

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

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE SIMPLEX GROUP, INC.</u> <u>REGIS HR GROUP</u> <u>REGIS HR GROUP</u> <u>10625 N KENDALL DR</u> <u>10625 N KENDALL DR</u> <u>MIAMI, FL 33176-1510</u> <u>MIAMI, FL 33176-1510</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2024</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>65-1130355</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>786-272-5305</u></p> <p><b>2d</b> Business code (see instructions) <u>541214</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/06/2025	ELISE MUNOZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																		
<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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">3015</td> </tr> </table>	<b>5</b>	3015																
<b>5</b>	3015																		
<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%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">3015</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">3015</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: right;">3015</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: center;"><b>6g(1)</b></td> <td style="text-align: right;">3015</td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: right;"></td> </tr> </table>				<b>6a(1)</b>	<b>6a(2)</b>	3015	<b>6b</b>	<b>6c</b>	3015	<b>6d</b>	<b>6e</b>	3015	<b>6f</b>	<b>6g(1)</b>	3015	<b>6g(2)</b>	<b>6h</b>	
<b>6a(1)</b>	<b>6a(2)</b>	3015																	
<b>6b</b>	<b>6c</b>	3015																	
<b>6d</b>	<b>6e</b>	3015																	
<b>6f</b>	<b>6g(1)</b>	3015																	
<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) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="width:90%;"></td> </tr> </table>	<b>7</b>																	
<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 4C 4E

<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 checked="" 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>  4  </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 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**

<b>A</b> Name of plan <b>REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN</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>THE SIMPLEX GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>65-1130355</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  
**UNITED HEALTHCARE 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
36-2739571	79413	8160000	3015	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.

<b>(a)</b> Total amount of commissions paid <b>607694</b>	<b>(b)</b> Total amount of fees paid <b>0</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  
**CERTUS INSURANCE ADVISORS LLC** **10625 N KENDALL DRIVE**  
**MIAMI, FL 33176**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
607694	0	N/A	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
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(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>	18024738
	(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>	18024738
<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>	18024738
<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**

<b>A</b> Name of plan <b>REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN</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>THE SIMPLEX GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>65-1130355</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  
**VISION SERVICE PLAN**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-3560825	32395	30034592	1458	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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>27678</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

**MARC RODRIGUEZ** **10625 N KENDALL DRIVE**  
**MIAMI, FL 33176**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>0</b>	<b>27678</b>		<b>3</b>

**(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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**Part II Investment and Annuity Contract Information**  
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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** 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>		117409
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	117409
	(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>	0
	(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>		178567
<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. ▶



