
MICHAEL	RAPPORT
TAMMY	COUSAR
GABRIEL	GARCIA-HITT
CINDY	MILLER
CRAIG	SAINZ
MICHAEL	HETHERINGTON
KEVIN	SHRIVER
SCOTT	GASKELL
BRIAN	BALLOTTI
MARK	DEZUBA
ROBERT	SOUCEK
BRIAN	MILLER
SAMANTHA	MORRIS
PAUL	NOAKES
ROBIN	ARMSTRONG
RITAMARIE	REESE
STEVEN	MESSAMER
DULCINEA	GARCIA
CHRISTOPHER	BALSIGER

REBECCA	MANKE
SANTIAGO	VARGAS
MASON	LUKE
RAMON	RIVERA
JAMES	MORGAN
BENJAMIN	MORGAN
JASON	WELCH
JONATHAN	SUSA
WILLIAM	HAZEL
SHANE	CLEMENT
JEFF	JONES
GARRETT	SADUSKY
ALAN	CARPENTER
NATHANIEL	BINGEL
BOHART	SCHOMBURG
LEONIE	HANLAN
JACOB	NEBELSICK GULLETT
DONALD	CHASEY
Barbara	Kalish
JAIME	QUINONES
JARED	SEYL
JOLENE	JOHNSON
JON	STEMPER
DAN	PURCELL
BRIAN	FOX
KRIS	PACEY
PHILIP	GEORGE
CIZDY	GARCIA
CURTIS	CORRADO
TYE	WILLIAMS
DENISE	JARVIS
JASON	BRASSELL
ROBERT	MALFA
STEPHANNIE	DEAN
BRUCE	ANDERSON
TIM	STUBER
MICHAEL	MCNERNEY
DEAN	JONES
SANTAISHA	STURGES
MATTHEW	MORAND
LAURA	CAMPBELL
NICHOLAS	HOLMES

GARY	DYER
KELLY	STETKA
RICHARD	SHRIVER
BILL	SAMUDIO
JASON	TICHOTA
MICHAEL	BERRY
JOSEPH	SAMUDIO
KEVIN	PALMA
JOSEPH	RAICHLE
SANDY	TABANGAY
NICOLE	SOUTHWICK
NORM	BELSON
JEREMY	TUCKER
JARRED	NUSS
THOMAS	BLACK
KATHY	WELLS
TODD	BAKER
KRIS	BRADER
DON	MEANS
PATRICIA	HOLMES
CLAYTON	YARBROUGH
CHRISTOPHER	MCCLURE
Korine	Jones
STEWART	GOLDENBERG
BRUCE	DENTON
JEREMY	GAY
LAURIE	VAGNEUR
KALEB	PETERS
CLAUDIA	VADILLO
JEFFREY	KISTLER
WADE	THOMAS
MATTHEW	SMITH
KATIE	POOLE
TONY	SCHMITZ
DAVE	CORWIN
PAOLO	JERONIMO
TODD	WOLVERTON
REX	VIOLA
MARK	PORTER
TYSON	TERHARK
AMY	MAJEWSKI
DON	MEALER

KRISTI	WURTH
RYAN	GILBERTSON
DAVID	OTTLEY
GERALD	JETER
RORY	SHOGREN
JEFFREY	CARRUTH
SAM	SHAIKH
GUSTAVO	JAUREGUI
DEBORAH	Huber
IMELDA	RUIZ
MARIA	MELARA
GEORGE	MAURICIO
MIRIAM	ROQUE
KAY	RAMBARAN
DANIELLE	LOHMANN
KELLEY	SMITH
Albie	Preciado
JOHNATHAN	CARTIER
CRISTO	GARCIA
YESENIA	RANGEL
ELVA	HERNANDEZ
AMER	MOHAMED
RON	WALSH
KRISTINE	TARRICONE
MIGUEL	MONTOYA
ADAM	FORTE
YADIRA	PEREZ
MARIO	AVILES
GINGER	PATZ
DAN	FRASER
BARRIE	SANDY
CHRISTINE	DE ASIS
RICHARD	ARVIN
JOSE	CASAS
CORY	ELLERBEE
JACE	YATES
FRANCISCO	HERNANDEZ
TIMOTHY	SPIOTTA
ISMAEL	MADUENA-MARTINEZ
MATTHEW	MIRTONI
REMEDIOS	CORPUZ
CELIA	MARCELINO

ARNOLD	RESPICIO
RUSSELL	STEELE
JUAN	CONTRERAS
ZULEIMA	GARCIA
BRENDA	OSORIO
JOAQUIN	CAZARES
KRISTIN	MERIN
EVELYN	MORALES
JESSICA	GRAVES
JESUS	RUBIO
WENDY	DOUGLAS
WAYNE	MILLER
KYLE R	VOWELL
SHERRI	ISOTALO
CURTIS	REED
ROBERT	ROLAND
TROY	GUERRERO
TIMOTHY	MURPHY
JORDAN	WEGNER
TERRI	CONWELL
ALAN	PALFI
THOMAS	LOUGH
JERRY	VESTESEN
CEILA	MIRANDA
DAWN	FOSTER
JACK	SAFFORD
CARLOS	SANTANA
MARIA	MESSIMER
PATRICK	LAMBERT
KEITH	POWELL
RENEA	SIEGRIST
LORI	CRAMER
BRIAN	THOMAS
BENITO	GUAJARDO
GARY	HATANO
DOUGLAS	DIMMICK
ZHANGPING	HUANG
MARGARET	CAPITANO
SUSAN	SWETLAND
WUILMER	AGUILAR
ANISH	VERMA
ASHER	STYRSKY

RUDY	CEDRE
YONG	PARK
RACHEL	SAUSEDA
MARYAM	BAHRAMI
RICHARD	PARSONS
STEPHEN	BAKER
DAVIN	LOZANO
MATTHEW	MARTINEZ
JAMES	SEWELL
HOWARD	SCHIFF
AUSTIN	BOWDEN
JOHN	TAYLOR
LILIYA	VIZITIU
MARIA	BRITTON
ELIZABETH	GUERRERO
BRAD	LAUPPE
ROBERT	MACOMBER
GILBERT	COHEN
Kristi	Kunselman
LLOYD	LAWSON II
JASON	MILLWEE
EDITH	GONZALEZ
EUGIENE	MARZETTE
JOE	GARCIA
LUIS MIGUEL	BUGARIN
PHU	DUONG
JILLIAN	JUSTICE
SAMUEL	LEE
DANIEL	DENTONE
JOSEPH	ALFONSO
DOUGLAS	EATON
ISRAEL	CORTES
KARLOS	PEREZ
MARITZA	HOLLIS
JIMMY	WIDJAJA
EUGENIA	SALCIDO
BRIAN	HARPER
TOMMY	CASANOVA
DANIEL	SANCHEZ
HEATHER	ALARCON
KEVIN	GONZALEZ
JOSE	ARREOLA

DAISY	SALGADO
DAVID	GOULD
JOE	SAPIEN
ROBERT	FLORES
FRANKIE	FLORES
DAVID	SOK
CLYSLY	DESALES
TOBY	LEE
RICARDO	MOLINA
KENNETH	CORREA
EDDER	BARCENAS
STEVEN	TONG
EMMANUEL	PAJE
DENIS	AVDIC
WILLIAM	BEYER
ELBERT	TAYLOR
SHARON	LI
ANDY	YEE
CLARENCE	CASTILLO
KATHRYN	LARSEN
JONG KYU	LEE
SUSIANI	TAN
MITCHELL	VARHULA
HELEN	KUAN
CAROL	YEE
NANCY	HU
MATTHEW	HILLS
IGOR	BRAGINSKY
TOM	STEPHENS
RUTH	MORALES
DIEGO	ZEGARRA
DIEGO	NUNEZ
Alexander	Castillo
JOHANNA	ARROLIGA
ANA	ALVAREZ
NIKI	GHOFRANIAN
ROB	MOKRY
ROBERT	STROUD
JACK	WOO JR
RAFAEL	GUTIERREZ
BEATRICE	ALVAREZ
ANDREA	GERMON PHILLIPS

