

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: [X] 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: ELM WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 510
1c Effective date of plan: 01/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): EMPLOYEE LIABILITY MANAGEMENT, INC.
2b Employer Identification Number (EIN): 63-1249564
2c Plan Sponsor's telephone number: 251-470-0700
2d Business code (see instructions): 561300

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1416
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1416
	6a(2)	1377
	6b	0
	6c	0
	6d	1377
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4F 4H

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

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 4
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan ELM WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>510</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE LIABILITY MANAGEMENT, INC.</p>	<p>D Employer Identification Number (EIN) 63-1249564</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
BLUE CROSS BLUE SHIELD OF ALABAMA

(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
63-0103830	55433	71489	2336	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	1435196
(2) Increase (decrease) in amount due but unpaid		9a(2)	0
(3) Increase (decrease) in unearned premium reserve		9a(3)	0
(4) Earned ((1) + (2) - (3))		9a(4)	1435196
b Benefit charges (1) Claims paid		9b(1)	1185608
(2) Increase (decrease) in claim reserves		9b(2)	94900
(3) Incurred claims (add (1) and (2))		9b(3)	1280508
(4) Claims charged		9b(4)	1280508
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions		9c(1)(A)	0
(B) Administrative service or other fees		9c(1)(B)	175163
(C) Other specific acquisition costs		9c(1)(C)	0
(D) Other expenses		9c(1)(D)	0
(E) Taxes		9c(1)(E)	16172
(F) Charges for risks or other contingencies		9c(1)(F)	32426
(G) Other retention charges		9c(1)(G)	-10198
(H) Total retention		9c(1)(H)	213563
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	0
(2) Claim reserves		9d(2)	105200
(3) Other reserves		9d(3)	0
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	0

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	0

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ELM WELFARE BENEFIT PLAN		B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE LIABILITY MANAGEMENT, INC.		D Employer Identification Number (EIN) 63-1249564

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

USABLE LIFE

(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
71-0505232	94358	50043104	1127	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 14317	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ABLE BENEFIT SOLUTIONS

**P.O. BOX 11407 DEPT 2142
BIRMINGHAM, AL 35246-2142**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14317			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	

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		103239
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan ELM WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 510</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE LIABILITY MANAGEMENT, INC.</p>	<p>D Employer Identification Number (EIN) 63-1249564</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
COMPANION 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
57-0523959	77828	20805S6042	33	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 1926	(b) Total amount of fees paid 0
--	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1284			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GIS BENEFITS INC. 422 WAUPONSEE ST MORRIS, IL 60450

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
642			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
	(c) Amount	(d) Purpose	

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		10337
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan ELM WELFARE BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>510</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE LIABILITY MANAGEMENT, INC.</p>	<p>D Employer Identification Number (EIN) 63-1249564</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AFLAC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
82-2723296	60380	V6862	390	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 55530</p>	<p>(b) Total amount of fees paid 1342</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

ANN M HARTWELL **P O BOX 247**
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11684	347	FEES	3

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

VICTORIA R MCVAY **711 NATCHEZ TRAIL CT**
MOBILE, AL 36609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7906	251	FEES	3

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

SARAH Y ZACCARO P.O BOX 91531
MOBILE, AL 36691

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5379	146	FEES	3

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

JACOB YOUNCE 106 MEADOW CIRCLE
DAPHNE, AL 36572

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3636	83	FEES	3

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

BOZEMAN ENTERPRISES INC. 9052 BROOKSIDE LN
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3646	52	FEES	3

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

HALEY NOBLES 5655 APACHE DRIVE
SATSUMA, AL 36572

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2705			3

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

MORGAN ERDMAN 392 FOXLEY ROAD
ANNISTON, AL 36205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1948	218	FEES	3

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

JOHN JONES JR 9499 THOROUGHbred RUN
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1888			3

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

MIRANDA M WILDER 10960A WULFF RD S
SEMMES, AL 36575

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1688			3

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

TATOM ENTERPRISES LLC 200 QUAIL HOLLOW DRIVE
ATOKA, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1421			3

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

SAIC INC 1639 BRADLEY PARK DR
ST 500 BOX 358
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1082			3