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

SHANNON L TROWBRIDGE 202 SPRINGRISE LN  
SUMMERVILLE, FL 29486

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

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

SYLVIA ROSSI-MONTERO 107 BLUE HARBOR DR  
TAVANIER, FL 33070

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

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

L A D FINANCIAL CORP 13308 ALTON RD  
PALM BEACH GARDENS, FL 33418

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

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

REBECCA PEAVEY BONDS 28823 53RD DR  
BRANDORD, FL 32008

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

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

CHRISTINA MARIA ORTIZ 7400 SW 50TH TER STE 300  
MIAMI, FL 33155

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

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

THOMAS R BAILEY 142 MAPLE CT NW  
CHARLESTON, TN 37310

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

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

HAROLD L STAFFORD 4930 VILLAGE GREEN DR  
EL DORADO HILLS, CA 95762

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

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

STEPHEN J YOUNG 490 NW WOODLANDS TER  
LAKE CITY, FL 32055

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

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

MARIA ORBE 8362 PINES BLVD  
PEMBROKE PINES, FL 33024

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

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

JAMES W BENCIN 11 SHELDRAKE LN  
WEST PALM BEACH, FL 33418

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

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

MARY C BADDER 7592 OLD THYME CT  
PARKLAND, FL 33076

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

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

KENDALL C HUDSON 1645 PALM BEACH LAKES BLVD STE 1200  
WEST PALM BEACH, FL 33401

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

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

MICHAEL A ORTIZ 740 CHEYENNE LN  
ELGIN, IL 60123

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

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

JOSHUA BUZZARD 6848 HENDRY DRIVE  
LAKE WORTH, FL 33463

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

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

DAVID S MORRIS 950 PENINSULA CORPORATE CIR  
SUITE 1005  
BOCA RATON, FL 33487

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

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

ORTS ENTERPRISES INC 920 FLORAL BANK PT  
WOODSTOCK, GA 30188

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

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

G SCOTT COOKE 2832 NE 17 TH AVE  
WILTON MANORS, FL 33334

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

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

DEBORAH L JONGES PO BOX 5432  
BELLA VISTA, AZ 72714

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

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

BRENDA LYNN GARRETT 914 16TH AVE NE  
WATERTOWN, SD 57201

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

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

JOSHUA T HILL 24921 NE 136TH LN  
FORT MC COY, FL 32134

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

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

KATTY W COHEN 21711 TOWN PLACE DR  
BOCA RATON, FL 33433

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

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

HAMIDA M TRAINOR 631 LUCERNE AVE STE 57  
LAKE WORTH BEACH, FL 33460

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

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

DE VITA B MCKENZIE 1139 IROLO ST  
LOS ANGELES, CA 90006

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

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

BRENDA LYNN GARRETT 12475 KENTWOOD AVE  
FORT MYERS, FL 33913

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

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

ARASAY LOPEZ 31401 SW 191ST AVE  
HOMESTEAD, FL 33030

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

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

NATALIA DURAN GUZMAN 3232 CORAL WAY APT 1509  
MIAMI, FL 33145

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

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

JESSICA E GODWIN 16292 SW 64TH AVE  
STARKE, FL 32091

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

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

RACHEL A SAPOZNIK 1100 NE 163RD ST FL 2  
NORTH MIAMI BEACH, FL 33162

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

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

ELIZABETH MARIA SARDINAS TORRES 8701 SW 144TH ST  
PALMETTO BAY, FL 33176

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

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

AILEEN M KEENAN 9603 NW 36TH CT  
CORAL SPRINGS, FL 33065

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0		3

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

MICHEL SHLIMOWITZ 401 SW 4TH AVE  
APT 1605  
FORT LAUDERDALE, FL 33315

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

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

CD FRIDAY FLATT 6592 THE HIDEOUT  
LAKE ARIEL, PA 18436

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

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

BEVERLY E BEATTIE 3150 SW 38TH AVE  
CORAL GABLES, FL 33146

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

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

JESUS GARCIA JR 18370 MEDITERRANEAN BLVD  
APT 2507  
HIALEAH, FL 33015

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

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

JOSEPH H WILLIS JR 1431 NE 55TH ST  
FORT LAUDERDALE, FL 33334

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

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

AIMEE CECILIA CABRERA 9355 SW 93RD PL  
MIAMI, FL 33176

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

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

BRIAN GEORGE JAECCI 2875 NW 28TH ST  
BOCA RATON, FL 33434

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

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

ELAINE KOLSTAD DUBE PO BOX 848415  
PEMBROKE PINES, FL 33084

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

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

JANET IBANEZ 17501 SW 92ND CT  
PALMETTO BAY, FL 33157

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

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

C HUDSON AND ASSOCIATES 2843 TWIN PINE RD  
THOMSON, FL 30824

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

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

JAMES GRAYDON BROWN 2522 OWENS LANDING TRL NW  
KENNESAW, GA 30152

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

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

ROSE SOSA 9381 SW 130TH ST  
MIAMI, FL 33176

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

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

CECILIA N KOLSTAD PO BOX 848415  
PEMBROKE PINES, FL 33084

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

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

MARIA C ORTIZ 7400 SW 50TH TER STE 300  
MIAMI, FL 33155

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

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

JUAN C SOSA 7875 RED RIVER RD  
WEST PALM BEACH, FL 33411

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

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

STEVEN WILLIAM KAISER 6447 IVY SPRINGS DR  
FLOWERY BRANCH, GA 30542

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0		3

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

JUAN C FERLINI 891 MAYBERRY ML  
NEW BRAUNFELS, TX 78130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0		3

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

CARMEN A FELICIANO 171 AMERICAS CUP BLVD  
BRADENTON, FL 34208

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

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

SHERI CROOK INC 2151 COOK LN  
ALVA, FL 33920

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

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

FRANK ROBERT SOBOCINSKI 2000 PGA BLVD STE 4440  
PALM BEACH GARDENS, FL 33408

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

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

JEREMY C ALFORD 2606 NW 19TH WAY  
GAINESVILLE, FL 32605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	0		3