JOSE	TAMAYO
GABRIEL	JENKINS
ERIC	TYLER
GREGORY	HAUPT
JIMMY	CHEN
CHRISTIAN	MARTINEZ MAIRENA
ALI	DANESH
JINGHUAI	LI
NATALIE	AROLA
ZAINUDDEAN	JEEWANJEE
JOHN	WILLIAMS
PATRICIA	HAN
GAEL	RUIZ-RODRIGUEZ
JOSEPH	ANGELINI
VANESSA	OOI
ANTHONY	PARKER
MARS	ROCAMORA
LEONARD	LAVORATO
JOSE	SERRANO
JEREMY	CARTER
GLORIA	DEL REAL
MARK	LEONARD
LISA	DEL REAL
JACK	PARDEN
MICHAEL	HARDMAN
CHARLIE	PORTER
YANNET	NAVILL
ANTHONY	SUE
JORGE	MORA
NICKY	PAPADAKIS
JEANNETTE	SACMAN REYMUNDO
KATHERINE	BECKHEYER
RAY	MIZRACHI
EDWARD	KROETEN
ARASH	HATAMBEIKI
CHRISTI	SPINA
HOLLY	CADE
NURY	ALVARENGA
R MICHAEL	MILLER
ALINE	MARCADIER
WAYNE	WU
CLARK	FISHER

RICARDO	GONZALEZ
PARVIZ	GHAFFARIPOUR
ATULYA	YOGESHWAR
ANDY	PHAM
STACY	LANE
MARK	HICKS
ASHLEY	BROOKS
MARK	BUTLER
JAMES	PEREGRINO
KIMBERLY	GRAVES
EDDIE	HUANG
VIRGINIA	TAM
CHRISTY	MCDOWELL
JO AN	TU
JULIE	BHARWANI
KEVIN	HUBER
CRYSTAL	RICO
AKMAL	QADIR
JODI	WEBSTER
SIRAK	TEGBARU
SCOTT	ALSTAD
YESENIA	GONZALEZ
DONNA	DAO
DAVID	REIDENBACH
SHELLEE	MCLAUGHLIN
H DWAYNE	MULLINS
MARIBEL	RUVALCABA
DAVID	GONZALES
MOHAMMAD	KHAN
RAUL	DIAZ
MARTE	FORMICO
SAM	CHENG
KEVIN	CHEN
ANABEL	BALTAZAR
JOSHUA	ROMANO
GINA	NAVARRO
ROGER	NGUYEN
CHONG CHOL	PAK
SHINOBU	ARISAWA
SHEILA	QUAN
KYLE	CHUANG
MIKE FENGYU	ZHANG

SANTOS	ARANDA
SCOTT	FLANIGAN
GUILLERMO	HEREDIA
KELLY	DUNN
KELLI	Walsh Mezzetti
JAZMIN	GUIZAR
YUAN	LI
PETER	CHEE
CANDICE	SALCEDO
FRANK	RAMIREZ
ANITA	YEE
PHILIPPOS	GRATSINOPOULOS
JOY	CAI
DAVID	FLAIG
JOHNNY	NAVA
RITCHIE	CASTRO
ADAM	LEE
MICHAEL	BRAVO
TYCE	FIELDS
STELLA	KWOK
KELLY	CORWELL CANSLER
MARIA	CUSING
IAN	LAXAMANA
DINO	BACA
PEDRO	GONZALEZ
SEAN	ROVAI
MATTHEW	STELCK
MICHAEL	THOMAS
DEREK	DIAZ
MERCEDES	JENSEN
EDNA	VILOZNY
KEVIN	SCULLY
CRISTINA	SANTOS
CLEMENT	LEE
ANDRES	ROSALES
JOSEPH	MIKELS
HUGO	RODRIGUEZ
ORLANDO	NUNES
PATRICK	RODRIGUEZ
AVTARBIR	SINGH
DAPHNE	DELOS SANTOS
CURTIS	FLEMING

AMY	KOO
RAMIR	NUESTRO
DAVID	PINHEIRO
BENNY	TIET
BRENDA	HORDER
GREGORY	WONG
KHUSHVINDER	SINGH
Monica	Juarez
RYAN	CALVO
RACHEL	CRAWFORD
JENNIFER	Morris
WALT	ANDERSON
PATRICK	SIU
ZACHARY	SPRIGGS
KIPP	LEHMAN
RAY	CHENG
DARLENE	BAXTER
JOHN	DUNCAN
DAVID	PEACOCK
LILIAN	Cabrera-Carini
ANDREW	SINCLAIR
JOHN	MONTOYA
DELYNA	VU
PAUL	BICKHAM
EDUARDO	CORREA
SONG THUY	NGUYEN
SVETLANA	SEREBNITSKAYA
RODOLFO	FLOTTE
PATRICIA	MARTINEZ-COLIN
DILLON	GARRISON
RACHEL	HESS-MEECH
BRYAN	HESS
BRENT	LARSON
RACHEL	MCMILLAN
VINCENT	VILLANO JR
CHRIS	HALE
DANIEL	BLOWERS
HOLLY	KINGSFORD
ANTHONY	PAGNIANO
MICHAEL	WILLITS
DAWN	ADAMS
FRED	KESLER

KELSEY	HOLDER
SHAWN	LANGHEENNIG
MATT	DIETZ
RYAN	STEIGER
REID	NICOL
KEVIN	PFLEGER
STEPHANIE	VIERTEL
MICHAEL	HININGER
JAMES	WILHELMSSEN
DAVID	PRICE
GINA	WIXOM
REDGY	CHRISTENSEN
SHANE	HARRIGFELD
RAUL	TORREZ
ROBIN	GIBBONS
TONY	WADE
REBEKAH	MUIR
COLEEN	ACKER
E. DAVID	NEELY
GARY	LOUIE
CHAD	GEISSLER
CHASE	MINHONDO
DALE	ROBERTS
JOSHUA	COTTLE
BARREY	BIGLER
CHRIS	WINDHORST
Max	Wilkinson
KRISTIN	ANDERSON
JULI	ABERNATHY
DAN	CRANNEY
PAUL	MCGARRELL
ANN	FADEL
CALVIN	COLEMAN
JOSHUA	HERRICK
TANNER	NAYLOR
TY	PECK
MICHAEL	DAY
KYLE	FULLER
SHANE	PAOLI
PRITIKA	SINGH
CORY	COOPER
MATTHEW	PRIEST