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

TALLON AND ASSOCIATES INC PO BOX 30668  
PALM BEACH GARDENS, FL 33420

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

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

L A D FINANCIAL CORP 18478 CLAYBROOK ST  
JUPITER, FL 33458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30	0		3

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

LON R KOLSTAD POBOX 848415  
PEMBROKE PINES, FL 33084

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0		3

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

ROBERT N DIAZ 1205 HILLSBORO MILE  
HILLSBORO BEACH, FL 33062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0		3

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

CLEFCO CORP

1801 SE BERKSHIRE BLVD  
PORT ST LUCIE, FL 34952

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

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

EDUARDO LAMAS

621 NW 10TH CT  
BOYNTON BEACH, FL 33426

(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

LISETTE M HERNANDEZ

8724 SW 72ND ST # 212  
MIAMI, FL 33173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39	0		3

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

SANDRA VELAZQUEZ

6374 SW 22ND ST  
MIAMI, FL 33155

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

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

SHIRLEY SASTRE SOUTO

560 REINANTE AVE  
CORAL GABLES, FL 33156

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

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

SUWAT ASSAWAMATIYANONT 8171 HAMPTON WOOD DR  
BOCA RATON, FL 33433

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49	0		3

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

SHERILL ASHLEY HERNANDEZ 6750 N ANDREWS AVE STE 200  
FORT LAUDERDALE, FL 33309

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49	0		3

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

DEBORAH A JERZY 2650 W GOLF BLVD APT 159  
POMPANO BEACH, FL 33064

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56	0		3

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

THOMPSON AND THOMPSON FINANCIAL INC 17036 FOX TRAIL LN  
LOXAHATCHEE, FL 33470

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59	0		3

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

VICTORIA FERNANDEZ SASTRE 13025 SW 107TH CT  
MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73	0		3

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

DIGITAL INSURANCE LLC 200 GALLERIA PKWY SE STE 1950  
ATLANTA, GA 30339

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

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

TIMOTHY J BADDER 452 TIFFANY OAKS WAY  
BOYNTON BEACH, FL 33435

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78	0		3

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

JAVIER L ORTIZ 9620 NE 2ND AVE STE 203  
MIAMI SHORES, FL 33138

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
102	0		3

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

JACQUELINE B TIFFER 15225 SW 140TH ST  
MIAMI, FL 33196

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
111	0		3

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

ALFRED RIETKERK 438 PISGAH PIKE  
PULASKI, TN 38478

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
149	0		3

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

TOMAS E FLORES 7400 SW 1 TERRACE  
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
582	0		3

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

CRISTINA E LEON RIVERO 9500 SW 97TH ST  
MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
776	0		3

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

ANA MARIA LEON 5000 SW 65TH AVE  
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
823	0		3

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

MARTA M SASTRE 1214 COLUMBUS BLVD  
CORAL GABLES, FL 33134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1570	0		3

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

MARIA CARDENAL 10301 SW 98TH AVE  
MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3501	471		3

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

EILEEN SANCHEZ MEDINA 6100 SW 44TH TER  
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4111	471		3

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

MARIA C ORTIZ 7400 SW 50TH TER STE 300  
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5303	0		3

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

INGRID MARISA FARRELL 5805 SW 96TH ST  
PINECREST, FL 33156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12651	2320		3

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

CERTUS INSURANCE ADVISORS LLC 10625 N KENDALL DRIVE  
MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30636	445		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	

<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) ▶ **SUPPLEMENTAL AFLAC COVERAGES**

**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>	419935
<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**

<b>A</b> Name of plan <b>REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN</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>THE SIMPLEX GROUP, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>65-1130355</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  
**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
<b>13-5581829</b>	<b>65978</b>	<b>0242055</b>	<b>7024</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a) Total amount of commissions paid</b> <b>81387</b>	<b>(b) Total amount of fees paid</b> <b>0</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

**CERTUS INSURANCE ADVISORS LLC**      **10625 N KENDALL DRIVE**  
**MIAMI, FL 33176**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>81387</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

(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	

<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.
----------------	--

<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>	503669
<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. ▶



January 16, 2025

**Regis HRG  
10625 N KENDALL DR  
Miami FL 33176**

Dear Valued Customer:

Employee Retirement Income Security Act of 1974 (ERISA)

We have enclosed information that you may need for completing the 5500 Form Schedule A. This information reflects compensation paid to your agent or consultant for the plan year that recently ended for the coverages you have with us.

We are reporting any base commissions, bonuses and other types of compensation paid in relation to the plan during the plan year. Please note that only base commissions are included in the specific calculation of your premium or administrative service fee. Bonus and other non-base commission payments are not directly included in the determination of your premium or administrative service fee. Bonus payments may be based on the recipient's combined block of business and are allocated to cases according to their contribution to the amount earned.

**IMPORTANT NOTE:** The enclosed information may be divided into two reports. Some customers may receive a 5500 Addendum Report in addition to the standard 5500 Schedule A report form. The 5500 Addendum Report itemizes bonus compensation and payments that were processed manually separately. **If you have received the 5500 Addendum Report as well as the standard 5500 Schedule A report form, you will need to add the amounts in the Total line of the 5500 Addendum Report to the amount found in the standard 5500 Schedule A report form.**

Should you have any questions related to this information, please contact your agent, consultant, or the UnitedHealthcare Strategic Account Executive assigned to your case.

I hereby certify that to the best of my knowledge, information or belief at this time, and based upon information provided by duly authorized personnel, the foregoing statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Thank you.

Sincerely,  
The United Healthcare Team

A Name of Plan: Regis HRG

Part I Information Concerning Insurance Contract Coverage, Fee, and Commissions

1. Coverage

(a) Name of Insurance carrier: UnitedHealthcare Insurance Company

(b) EIN: 36-2739571 (c) NAIC code: 79413 (d) Contract or identification number: 8160000

(e) Approximate number of persons covered at the end of policy or contract year: \* 3,015

\* If the policy holder determines that they have a more accurate count, they should use their figure.

Policy or Contract year (f) From: January 1, 2024 (g) To: December 31, 2024

2. Insurance fees and commissions paid to agents, brokers, and other persons

Totals Total amount of commissions Total fees paid / amount: \$0.00  
Paid: \$607,694.94

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:

CERTUS INSURANCE ADVISORS LLC  
10625 N KENDALL DR  
MIAMI, FL 33176-1510

(b) Amount of commissions paid: \$607,694.94 (c) Fees paid / Amount: NONE (d) Fees paid / Purpose: N/A

(e) Organizational Code: 3

Part III Welfare Benefit Contract Information

7. Benefit and contract type

(a) Health

9. Non experience-rated contracts:

(a) Total premiums or subscription charges paid to carrier: \$18,024,738.42

(b) Additional costs incurred by carrier, service, or other  
Organization not reported in Part 1, item 2 above:

Specify Nature of cost: This special request report covers with the following customer number's information totaled in the premiums, commissions, and other pertinent information:

03X1697, 00Q0135, 06L5526, 00Q7764, 00Q8928, 09Y0261, 09F3480, 06Q2029, 00V7285, 00V8257,  
00V9933, 00X4718, 04W6025, 04W6900, 01L6777, 01L9482, 01Q1127, 01V2880, 01V2903, 01V5159,  
01V6123, 01V6810, 02F8644, 02F9703, 02L1610, 02L5613, 02Q1051, 02V0339, 02V0922, 02V3373,  
02V8926, 02Y1527, 02Y3533, 03F9029, 03L1493, 06F6314, 03Q0413, 03Q0489, 04W8509, 03Q7542,  
09F3031, 03V2369, 03V3144, 03V4703, 03V9932, 04W5798, 04W6004, 03X0073, 02X9239, 03Y4392,  
04F4746, 05F7250, 04L8108, 04Q2559, 04Q2690, 04Q3555, 04Q5670, 04Q9867, 04V0095, 04V3250,  
04V5419, 04V6348, 05V3579, 04V7739, 04V8656, 04V9994, 04W4347, 04W5370, 04W5585, 04W7578,  
04W8112, 04W7614, 04W6225, 04W7663, 04W6994, 04W7755, 04W7871, 04W8197, 04W8303, 04W8349,  
04Y9203, 05F1819, 05L2510, 05Q1053, 05Q2148, 05Q4498, 05Q4987, 05Q5593, 05V2846, 05V5758,  
05V5832, 05V9963, 05W1033, 05W2876, 05W3516, 05W3627, 05X1095, 06F1769, 04W7812, 06F3595,  
05X5272, 06F9647, 08F5451, 06L5704, 06L7566, 06Q2071, 06Q7679, 06Q8930, 06V1923, 06V5470,  
06V6163, 06V6882, 06V6888, 06V6957, 06V7222, 06V9207, 06V9390, 06V9435, 06V9672, 06X0695,  
06X5286, 06Y7168, 07Y4606, 07F3740, 07L2314, 07L8715, 07W1096, 07X7676, 08X0006, 08F1039,  
08L5831, 08Q9877, 08X1907, 09Y0022, 09F3502, 09L2810, 09Q1403, 09Q3890, 09Q5630, 09Y6785

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

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

### SCHEDULE A EARNINGS REPORT

Group Number	Total Premium Collected	Group Covered Count
FKU45	\$419,935.99	385

Group Address	Name of Insurance Carrier
REGIS HR GROUP	AFLAC
ATTN ELISE MUNOZ	1932 WYNNNTON ROAD
10625 N KENDALL DR	COLUMBUS, GA 31999
MIAMI, FL 33176	<b>PLAN YEAR 01/01/2024 to 12/31/2024</b>
CONTRACT NUMBER	NAIC CODE
82-2723296	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- CERTUS INSURANCE ADVISORS LLC 10625 N KENDALL DR MIAMI, FL 33176	\$30,636.25	\$445.45
INGRID MARISA FARRELL 5805 SW 96TH ST PINECREST, FL 33156	\$12,651.06	\$2,320.64
MARIA C ORTIZ 7400 SW 50TH TER STE 300 MIAMI, FL 33155	\$5,303.49	\$0.00
EILEEN SANCHEZ MEDINA 6100 SW 44TH TER MIAMI, FL 33155	\$4,111.73	\$471.84