VALERIE	HAWKER
DEREK	PRIEST
JEFFREY	TEBBS
DANIEL	KASTELER
JORDAN	PREATOR
JACOB	ANDERSON
BLAKE	MORTENSEN
GERARDO	USECHE-VILLENA
JAMES	ACOSTA
JANIC	KING
ANGIE	SMITH
MATHEW	DAVID
LUKE	BOHLMAN
GLENDA	FLORES CONTRERAS
CHARLES	NOUHRA
LOC	PHAM
KEVIN	CAVAZOS
JEFFREY	TALLAS
MARK	DAVIDSON
WESLEY	DENEVE
NADEEM	DAMANI
MICHAEL	BINNS
JESUS	GONZALEZ
JASON	EISER
CONSTANTIN	ISPAS
RENWICK	HAYNES
ISAAC	SOBERON
PAMELA	PAN
CRAIG	STRAUBE
AARON	VALLEJO
MATTHEW	PATTERSON
RAFAEL	JAIMES
JENNIFER	MOON
NORMA	VILLARREAL
MONICA	FERNANDEZ
IRMA	GARZA
DANIEL	MARTINEZ
VERONICA	CHAVEZ
VALERIE	REYNA
LAURA	PEREZ
MARIA	REYES
LETICIA	SALMON

BELINDA	ZAPATA
MARY	WATSON
JEFFERY	BERNSEN
JACIDY	MYERS
ROXANNE	SWIERC
GODFREY	VELA
NORMA	TREVINO
NOEMI	REYNA
ANIKA	FLORES
VICTOR	GONZALEZ
RYAN	UECKERT
DORA	OLIVERI
CARLOS	TORRALBA
ENRIQUE	YZAGUIRRE
GUSTAVO	PARRA
JOHN	ATKINSON
CASANDRA	AVILA
DELHIA	BABER
RENE	BENAVIDES
ZENAIDA	MARTINEZ-ARIZALA
PEDRO	RAMOS
PRISCILLA	NAVARRO
BRITT	MELENDEZ
M CLAIRE	COVIN
BRANDON	TORRES
STEVE	HUERTA
LUIS	FLORES
MONICA	GUTIERREZ
DORIS	NEWTON
ZULEYKA	TREVINO
ABE JOE	LUJAN
JULIO	GONZALEZ
DAVID	MUNIZ
SONIA	REYNA
ALEXANDER	PENA
SAMANTHA	MARTINEZ
F	DELEON
PEGGY	LUJAN
REYNALDO	RODRIGUEZ
DAVID	CANTU
JOSE	ALVARENGA
CHARLES	NICHOLAS

JEFF	LONGINO
JEFFREY	EIGEL
CHASE	TAYLOR
BRIANT	ROBERTS
JASON	LANDTROOP
GERARDO	PEREZ
JOHN	HARVEY
WEI	WANG
JOSE	VENECIA
MATTHEW	SANCHEZ
BRIAN	CLEMENS
IDA	BENAVIDES
CRISSY	QUINTERO
MARIA	CORDONEDA
STEVEN	GONZALES
WASIQ	MINTO
KIMBERLY	DOLCH
DEBBIE	GONZALES
JULIE	Campsey
ARLENE	SANDOVAL
FERNANDO	MORIN
CLINT	POTTER
ULYSSES	CAMPOS
JEFFERY	MIKA
JEWEL	COLE
D CODY	RICHMOND
DAVID	GALMOR
DANIEL	PRIEST
JEFFREY	BURDICK
ZULEMA	ESCOBEDO
VUI	PHAM
JAMES	DYER
ROBERT	HAMM
BOBBY	HOLMES
JAMES	CARPENTER
ANDY	MARTIN
STAVROS	MEGAS
GEORGE	RICHMOND
DAVID	RODRIGUEZ
KIM	NGUYEN
JAVIER	TAPIA
LINDA	ARDREY

JAIME	TALANCON
KEVIN	CAMPBELL
TERRY	MASTERTON
LANDRA	OLSEN
CEDRIC	JOHNSON
ALAN	BREVARD
A J TONY	MAKRANSKY
ROBERT	POWELL
MICHAEL	HARPER
MICHAEL	CANAHUATI
MARIA	ESPINOZA
JENNIFER	FUEHRMANN
ANDREA	ALVARADO
ROCIO	GONZALEZ
BRENDA	RIVERA
ERIC	FELGENHAUER
CARLOS	DIAZ
CRISELDA	CAVAZOS
PABLO	VAZQUEZ
SERGIO	BIRGY
RONALD	MYERS
KHIEM	DONG
PAULA	SMITH
PETER	ZOGRAFOS
LUIS	LOPEZ
KIMBERLY	HASTINGS
NICOLE	MADDOX
DAMON	GILMORE
GARY	KRENEK
SUSANA	SANCHEZ
JEFFREY	GIBSON
LEONARD	RICHARDSON
MATTHEW	GOLDEN
DUSTIN	WILLIAMS
CRISTINA	BATTLE
ROXANNA	ALVARADO
DAVID	SEWELL
JAMES	KUBECKA
BORRIS	MILES
FRANK	WILLINGHAM
BOB	MITCHELL
TAMRA	VACTOR

JOHN	COLONNETTA
LANE	LEWIS
CHRISTOPHER	BRADFORD
VANCE	ELLIOTT
PAUL	WILSON
Todd	Vann
LAUREL	JONAS
DAVID	HURST
SCOTT	KEITHLEY
MARIBEL	CASTILLO
CRISTIAN	LARIOS
GABRIEL	GARZA
JULIAN	GARZA
TUAN	NGUYEN
LINDSAY	BOLTON
KAREN	MCCORKLE
JULIE	DAVIS
CAMDEN	COOPER
PETE	TORRES
ALI	HUSSEIN
BENNY	FOGLEMAN
RICHARD	SQUYRES
HENRY	DAO
JIMMY	DAO
HARRY	DAO
DIANA	TRAN
REINA	PINEDA
LA TONIA	CHAPEL
JAMEL	THOMAS
BILLY	HENSON
FERNANDO	LOPEZ
MONICA	MILLER
WELDON	WALLACE
JOHN	VALDES
XUEYAN	QIU
MICHAEL	JONES
YONHI	KIM
JUAN	ARDILA
R.TODD	HENDERSON
ROBERT	NELSON
STEVE	CALOW
IMELDA	ESTRADA

DARRON	BEARD
GABRIELA	CASTRO
KALIEM	JOHNSON
DAVID	PUCCI
KAREN	SCHILTZ
BELINDA	VALLEJO
TODD	KILLEBREW
BRENT	HICKMAN
ANGELA	RAINES
JENNIFER	HARING
ORLANDO	REYES
JAMES	HALL
MARCOS	FRANCO
GABRIEL	SANTIAGO
GARTH	COOK
CHRIS	CARSON
Jessica	McCoy
JORGE	ARAGON
BRETT	STANFIELD
NAAMAN	CAMPBELL
PAUL	GRANT
KARL	BENNER
MIKE	PACE
PENNY	BYNUM
JANICE	GAGE
MALLORI	PACE
GARRETT	MASSIE
SELENA	MITCHELL
ALISHA	ALLEN
DON	BRILEY
MARIA	VELIZ
AMANDA	CROLEY
SEAN	GORAM-WELCH
MALISSA	ERWIN
MICHAEL	TEAGUE
ALAN	BOGUE
JONATHAN	BAO
ROCKY	OLIVER
GREG	HARDMAN
JOSEPH	JENKINS
CHERIE	BRANNAN-RUSSELL
ANGELA	HARRISON