MARIA CARDENAL 10301 SW 98TH AVE MIAMI, FL 33176	\$3,501.03	\$471.84
MARTA M SASTRE 1214 COLUMBUS BLVD CORAL GABLES, FL 33134	\$1,570.57	\$0.00
ANA MARIA LEON 5000 SW 65TH AVE MIAMI, FL 33155	\$823.20	\$0.00
CRISTINA E LEON-RIVERO 9500 SW 97TH ST MIAMI, FL 33176	\$776.68	\$0.00
TOMAS E FLORES 7400 SW TERRACE MIAMI, FL 33155	\$582.14	\$0.00
- ALFRED RIETKERK 438 PISGAH PIKE PULASKI, TN 38478	\$149.91	\$0.00
JACQUELINE B TIFFER 15225 SW 140TH ST MIAMI, FL 33196	\$111.00	\$0.00
JAVIER L ORTIZ 9620 NE 2ND AVE STE 203 MIAMI SHORES, FL 33138	\$102.60	\$0.00
TIMOTHY J BADDER 452 TIFFANY OAKS WAY BOYNTON BEACH, FL 33435	\$78.25	\$0.00
- DIGITAL INSURANCE LLC 200 GALLERIA PKWY SE STE 1950 ATLANTA, GA 30339	\$76.80	\$0.00
VICTORIA FERNANDEZ SASTRE 13025 SW 107TH CT MIAMI, FL 33176	\$73.08	\$0.00

- THOMPSON AND THOMPSON FINANCIAL INC 17036 FOX TRAIL LN LOXAHATCHEE, FL 33470	\$59.04	\$0.00
DEBORAH A JERZY 2650 W GOLF BLVD APT 159 POMPANO BEACH, FL 33064	\$56.40	\$0.00
SHERILL ASHLEY HERNANDEZ 6750 N ANDREWS AVE STE 200 FORT LAUDERDALE, FL 33309	\$53.16	\$0.00
SUWAT ASSAWAMATIYANONT 8171 HAMPTON WOOD DR BOCA RATON, FL 33433	\$49.58	\$0.00
SHIRLEY SASTRE SOUTO 560 REINANTE AVE CORAL GABLES, FL 33156	\$48.72	\$0.00
SANDRA VELAZQUEZ 6374 SW 22ND ST MIAMI, FL 33155	\$45.12	\$0.00
LISETTE M HERNANDEZ 8724 SW 72ND ST # 212 MIAMI, FL 33173	\$39.00	\$0.00
EDUARDO LAMAS 621 NW 10TH CT BOYNTON BEACH, FL 33426	\$34.56	\$0.00
- CLEFCO CORP 1801 SE BERKSHIRE BLVD PORT ST LUCIE, FL 34952	\$33.72	\$0.00
ROBERT N DIAZ 1205 HILLSBORO MILE #203 HILLSBORO BEACH, FL 33062	\$32.46	\$0.00
LON R KOLSTAD PO BOX 848415 PEMBROKE PINES, FL 33084	\$32.37	\$0.00

- L A D FINANCIAL CORP 18478 CLAYBROOK ST JUPITER, FL 33458	\$30.30	\$0.00
- TALLON AND ASSOCIATES INC PO BOX 30668 PALM BEACH GARDENS, FL 33420	\$28.91	\$0.00
JEREMY C ALFORD 2606 NW 19TH WAY GAINESVILLE, FL 32605	\$26.97	\$0.00
FRANK ROBERT SOBOCINSKI 2000 PGA BLVD STE 4440 PALM BEACH GARDENS, FL 33408	\$22.96	\$0.00
- SHERI CROOK INC 2151 COOK LN ALVA, FL 33920	\$20.52	\$0.00
CARMEN A FELICIANO 171 AMERICAS CUP BLVD BRADENTON, FL 34208	\$20.04	\$0.00
JUAN C FERLINI 891 MAYBERRY ML NEW BRAUNFELS, TX 78130	\$19.95	\$0.00
STEVEN WILLIAM KAISER 6447 IVY SPRINGS DR FLOWERY BRANCH, GA 30542	\$19.44	\$0.00
JUAN C SOSA 7875 RED RIVER RD WEST PALM BEACH, FL 33411	\$16.44	\$0.00
MARIA C ORTIZ 7400 SW 50TH TER STE 300 MIAMI, FL 33155	\$14.76	\$0.00
CECILIA N KOLSTAD PO BOX 848415 PEMBROKE PINES, FL 33084	\$14.52	\$0.00

ROSE SOSA 9381 SW 130TH ST MIAMI, FL 33176	\$13.68	\$0.00
JAMES GRAYDON BROWN 2522 OWENS LANDING TRL NW KENNESAW, GA 30152	\$13.26	\$0.00
- C HUDSON AND ASSOCIATES 2843 TWIN PINE RD THOMSON, GA 30824	\$12.66	\$0.00
JANET IBANEZ 17501 SW 92ND CT PALMETTO BAY, FL 33157	\$11.52	\$0.00
ELAINE KOLSTAD DUBE PO BOX 848415 PEMBROKE PINES, FL 33084	\$11.10	\$0.00
BRIAN GEORGE JAEGLI 2875 NW 28TH ST BOCA RATON, FL 33434	\$10.68	\$0.00
AIMEE CECILIA CABRERA 9355 SW 93RD PL MIAMI, FL 33176	\$10.50	\$0.00
JOSEPH H WILLIS JR 1431 NE 55TH ST FORT LAUDERDALE, FL 33334	\$10.32	\$0.00
JESUS GARCIA JR 18370 MEDITERRANEAN BLVD APT 2507 HIALEAH, FL 33015	\$9.24	\$0.00
BEVERLY E BEATTIE 3150 SW 38TH AVE 38TH AVE 9TH FLOOR CORAL GABLES, FL 33146	\$9.12	\$0.00
C-D FRIDAY FLATT 6592 THE HIDEOUT LAKE ARIEL, PA 18436	\$9.02	\$0.00

MICHEL SHLIMOWITZ 401 SW 4TH AVE APT 1605 FORT LAUDERDALE, FL 33315	\$9.00	\$0.00
AILEEN M KEENAN 9603 NW 36TH CT CORAL SPRINGS, FL 33065	\$8.88	\$0.00
ELIZABETH MARIA SARDINAS TORRES 8701 SW 144TH ST PALMETTO BAY, FL 33176	\$6.96	\$0.00
RACHEL A SAPOZNIK 1100 NE 163RD ST FL 2 NORTH MIAMI BEACH, FL 33162	\$6.96	\$0.00
JESSICA E GODWIN 16292 SW 64TH AVE STARKE, FL 32091	\$6.94	\$0.00
NATALIA DURAN GUZMAN 3232 CORAL WAY APT 1509 MIAMI, FL 33145	\$6.90	\$0.00
ARASAY LOPEZ 31401 SW 191ST AVE HOMESTEAD, FL 33030	\$6.49	\$0.00
BRENDA LYNN GARRETT 12475 KENTWOOD AVE FORT MYERS, FL 33913	\$6.16	\$0.00
DE VITA B MCKENZIE 1139 IROLO ST LOS ANGELES, CA 90006	\$6.07	\$0.00
HAMIDA M TRAINOR 631 LUCERNE AVE STE 57 LAKE WORTH BEACH, FL 33460	\$5.40	\$0.00
KATTY W COHEN 21711 TOWN PLACE DR BOCA RATON, FL 33433	\$4.61	\$0.00

JOSHUA T HILL 24921 NE 136TH LN FORT MC COY, FL 32134	\$4.45	\$0.00
BRENDA LYNN GARRETT 914 16TH AVE NE WATERTOWN, SD 57201	\$4.40	\$0.00
DEBORAH L JONGES PO BOX 5432 BELLA VISTA, AR 72714	\$4.32	\$0.00
G SCOTT COOKE 2832 NE 17TH AVE WILTON MANORS, FL 33334	\$4.18	\$0.00
- ORTS ENTERPRISES INC 920 FLORAL BANK PT WOODSTOCK, GA 30188	\$4.08	\$0.00
DAVID S MORRIS 950 PENINSULA CORPORATE CIR STE 1005 BOCA RATON, FL 33487	\$3.84	\$0.00
JOSHUA BUZZARD 6848 HENDRY DR LAKE WORTH, FL 33463	\$3.64	\$0.00
MICHAEL A ORTIZ 740 CHEYENNE LN ELGIN, IL 60123	\$2.52	\$0.00
KENDALL C HUDSON 1645 PALM BEACH LAKES BLVD STE 1200 WEST PALM BEACH, FL 33401	\$2.28	\$0.00
MARY C BADDER 7592 OLD THYME CT PARKLAND, FL 33076	\$2.04	\$0.00
JAMES W BENCIN 11 SHELDRAKE LN WEST PALM BEACH, FL 33418	\$1.68	\$0.00