ZACHARY	PETTIKAS
KAREN	RAY
TODD	MARTIN
TONY	PONCIO
BRETT	FISHER
J. CLINTON	WALLING
LOC	TRUONG
GENESIS	FALCON
JOE	FRANK
SABRINA	HOSEIN
FREDRICK	NORRIS
LOUIS	TAYLOR
LEOBARDO	SALAS-PARRAS
LORI	HERNANDEZ
ERIKA	PUENTE
TYLER	FARLEY
SAM	AWESOME
SABRINA	AMES
JAMES	BROCK
CHRIS	MEEKS
DEMITRIUS	WILLIAMS
JAMES	PETERS
JEFF	IVY
MARILYN	KUHLMAN
MCCREA	MILLER
EVA	VAZQUEZ
BLAKE	HYDEN
PHU	NOEL
RUDY	MARTINEZ
BEN	BAUMBERGER
MEGAN	TOOLE
STEPHENS	WILLIAMS
BRIJESH	ANTHONY PILLAI
BULMARO	GOMEZ
ELIA	SAUCEDO
JENNIFER	KASALLIS
MARIANNE	WHITLEY
JOHANNA	WALDRON
JAYVON	WILKERSON
CURTIS	HAINES
STEVE	VUONG
JOSUE	CARDENAS

KEVIN	FOSTER
LISA	BURRIS
JOSE	GONZALEZ
ALISON J	GARNER
MICHAEL	BROCK
QUALON	DOUGLAS
SCOTT	MOLTZAN
STAN	POLK
SUNNI	JOSEY
JODIE	SATTERFIELD
BRAD	KIESLING
THOMAS	PICKARD
PATRICK	NOLIN
DARRIN	HENDLEY
MOHAMMED	KHALAF
BRANDON	FLORES CHAVEZ
GEANNE	CARTER
RODNEY	OVERLANDER
BRIAN	CRAYTON
LOURDES	SERNA-CHACON
DAMITA	KING
REGINALD	PREE
MELANIE	IRVIN
PAT	BOSTIAN
JAY	LONGSWORTH
MARK	CARPENTER
PAYTON	BROOKS
BONNIE	HUNT
CYNTHIA	ZIMDARS
RONNIE	GAINES
MEGAN	SCHROEDER
HUNTER	SLATON
MELODY	WILLINGHAM
BRANDON	PARKS
VERNON	SWEENEY
MARICELA	HERRERA
LUKE	FRANKS
GLENN	CANNON
CHRISTIAN	FORD
DENNIS	POLIAN
JAMES	RESER
JAIME	ELIZALDE

WILLIAM	BACA
KATHLEEN	ELDERS
VICTOR	THOMPSON
DAVID	GONZALES
DOUG	GAUL
FRANK	SANCHEZ
Robert	Lehr
JAVIER	HUERTA
NADIA	CORTES
CRYSTAL	SMITH
ALYCEN	LUCY
ADAM	COHEN
LAUREL	TYLER
RONDY	KILPATRICK
MIGUEL	CHAVEZ
NISCHAL	BARROWS
ANDREW	DAVIES
SAYDI	VASQUEZ DE TOME
MARCELA	PATRICK
DAVID	LOPEZ GARCIA
ANNA	JIMENEZ
NICOLE	JOHNSTON
JOHN	PARKER
THOMAS	BERNOCK
RANI	ALFERS
NORMA	GONZALEZ
JIMMY	WEDDLE
CHRIS	MURRAY
DAVID	ADKINSON
LINDSAY	BYARS
ROBERT	GARCIA
KEVIN	STIGGERS
WILLIAM	DAVIS
ALEJANDRA	GARCIA
BRIAN	NEWMAN
MONICA	DINH
HANSON	KNOX
TODD	CAMPBELL
BRADY Z	HILL
GREG	ADAMS
CHRIS	BROWN
RICHARD	SALINAS

JOE	WIMPEE
MONA	SIMONS
CLAY	BACHMAN
BERNARD	RYAN
BARCLAY	JENKINS
BRENT	CLEMENT
CHRISTOPHER	BEARDEN
JAMES	HARRISON III
CLAUDIA	BURUCA
JUSTIN	SMITH
BRANDY	LANE
BRIAN	ZVONECEK
ANN	ANDERSON
RANDY	RHEW
DAMON	LILES
MY	PHAM
BERTHA	MARTINEZ
JOHN	HAMIDI
SUSAN	LOVELESS
FRANK	GALLOVICH
MORGAN	SONNIER
STEPHEN	MCMULLIN
MINDY	NORMAN
MARK	FORD
Leon	Farmer
DUANE	SCHULTZE
JONATHAN	ROBERTS
TEMITOPE	YAKUBU
JOSE	DE LUNA III
RAY	CANALES
RICKY	HART
ERIN	ISAAC
ADELINA	SALAZAR
SAMMY	GONZALES
Martin	Reynolds
PATRICIA	SALAZAR-BURGOS
ARTURO	JAIMES
OFELIA	ARANDA
BETSY	CASTILLO
CARMEN	MENDOZA
KEVIN	RESENDIZ
Irvin	Rede

BIANCA	ALDERETTE
YVETTE	LANDEROS
STEVE	WILSON
CARLTON	FREEMAN
MARCELINO	AGUIRRE
JAMES	WHITE
RHETT	RICHARDSON
SHERRIE	KING
JOSHUA	COPELAND
LEEANN	EDWARDS
BRADEN	OWEN
WILLIAM	SMITH
HERIBERTO	VILLEGAS
OSCAR	MARTINEZ
MARTIN	ARRIOLA
MERCEDES	RUIZ
ARMANDO	BRITO
PATRICIA	CAMPA
GERMAN	DELGADO
RICKY	TAYLOR
MARY LESLIE	MASSEY
CORINA	HOANG
REID	BAILEY
AARON	CAPPILLA
ANGELA	GISSNER
DIANA	SALAS
TIM	WALL
FAITH	JECH
NICHOLAS	MARTINEZ
CINDY	MONTGOMERY
VICENTE	CABALLERO
ALEX	WALSTON
ERIC	CHOI
GISELA	TAYLOR
SEBASTIAN	CACHO
GUSTAVO	GARCIA
TERRENCE	BURNEY
KAREN	JAMES
HOA	TRAN
SALMAN	MANJI
CECELIA	FIERRO
SAMUEL	ROSS

PAOLA	ALONSO
YOLANDA	HEINSOHN
ERICKSON	COLLAZO
TREY	DAVIDSON
CLINTON	BRADLEY
MARCOS	ESPARZA
KAYLA	WILLIAMS DINARDO
ZACKARY	AIKEN-EDELMAN
CHRISTA	MCCOY
ARTHUR	MARTINEZ
ARLENE	KUSKE
ERIC	BAKER
MIGUEL	MEDRANO RODRIGUEZ
SCOTT	JOHNSON
VANG	YANG
BERENT	LARSON
TIMOTHY	JORDAN
CRAIG	PEARSON
THOMAS	HEINONEN
STEVE	HEINONEN
ROBIN	SCHUENEMANN
JON	ST AUBIN
TYLER	STUROS
DAVID	FLICEK
SCOTT	THIEL
SAM	KWAINOE
CHRISTOPHER	HILGERS
AUSTIN	MILLER
CHRISTINE	STIME-COE
BRIAN	WELKE
DIDUMO	MEDHO
JOHN	YODER
TODD	SHANNON
LYDIA	OKINDO
BENJAMIN	THORNTON
GODFRED	AHIANYO
JED	SIMI
DAVID	ROLSTAD
CHRIS	STAUNER
MARK	REMILLARD
MARQUIS	MCKINNEY
JAMES	ELSASS

GLENN	GRIFFIN
MICHAEL	HALONEN
PETER	PIETILA
GARRY	JOHNSON
JEFFREY	GREENE
ELYCIA	GIFFORD
MARK	HANSEN
RYAN	EASON
MASON	SCHWARTZ
DEREK	MCCOY
MAXWELL	OMAN
KEITH	COLLINS
JOANNA	JOHNSON
LINDSAY	MACHT
YANELIS	JINETE
CHRISTOPHER	WILLAERT
JACOB	PETERSON
MICHAEL	LOOMAN
THADDEUS	TUTTLE
GREGORY	HUSS
STEVEN	WATT
NATHANIEL	PERSONS
JAMES	MATTER
DEREK	LAMPPA
LISA	MONTMINY
DENNIS	THIELKE
CHRYSTAL	LURA
MICHAEL	LETICA
DEBORAH	KROSCHEL
KYLE	ARMSTRONG
TIMOTHY	SADUSKY
KARA	PETTER
JIM	MCGAHN
ROGER	OLIMB
MICHAEL	OLIVER
PATRICK	HARRIS
JODY	STARKEY
RYAN	BRADY
EDWARD	WILKINS
FRANK	BATTAGLIA
JAMES	PROVINZINO
ANGELA A	LUCANIA

ARIE	GOLDENSTEIN
JOSEPH	D'AMICO
KEVIN	MOORE
JOHN	ATWOOD
BIANCA	RODRIGUEZ
BRENDA	HAYNES-WALLACE
SUSAN	GRANAT
LLAJAIRA	BELTRAN
TOMMIE	JOHNSON
MICHAEL	REECE
NATHANIEL	HILDNER
SHABBIR	LAKHANI
ARK	RUSAK
JEFF	SOPKO
TINA	HARDERSEN
JOSHUA	MATHENY
DIANA	CASTANEDA-TORRES
GREG	PROCOPIO
GUY	MANISCALO
VITO	SCAVO
SAM	FERRI
MARK	WOODARD
CURT	BROSTROM
SUSAN	STUKENBERG
CHRISTOPHER	COTTRELL
ROJELIO	MEDINA
SHANE	WORLEY
SCOTT	HAWKINS
MARK	WOJCIECHOWSKI
JENNIFER	RHOADS
JASMYNE	MCDONALD
JOHN	TEUTHORN
JOSEPH	PRENDERGAST
SHAWN	JOHNSON
PRESTON	LEWIS
WILLIAM	BARCLAY
ALLEN	CAPP
ERIKA	PADILLA
MARCO	ALTAMIRANO
Sergio	Reyna
JON	ROBB
FRANK	MACHAC

DANIEL	FRANTTI
GEORGE	BEHR
M	SLAVIN
SCOTT	JOHNSON
PAUL	SCHULTZ
DONGGU	SHIN
ANTHONY	SERRATA
NANCY	CARRILLO
JOEL	REED
DANA	BARNETT-OWENS
MARK	BIDINGER
JOHN	FORKER
JAKE	AUMULLER
MIRAY	ERBAS
CLIFFARD	JENKINS
J THOMAS	MCBRIDE
JOSEPH	D'ANGELO
PETER	ACETO
DALE	HENTRICH
JOHN	KENGOTT
EDIN	HAMZIC
RAFAEL	SANDOVAL
Nolan	Lundemo
Chelsey	Stecken
TREVOR	THACKER
MICHAEL	ROGERS
DAVID	WILLIAMS
CHRISTOPHER	NEFF
Janie	Hawn
NICHOLAS	BOLAND
COLE	MUNGE
KYLE	WETZEL
MICHELLE	LEMRISE-HALL
AIMAN	BATARSEH
MARK	KERN
OSCAR	LOPEZ
MARIO	GUTIERREZ
MATT	HAMILTON
JENNIFER	HURLEY
JAMES	KLOCKENKEMPER
ADAM	TALLMAN
NOAH	SISSON

DALTON	BURKS
GARTH	GOETZ
BUDDY	SMITH
MYIA	HIGGINS
MICHAEL	SEMPREVIVO
MARGARET	WARD
CHRIS	BAILEY
CHANTAL	ORTIZ MEZA
MIHAELA	PANTIRU
JAMIE	CANDOS
CHRISTOPHER	SIRTAK
JOSHUA	HALEY
JACOB	WARDEN
KAYLEIGH	MARTIN
JEREMY	PANCZENKO
WALT	BUCKHANAN
BERNARD	VAN ENGEL
ROGER	CHANNING
CINDY	VANCE
PATRICK	ZUELSDORF
WILLIAM	BIXBY
MICHAEL	HALLINAN
DIANE	MASEY
BRADLEY	LOUIS
DENNIS	HINIC
PETER	ARTTUS
RANDALL	HANSON
MATTHEW	JOHNSON
PAUL	FRITZ
ANTHONY	REDMOND
ADAM	WHITEHEAD
SHERIDAN	HILL
MIKE	MINOR
JEFFREY	JONES
JOSEPH	PULLEN
ERICA	LOVE
RUSSANNE	HOWELL
KEVIN	POWELL
CHARLES	MOLLICA
CAMERON	ROY
ALBERTO	NETO
MICKEY	BERRY

TRISHA	DIDELOT
VINCENT	PIERCE
ERIKKA	BRYANT CHEATHAM
JAROD	MITCHELL
JIMMIE	LAY
JOSEPH	BUFF
CARL	TACKETT
TAISIR	KANAKRIEH
ROBERT	ORTON
DIANA	MORALES
CHARLES	SKIPPER
VANESSA	CORREA
MATHEW	FIELDS
JAMES	BLACKBURN
KIMBERLY	MONTOYA
KAYLA	TAYLOR
ELTA	HUMPHERY
BRYANT	BAILEY
AZIZ	SHARIFF
CHARLOTTE	CHANCE
BRENDA	EVANS
KEVIN	JOHNSON
KATRICE	BUTLER
KELVIN	PRINCE
SANKUMBA	DIAOUNE
ARSIM	SHALA
RITA	DANIELS
MATTHEW	COOPER
NERCY	GALEAS
THOMAS	KNOX
MOHAMMAD	ELQADRI
WASSIM	AFIFI
FARAH	PETION
ADITYA	ARYA
JITKA	BUTLER
TERRY	GROSS
MILLION	DANEKER
LINDA	MARCIANO
CARY	COFER
RICHARD	MARTIN
THERESA	WOOLARD
JESSEE	PERRY

JOSHUA	POLING
STEVEN	WARD
BRANDON	LAYNE
RONNIE	STEELE
ARTHUR	ERMLICH
PAUL	CLEGG
CATHRYN	STRAYHORN
JUNE	CHERN
JONATHAN	LU
PETER	PIRRITANO
DAVID	KHOU
RUILING	ZHOU
HELEN	CHAN
LUIS	BURGA
JOHN	ASSAF
GABRIEL	KUTKOWSKI
MOUAMEN	TAWIL
ANTHONY	SORIANO
DAVID	FIERRO
SOLY	ASMAR
ROSIE	URZUA
CARMEN	GAXIOLA
JERRY	FARCONE
VERONICA	ALVAREZ
SANDY	CORREA
GRACE	VEGA
PRISCILLA	VALLEJOS
IRMA	GARCIA
NANCY	WESTBY
LIZZIE	CASTRO
LIVIER	JIMENEZ
BRIDGETTE	MARTINEZ
DEAN	ROBBINS
BILLY	FRANK
LEONOR	FLORES
LIBERATO	MARTINEZ
JON	CUDEBACK
BLAKE	CORNISH
LISA	STOFFER
CHRISTOPHER	WILSON
SUSANA	RIOS
OLIVIA	SANCHEZ