MARIA ORBE 8362 PINES BLVD PMB 250 PEMBROKE PINES, FL 33024	\$1.68	\$0.00
STEPHEN J YOUNG 490 NW WOODLANDS TER LAKE CITY, FL 32055	\$1.64	\$0.00
HAROLD L STAFFORD 4930 VILLAGE GREEN DR EL DORADO HILLS, CA 95762	\$1.56	\$0.00
THOMAS R BAILEY 142 MAPLE CT NW CHARLESTON, TN 37310	\$1.32	\$0.00
CHRISTINA MARIA ORTIZ 7400 SW 50TH TER STE 300 MIAMI, FL 33155	\$1.30	\$0.00
REBECCA PEAVEY BONDS 28823 53RD DR BRANFORD, FL 32008	\$1.18	\$0.00
- L A D FINANCIAL CORP 13308 ALTON RD PALM BEACH GARDENS, FL 33418	\$1.08	\$0.00
SYLVIA ROSSI-MONTERO 107 BLUE HARBOR DR TAVERNIER, FL 33070	\$0.96	\$0.00
SHANNON L TROWBRIDGE 202 SPRINGRISE LN SUMMERSVILLE, SC 29486	\$0.76	\$0.00
SUSANNA GOODE 1212 CORTEZ ST CORAL GABLES, FL 33134	\$0.23	\$0.00
- JV FLORIDA INSURANCE CORP 2821 N OCEAN BLVD APT 305 FT LAUDERDALE, FL 33308	\$0.21	\$0.00

DEXTER ANTONIO HARRIS 100 GALLERIA PKWY SE STE 900 ATLANTA, GA 30339	\$0.11	\$0.00
SUSAN P WATLEY 6366 INDEPENDENCE DR COLUMBUS, GA 31909	\$0.02	\$0.00
Sum:	\$61,511.68	\$3,709.77



## Schedule A Form (5500) Insurance Information

If Schedule A information is required to file a complete Form 5500 or Form 5500 C/R, information from this form must be transcribed onto IRS Schedule A (Form 5500) Insurance Information form (Cat. No. 135051) as required by federal regulation.

IF YOU HAVE QUESTIONS REGARDING THE TRANSPOSITION OF INFORMATION CONTAINED IN THIS REPORT, CONTACT YOUR INTERNAL COMPLIANCE OFFICE.

REGIS HR 1, INC.  
MARC RODRIGUEZ  
10625 N KENDALL DR  
MIAMI FL 33176-1510

Group ID: **30034592**  
Insurance Carrier: Vision Service Plan  
Insurance Carrier NAIC Code: 32395  
Insurance Carrier FEIN: **363560825**  
Benefit Type: Vision Care  
Policy or Contract Year: **01/01/2024 - 12/31/2024**

Group Legal Name and Address:

**REGIS HR 1, INC.**  
**10625 N KENDALL DR**  
**MIAMI FL 33176-1510**

Approximate Number of Persons Covered at the End of Policy or Contract Year: **1,458**

Payments:

Total Administrative Fees Paid to Carrier:	<b>\$ 27,678.06</b>
Total Payments Made to Carrier:	<b>\$ 178,567.01</b>
Total Claims Paid by Carrier:	<b>\$ 117,409.55</b>

Vision Service Plan hereby certifies that this statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate as of 01/22/2025 .

EXDM5500/ U-3909 / 30034592 / 1 / 20250122

JUN 17 2025



Sales & Broker Compensation Services



June 10, 2025

ATTENTION: BELKIS MARTINEZ  
REGIS HR GROUP  
10625 N KENDALL DRIVE  
MIAMI, FL 33176

000030010040000000011

The Employee Retirement Income Security Act of 1974 ("ERISA") requires an annual financial report on employee welfare benefit plans and pension benefit plans which cover 100 or more participants at the beginning of the plan year and are subject to ERISA. The administrator of such a plan is required to file an annual report on I.R.S./DOL Form 5500, including the accompanying Schedule A, with the Employee Benefits Security Administration.

Your Metropolitan Life Insurance Company ("MetLife") employee welfare benefit plan may be subject to ERISA's annual reporting requirements and MetLife is therefore providing you with the information needed to complete Schedule A of Form 5500. The attached report is not an actual Schedule A form and should not be attached to the Form 5500 for regulatory filing. The information should be forwarded to the person who will be completing your annual filing. The information is taken from the data MetLife maintains within its normal business records and is, to the best of MetLife's knowledge and belief, complete and accurate.

Part I, Section 2 of this report lists the compensation paid to intermediaries related to your plan. Intermediaries may include brokers, consultants, agents and third-party administrators. There are several categories of compensation that may be paid to an intermediary. For your reference, the categories of compensation are listed below.

- Base Commissions - Base commissions are generally paid to an intermediary on a monthly basis and are usually calculated as a percentage of premium. Base commissions are typically factored into the cost of the customer's plan.
- Supplemental Compensation - Supplemental compensation may be paid to qualifying intermediaries based on an intermediary's new business or total inforce premium for a specified year. It is not MetLife's practice to specifically factor supplemental compensation into the cost of customer's plan. Supplemental compensation is factored into the price structure of MetLife's institutional business products.
- Fees - Fees may include payments made to intermediaries for services such as administration, communication, enrollment, billing, eligibility, recordkeeping, printing and mailing. Fees may be directly charged to the customer's plan.
- Award - If your intermediary received an award (such as travel or a gift) from MetLife, MetLife allocated the value of the award to all plans that were considered in the qualification criteria proportionately.