STEVEN	LEE
MONICA	SALMON
ERNESTO	HERNANDEZ
CARLOS	PERES
NANCY	HICKS
BOSCO	MORALES
HEIDI	VINCENT
HYUN	KIM
RAMIRO	GRANADOS
JEFFREY	OWEN
SAMMY	KOTOB
BASSEM	MAAZ
JILA	BADIEI
HODA	HASHEMINEJAD
PAUL	JANTZEN
EULALIO	DIAZ
RODNEY	MIDDELKAMP
ARASH	FEYZJOU
ERICA	MORALES
WILTRUDES	BIBERA
SEONG	LEE
JESSIE	NAVARRO
MICHAEL	DELANEY
KATHI	DOLAN
DANIEL	PETTY
DEBORAH	COLMAN
ELIO	PENALOZA
YESENIA	RUANO
NIGEL	GREEN
MICHAEL	SEGURA
DAE	LEE
JAMES	CORAZZINI
RICK	CURTIS
SONIA	CHOI
RODNEY	PYLE
TAE	YOO
DON	LEE
DANIEL	YOON
LETICIA	VELIZ
OKASON	OKEY
OMAR	DARWISH
ROGELIO	CORRAL

MARLENE	DIZON
JOEL	GONZALEZ
MIRYAM	CALDERON
PETER	O'HARA
DANIEL	TREJO
MARIA DEL PILAR	BASLER
JASMINE	RUIZ
ANTHONY	DEMOSS
JEFFREY	GREEN
RICARDO	VASCONEZ
HECTOR	LAIJA
LIVIA	YIN
XIAOYU	LI
JEFFREY	RUIZ SANTOS
LORRAINE	LOPEZ
KAREN	GARCIA
ROSALBA	RAMIREZ
GLORIA	LOCSIN
BRIONNE	GRIDER
DANIELLE	PERKOV
TROY	KELLY
TOM	ROYBAL
ANALUZ	ZUNIGA
VERONICA	ANGULO
MARTHA	CHAVEZ
MICHAEL	NGUYEN
DANIEL	KATZ
JEFFREY	KNOCHE
RAYMOND	VERGARA
SCOTT	WALKER
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KIMBERLY	TERRELL
KRISTINA	BEJARANO
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EDITHA	SAUZA
JANET	MENDOZA IVES
CATHY	YOUNG
RICHARD	WELSH
JOSHUA	NIM
WON	PARK
VINCENT	POLITO

ANDREA	WEBSTER
BRANDON	MARTIN
DOMINIQUE	TRAN
Joseph	Cerule
SAMSON	NG
LOUIS	DE ANGELIS II
MICHAEL	RODRIGUEZ
VARTAN	SAFARIAN
ISABEL	CHAVEZ
CESAR	ORTEGA
AHMAD	MAAZ
SILVIA	MARTINEZ
HAZAR	BAGH
EDMUND	KELLOGG
ZUNAIR	AQEEL
JAIME	DIAZ
MORENA	FLORES
OUSSAMA	MAAZ
Frantz	Antoine
JAIME	GUEVARA
TERESA	TORRES
TIMOTHY	KONING
SAMUEL	GRANT
KAREN	CARDENAS
RUBEN	FIGUEROA
CAROLINE	DANIEL
VICENTE	CEDRE
VICKIE	CHU
ROBERT	PUFAHL
JESUS	VALDEZ
STEPHEN	SILVER
CYNTHIA	GUNN
YANIRA	MEDINA-VELASQUEZ
GEORGE	BURGA
BENJAMIN	BATTLE
SCOTT	ASTROSKY
DIANA	CIBRIAN
JAIME	FLORES
ERICA	MORRISON
GREGORY	BYRNE
ELIZABETH	HEAD
ELVIRA	SANTOS

ANDY	CORTEZ
TREVOR	MORIARTY
HASMIK	HAGOPIAN
CORRINE	MIRON
SAM	SAIFI
REYNALDO	MANZANO
NASSER	MAAZ
JUAN	CASTANEDA
MICHAEL	HAND
SHAWNA	DOPP
STAN	MOUNT
HALA	HAKIM
RANDA	NASRAWI
KAREN	PENA
LARRY	MORAGA
ROBERT	GOMEZ
MATTHEW	SHROPE
BRYAN	PETERSEN
MEREDITH	SHANNON
ISRAEL	RAMIREZ
SUZANNE	SPEED
DAVID	JOHNSTON
NAJI	TOHME
WON	SOH
MARTHA	CASTRO-QUINTERO
MARLEN	PAOLETTA
KNARIK	AVAKIAN
MATTHEW	DROPULIC
IRLANDA	RACHED
MARICELA	VIRAMONTES
PATRICIA	DEL TORO
LUCERO	CHAVEZ
AN	LOI
MIMI	YOUNG
SALLY	KIM
MARIBEL	MOSLEY
EDDIE	RUSTOM
TIMOTHY	NEAL
VALERIE	VOLLMER NABONNE
FAEGHE	LARIJANI
HADI	ALIDOWLATABADI
ALANA	GEE

BABAR	RAZA
BRAD	CURRY
ROGER	SILL
ANNE	KJAER
FARA	MAJDPOUR
VICTOR	ROMANO
LINDA	TARANTINO
SARA	AVIV
CARLOS	LOPEZ
ERIKA	CARDENAS
DAVID	CORNEJO-MEZA
SEOK	DAHL
PATRICK	LUFRANO
DAVID	MOROWATI
MICHAEL	WALLEN
LORI	ANDELSON FREILICH
TARANEH	YADEGAR
BRENDA	KUHN
SUREN	MARKOSYAN
NAIRA	PANOSIAN
JENNIFER	ALAMDARI
IHAB	KARAM
EDWARD	CADJI
RICHARD	TERPANJIAN
SCOTT	STARK
BRETT	GOLDSMITH
PATRICK	ADRAGNA
GRIMALDO	ADRIANZEN
MICHAEL	GONZALEZ
BILL	MATLOCK
MICHELLE	TAMBURRI
KELLIE	CARAFELLI
ARI	BERMAN
LISA	LEONARD
CELEDONIO	SALDANA
PAUL	COMO
VANCE	LINGE
SARAH	YIGA
LISA	BOVERSON
ADRIANE	BRADLEY
GREG	SAFADY
LINDA	THOMPSON

ROBERT	SETT
RICHARD PAUL	AGUILAR
COURTNEY	GREENE
GUADALUPE	FLORES
JOSE	MOREANO
JOHN	PLESS
JOSEPH	CERAMI
ROBERT	COHEN
UZZIEL	HERRERA
YOUNG	LEE
MARK	SAWYER
JACQUELINE	VARGAS
MILLIE	VICKOVIC
VIMAL	SOOD
APRIL	GARCIA
BLAKE	MITCHEM
ROBERT	DOWE
MARTIN	MUMM
EDWARD	LICON
JOSE	MERCURE
MICHELLE	WILSON-STECHER
THERESA	NATIONS
RICHARD	CHAIRES
JEREMIAH	ARCHULETA
JOHN	GLASS
DICK	DIAZ
TRISHA	ROBERTS
BETTY	SOLIS
CHRISTOPHER	WHITNEY
JOSE	NICOLAS
J MICHAEL	WINBURN
JONATHAN	SANCHEZ
CATHERINE	OLAGUE
LYDIA	PHILLIPS
JONATHAN	GARCIA
ERIN	KIRK
TERRY	COSPER
MICHAEL	SMITH
ROBERT	ZEID
LUKE	LUCERO
TERESA	ALLEN
ROBERT	TRUJILLO