Note, the non-monetary compensation amount included in the Schedule A, Fees Paid section of the enclosed report is based on the calendar year tracking of all individual gifts or items of non-monetary compensation such as dinners, tickets for shows or other entertainment events, membership dues, hotels, equal to or greater than \$10, that are given to or provided directly or indirectly to brokers, producers, and other insurance intermediaries and/or their spouses, companions or family members. This information is tracked and aggregated at the brokerage firm or company level. The total value is divided by the total number of active contracts or policies in place with that firm for that year except for items relating directly to a specific customer or customers (which are reported to the specific customer(s)). This allocation is reported on the Schedule A reports for all ERISA customers who are part of a given broker firm's book of business.

Before submitting the Schedule A with your annual report to the Employee Benefits Security Administration, in addition to the information MetLife has provided, you should enter in the Schedule the appropriate name of the plan, three-digit plan number and employer identification number in the appropriate spaces immediately preceding Part I.

You may also wish to consult with your counsel concerning any need for attaching an opinion by an independent qualified public accountant.

This letter, together with your copy of the complete annual report should be retained for at least the 6-year period required by ERISA.

\* The Gross Dealer Concession is based on premiums received and represents the total compensation and fees paid by the Insurance Company to the selling firm for the coverage used to fund the plan. Your representative(s) received payments subject to selling agreements that they have with the selling firm. The remaining compensation is used by the distributor or selling firm to pay other expenses, including Management Compensation, Conference expenses, etc. The Gross Dealer Concession includes the Commission Paid which is listed separately. The Metropolitan Life Insurance Company attests that the foregoing statement is complete and accurate to the best of its knowledge, information, and belief.

If you have any questions please contact your MetLife Account Representative:

JESSICA SANFORD, (813) 983-5159 or 800-ASK-4-MET and MetLife will assist you in obtaining this information.

MetLife appreciates your business.



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**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.

- ▶ **File as an attachment to Form 5500**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

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>B</b> Three digit plan number ▶
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>REGIS HR GROUP</b>	<b>D</b> Employer Identification Number

**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 can be reported on a single Schedule A

1 Coverage:

(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
<b>13-5581829</b>	<b>65978</b>	<b>0242055</b>	<b>7,024</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part 1.

**Totals \***

Total amount of commissions paid	Total Fees Paid / amount
<b>81,387</b>	<b>0</b>

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. V7.2 Schedule A (Form 5500) 2024





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**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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. 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.

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

<b>a</b>	<input type="checkbox"/>	Health (other than dental or vision)	<b>b</b>	<input type="checkbox"/>	Dental	<b>c</b>	<input type="checkbox"/>	Vision	<b>d</b>	<input checked="" type="checkbox"/>	Life insurance
<b>e</b>	<input checked="" type="checkbox"/>	Temporary disability (accident & sickness)	<b>f</b>	<input checked="" type="checkbox"/>	Long-term disability	<b>g</b>	<input type="checkbox"/>	Supplemental unemployment	<b>h</b>	<input type="checkbox"/>	Prescription drug
<b>i</b>	<input type="checkbox"/>	Stop Loss (large deductible)	<b>j</b>	<input type="checkbox"/>	HMO contract	<b>k</b>	<input type="checkbox"/>	PPO contract	<b>l</b>	<input type="checkbox"/>	Indemnity contract
<b>m</b>	<input checked="" type="checkbox"/>	Other (specify) ► ADD									

**9 Experience-rated contracts** N/A

**10 Nonexperience-rated contracts**

Coverage	Amount
LIFE	467,389
AD&D	34,779
Temporary Disability	1,249
Long Term Disability	252
<b>a</b> Total premiums or subscription charges paid to carrier	503,669
<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, item 2 above, report amount	

Specify nature of costs below ►

**Footnote(s)**

The approximate number of persons covered as shown on the first page of the Schedule A is MetLife's estimated view of participants, spouses and dependents at the end of the policy period. This estimation should be used for reporting purposes only.

If the plan named in Item A on the first page of Schedule A (the "Plan") retains the services of a broker, consultant, agent or third-party administrator (each an "Intermediary") for the Plan, MetLife may in addition to paying base commission provide additional compensation to the intermediary under various preferred broker and other compensation programs and expense reimbursement. Under such programs, an intermediary may qualify for additional compensation that may or may not be directly charged to the Plan. Such compensation may not be included in the amount listed in item 2 on the first page of Schedule A. Please contact MetLife if you would like additional information or details.