ALEXA	WILLIAMSON-FLORES
STEPHEN	STOVER
BRAD	DAVIS
LLOYD	NICHOLS
DENNIS	SANTISTEVAN
BERNADETTE	NARANJO
ADRIAN	HERRERA
MARIANA	ARCHULETA
DARRYL	STARKES
YURI	FINDLAY
JARED	GOOLSBY
RYAN	WASHBURN
RUDY	CALIZO
ABRAHAM	BARAJAS
MICHAEL	DANIEL
MARKUS	PATEL
WILLIAM	MCDOWELL
CHRISTIAN	MOSLE
ALLISAN	PATTERSON
ROBERT	GLEASON
DAVID	HELDT-WERLE
CECILIA	ORONA
GREGORY	BURNOP
ERIC	LUNDSTROM
RYAN	WEBER
KELLIE	VALENTINE
MICHAEL	ACHILLI
CHERI	WALTERS
JONATHAN	PENN
SAMANTHA	JOHNSON
BIRANT	OR
BRENT	ORCHARD
TERESA	JOHNSON
VERONICA	RIVERA-NUNEZ
SEAN	KIRKLAND
BRETT	SAPOWITH
ONREE	GILL
GARRETT	WAGNER
LEVAR	MAXWELL
BRET	JIMENEZ
EDWARD	MENESES
Andres	Plata

DESTINI	MOORE-HICKS
ROBERT	JARAMILLO
CINDY	YENKOWSKI
ROGER	IBRAHIM
LAURIE	YAKUBIK
CHRISTOPHER	MACLAUGHLIN
THERON	GILMORE
SHARLINE	ACOSTA
RUBEN	CABANAS
JAMES	EBBERT
JOSEPH	GENCO
YEBEL	ESCALONA
KIARA	ALTAMIRANO AMADOR
FELICIANO	JIRON
HEATHER	BUSTAMANTE
NICK	CHAPMAN
ROSA	PARRA
ELIAM MARCOS	MARRERO BERNAL
EVAN	LEE
ALEJANDRO	VAZQUEZ
JASON	INGERSOLL
CHRISTINA	RICHARDS
KEITH	BERGER
JEBRON	THOMPSON
Sandra	Ortiz
CHRISTOPHER	WALKER
RICHARD	THOMAS
DAVID	KERN
VALENTIN	GUZMAN
ANA	MAZON
SANDRA	RAMOS
MARIE	PUCKETT
THERESA	GARCIA
JASON	PESCH
MARIA	LINGGI
APRIL	SCHAFFROTH
JEANIE	ZAPOROWSKI
STEPHANIE	SCHAFFROTH
JACQUELINE	BREGER
RICARDO	URQUIJO
SCOTT	WILLEFORD
NICHOLAS	RIDDLEBERGER

MARK	QUINZI
MARK	DAVIS
ADAM	ROSENTHAL
CHRISTIAN	KRUEGER
NATHANIEL	TRUDGEON
SARAH	SCHROERS
Emily	Watson
BRIAN	HOMSEY
J.D.	WALDRON
DAVE	HOMSEY
TIM	FRAENKEL
WILLIAM	BONAMO
PHILIP	HICKS
DARLENE	DWYER
JOHNATHON	MCCURRY
OSCAR	GONZALEZ
BRUCE	GREBIN
JOHN	WHITLEY
MICHELLE	WILSON
SANDI	EGHTESADI
CARRIE	AGUILLON
TINA	MEAD-RAMIREZ
MICHELLE	GONZALES-CASTRO
RAQUEL	JIMENEZ
MATTHEW	BENNETT
JOHN	HEEP
HARIETA	FORD
MICHAEL	ASTON
PAUL	MARTIN
KRISTINE	KARRE
AMANDA	KLINGINSMITH
CURTIS	CALVERT
MICHAEL	REZENTE
DANIEL	HABECKER
KARA	ANSPACH
ANTHONY	RODRIGUEZ
DENNY	SMITH
ROBERT	MCGARY
MICHAEL	MATTHEWS
KAMI	ESHLAGHI
DAVID	CHRISTENSEN
LILY	DAVIS

SANJAY	BHUSHAN
RACHEL	WOMACK
Francisco	CASTRO
KIRK	BARTON
ERIK	BAILE
DARIN	EDWARDS
HEIDI	SMITH
DAVID	BROWN
BRADLEY	STRICKER
STEVEN	BECKWITH
MARK	FOREE
MATTHEW	SMITH
TOMMI	MERRILL
ELIAS	LATOUR
CALEB	CHUNGLO
FELICITY	CANTER
SHERI	PONTOLILLO
GILBERT	GROSSO
BIANCA	MANUEL
JERRY	THOMPSON
JAMES	WEINRICH
Rebecca	Hutchison
MATT	HONEYCUTT
DONALD	COX
ALANA	FISCHER
John	JEWELL
DAWN	CAFFALL
NATHAN	PEDERSON
JIMMIE	NELSON
JAMES	TAIT
HEATH	PYLE
THOMAS	HOLLIMON
LINDSAY	EMBREE
TREVOR	RETTKE
FRANK	CUELLAR
JULIE	MARTIN
CHRIS	DAVIS
NATE	ARTHURS
RAYMOND	HAMAKER
MORGAN	GRAHAM
MONICA	BLAKE
BRANDT	VAN NAERSSSEN

ROBERT	DUNN
CYNTHIA	GARCIA
BRIAN	JESSEN
CORY	HAMILTON
JOSHUA	QUINN
JONATHAN	COHEN
CHUCK	GORMAN
LARRY	DENNIS
JAMES	SARACINO
NIKHIL	DESAI
JUSTIN	PRADEL
STEVEN	BROWN
STEPHEN	MOONEY
SCOTT	SCHRUM
MARTINO	WILLIAMS
PATRICIA	WADE
BRET	THOMPSON
MICHAEL	BOOK
SAMUEL	FELICIANO
TEJINDER	RANDHAWA
BRANDON	WIMBISH
YRIS	CONTRERAS
THOMAS	PAFF
CHRISTOPHER	FOX
DAN	ZANGRILLI
ELAINE	VIDTELLIOTT
CLINTON	MCCONNELL
Jeremy	Kleszcz
SHARRI	OAKS
TIM	COOPER
CHARLES	PERKINS
RICHARD	BOWERS
BRANT	SPRATLIN
MARLAN	CRAWFORD
MILAN	MERCHANT
CHRISTOPHER	PAYNE
JAMES	ROPER
COREY	DESALVO
ANTONIO	WHITE
BRETT	MOORE
CHENELLE	RANDALL
TIMOTHY	BURDETTE

CHRISTOPHER	WILLIAMS
DERRELL	SPIKES
DEVIN	LEGGAT
ERICK	DEBERRY
GARY	CAIN
CHRISTINE	GRAHAM
JEREMY	JONES
BENNY	CRANE
CARMON	CAMBRICE
CLARENCE	MCLAURIN
SHARRONE	CALDWELL
DEMONTA	STREETER
ELIZABETH	THOMPSON
LESTER	MOSLEY
MATTHEW	MASON
Caleb	Butler
DARRIN	COLLINS
CRISTOPHER	LIEVANO
JON	CICCIARELLI
KELINE	BORNELUS
TRACEY	WELLS
PAMELA	SANDERS
NEGAR	FARAHBAKHS
JONATHAN	TORRES
JEFF	BARRETT
ALLYSON	TAGGART
ALAN	MORGAN
JENNETTE	GUNDERSON
JOHN	WOODWARD
RAMONA	JONES-MCCLAIN
JEFFREY	DITTMAN
JASON	DALEY
EDWIN	LOPEZ
GREG	WATCHINSKY
RANDOLF	FONSECA
MAYNARD	SPEDDEN
RONALD	JAMISON
CHANDIRA	HICKSON
ANDREW	DICEA
MICHAEL	FRISCIA
PAMELA	SOLLOG
JASON	BOLOGNINI

BRUCE	KIRTON
MATTHEW	ANDREWS
ASHMEED	SULTAN
ROBERT	TEJADA MARCELINO
ADIL	FALA
KIRAN	BORA
ED	GREENBLATT
FRANK	CASLER
TINA	JACKSON
ROBERT	JUNGE
MAURICE	BALDON
TONI	HOKANSON
MICHAEL	REGGINA
WILLIAM	STRAUSS
CHRISTINE	SHEPPARD
IBRAHIM	KHALIL
ROBERT	CONRAD
KAITLIN	COUTURE
PAUL	ZIELINSKI
CHRISTOPHER	BOBER
WENDELL	ANGLIN
DAMON	BRIST
DENNIS	YONEY
KAREN	CAREY
THOMAS	BLAKE
ROBERT	LAYER
DEBRA	SERENCKO
TINA	VIOLA
ARBEN	DULO
ELIZABETH	BALLARD
EMIL	ALBANESE
ELIZABETH	TARANTINO
STEVEN	BOTWICK
DEBORAH	SMITH-DAVIS
DANIEL	SULLIVAN
DAISIA	LLOYD
RONALD	SERUYA
THOMAS	WITTMAN
JOSEPH	SCATURRO
ALLEN	DAVIS
GERALD	NORTON
BALCHAND	PANJWANI

JAMES	O'BRIEN
LESLIE	LASSEN
ERNESTO	ARGUETA
CHRISTOPHER	SAN FILIPPO
JACK	PLANCHARD
KENNETH	CHOI
KEITH	FERRARA
KLAJD	GAZULLI
JESSICA	ARROYO
MICHAEL	POREMBA
MOSES	OGUNGBENRO

**Agency Name**

CUNNINGHAM INSURANCE AGENCY, INC

TONY PENA INSURANCE AGENCY LLC

H MORALES INSURANCE AGENCY INC  
ROSALES INSURANCE AGENCY, LLC.  
ROBERT SCHAFNITZ INSURANCE AGENCY

GABRIELA CASTRO INSURANCE AGENCY INC.

MANZUR MAX CHOWDHURY INSURANCE AGENCY INC

THM INSURANCE AGENCY INC

GREGORY M HATZ INS AGENCY INC

DALATI INSURANCE AGENCY INC

JOSEPH HADDAD INSURANCE AGENCY INC.

KERWIN WALTERS INSURANCE AGENCY INC  
THERESA SIMES INS AGENCY INC  
ANTHONY SIGALA INS AGENCY INC  
HECTOR GONZALEZ INSURANCE AGENCY, INC.  
ERIC UZETA INSURANCE AGENCY, INC

EMILY EVERROAD INSURANCE AGENCY, INC

AWAN INSURANCE AGENCY INC

ECHEVESTE AGENCY INC

REDMAN INSURANCE AGENCY INC

JOHN G PETIT INSURANCE AGENCY INC  
ROY PALACIOS INSURANCE AGENCY INC.  
ZARAGOZA INSURANCE AGENCY, INC

JAMES MILLER INSURANCE AGENCY INC

MAX YOUNG INSURANCE AGENCY, INC

RENDON INSURANCE AGENCY, INC  
MARK E BOUTROS INS AGENCY INC

THOMAS KRYNICKI INSURANCE AGENCY INC

JEFF PEDDIE INSURANCE AGENCY, INC

ALLSBERRY INSURANCE AGENCY INC

EDWARD ALEXANDER INSURANCE AGENCY INC

JOSHUA YAGER INSURANCE AGENCY INC

JULIE HAIDAO INSURANCE AGENCY INC  
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KHASIM INSURANCE AGENCY INC.

JASMINE CORONA INSURANCE AGENCY INC

AMBER RAMIREZ INSURANCE AGENCY INC

COLE ROBERTSON AGENCY INC

JACOB EATON INSURANCE AGENCY INC

STEVE PICKARD INSURANCE AGENCY INC

SKYE CALLAWAY AGENCY INC

ROBERT JOHNSON INS AGENCY INC

CORY WASHAM INS AGENCY INC

BRANDON WHINERY INSURANCE AGENCY LLC

GARY LEHRMAN INSURANCE AGENCY INC

TODD WILEY INSURANCE AGENCY INC

JASON CLARY INS AGENCY INC

SCATES AGENCY INC

SCOTT W BAKER INSURANCE AGENCY INC

ROD MORTON INSURANCE AGENCY LLC

RICK GLASSER INSURANCE AGENCY INC

DEBORAH YORK AGENCY INC

ALISHA ELLIOTT AGENCY INC  
PRESKO INSURANCE AGENCY, LLC

SCOTT SMITH INSURANCE AGENCY INC

JOSE LEON AGENCY LLC

ROGER YOUNG INSURANCE AGENCY INC

JOSHUA W SHARP INSURANCE AGENCY INC

WALTER HOLLEY INSURANCE AGENCY INC

RICHARD A MCLEOD INSURANCE AGENCY INC

SCOTT DORMINY INSURANCE AGENCY INC

CURTIS SZUCS INS AGENCY INC  
FELICIANO INSURANCE AGENCY LLC

JEREMY W JIVAN INSURANCE AGENCY INC

SCOTT TAYLOR INSURANCE AGENCY INC

ANDER INSURANCE AGENCY, LLC

VANOVER AGENCY, INC.

RANDALL MUELLER INSURANCE AGENCY INC

MICHAEL MULVEY INS AGENCY INC

HEIDI MEES INSURANCE AGENCY INC

COREY BENSON INS AGENCY INC

BRAY AGENCY LLC

MICHAEL ISMERT INSURANCE AGENCY INC

WAGNER INSURANCE AGCY (THE)

ALEX ROGERS AGENCY LLC

GARRY R GILBERT INS AGY INC

STEVEN WOODFORD INS AGY INC

PAUL RILATT INSURANCE AGENCY INC

BYRON BETTLES INS AGENCY INC

LOWELL YOST INSURANCE AGENCY INC  
DAVID G JEROME INS INC

BERRY INSURANCE AGENCY, INC.

PUGH INSURANCE AGENCY INC

CHARLOTTE LEHTO INS AGENCY INC

GORDON SMITH AGENCY LLC

TREVIN WEBB INS AGENCY INC

JOSH WONG INSURANCE AGENCY INC

LORI STEGMANN INS AGY INC

COLLEEN M. CASEY INSURANCE AGENCY INC

KEITH WOOD INSURANCE AGENCY INC

ROY A. OVENELL INSURANCE AGENCY, INC

TERRESSA MONTGOMERY INSURANCE AGENCY LLC

MICHAEL VAN LUU INS AGENCY INC

KEMAHLI INSURANCE AGENCY LLC  
NAIR INSURANCE AGENCY, LLC.  
TONY DAVIDSON INS AGCY INC  
JEREMIAH OLIVER INSURANCE AGENCY INC

TIM J BISHOP INSURANCE AGENCY INC  
SPEARS AGENCY LLC

JODI STROHM INS AGENCY INC  
HOROWITZ INSURANCE INC

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