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

TINA C OGLESBY 3194 GATES CIRCLE N
THEODORE, AL 36582

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
955			3

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

COASTAL WORKPLACE BENEFITS LLC

4332 BOULEVARD PARK S STE E
MOBILE, AL 36609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
940			3

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

FRANK R GRIFFIN JR

8601 GARRETT RD
P O BOX 233
MIDLAND, GA 31820

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
867			3

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

PETE CANARELA

18972 HIGHLAND DRIVE
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
790			3

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

RONALD WALLACE

PO BOX 1355
BAY MINETTE, AL 36507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
759			3

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

KARA BLAKE CROPP

3430 RIVER RD
THEODORE, AL 36582

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
633			3

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

HANNAH GOLDMAN

P O BOX 1061
CHATOM, AL 36518

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
577			3

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

SHARON MCDILL

635 COUNTY ROAD
LEESBURG, AL 35983

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
446	39	FEES	3

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

FRED H CURTICE III

P O BOX 220
FOLEY, AL 36536

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
451			3

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

JOHN E CARTER III

902 MEADOWS CT
PINE MOUNTAIN, GA 31822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
414			3

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

MICHAEL FOWLER

335 EAST MAIN STREET
TUPELO, MS 38804

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
330	51	FEES	3

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

SHANE HOHLER 9528 MCRAE PLACE CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
289			3

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

BRITTANY MORRIS 16640 CHERUBIM CT.
LOXLEY, AL 36551

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
255	21	FEES	3

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

SUPPLEMENTAL SPECIALISTS INC P O BOX 1173
BLAIRSVILLE, GA 30514

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
272			3

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

BRIAN LOWE 4510 LEETH GAP ROAD
BOAZ, AL 35956

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
247	11	FEES	3

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

ASHLEY L CROOK 3187 ESSEX PLACE DR
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
257			3

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

JENNIFER A CHAPPELL 8225 BLUE RIDGE PL
SEMMES, AL 36575

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
212			3

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

RANDALL B BEDWELL P O BOX 733
JACKSON, AL 36545

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
203			3

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

JONATHON E POINTER 9224 THOROUGHbred RUN
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
172			3

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

HOLLY BUTCHER 1149 CREIGHTON RD STE 1
PENSACOLA, FL 32504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
156			3

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

DAVID DAVIS 6901 D AND B LANE
WING, AL 36483

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
155			3

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

TRACY ELEY

2390 INDIAN RIDGE ESTATES DR
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
145			3

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

CHARLES W VINES JR

1203 CREEK BRIDGE RD
PENSACOLA, FL 32514

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
139			3

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

DEBORAH C WILLIS

P O BOX 1173
BLAIRSVILLE, GA 30514

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
137			3

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

SANDRA K JACKSON

304 RIVERBEND DR
MOBILE, AL 36605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
131			3

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

CHARLES HINKLE JR

6416 FALCONWOOD CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
127			3

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

BRIAN ANDREWS 5728 TAMARACK DR
PACE, FL 32571

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
127			3

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

RACHEL COLLINS 4851 LESURE DRIVE
THEODORE, AL 36582

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50	71	FEES	3

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

REBECCA ROBBINS 1120 HILLCREST RD STE 2L
MOBILE, AA 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
110			3

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

GEORGE FERNIANY 690 JOHNSON AVE.
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
96			3

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

ANNA FAGGARD 762 DOWNTOWNER LOOP W STE 202
MOBILE, AL 36609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
92			3

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

JENNIFER BETTIS

52 BORDER CIR E
MOBILE, AL 36608

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
87			3

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

LEIGH WHITE

2533 REDFORD DR
CANTONMENT, FL 32533

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

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

ERIC J PULLEN

2337 HUFFMAN DRIVE
MOBILE, AL 36693

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69			3

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

EILEEN STILLWELL

3252 MARICOPA DR
COLUMBUS, GA 31907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
64			3

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

JAMES WARD

106 MADISON VILLAS WAY
MADISON, AL 35758

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

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

RACHEL ROBBINS 9170 AZALEA RUN CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60			3

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

MARGERY DAVIS 30743 PINYON DRIVE
SPANISH FORT, AL 36527

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28	32	FFES	3

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

MICHAEL MASKILL 188 RIDGEWOOD DR
DAPHNE, AL 36526

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

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

ERIN TOMLINSON 278 DRURY LANE
ALBERTVILLE, AL 35950

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

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

SHARON HACKETT 600 BEL AIR BLVD STE 234
MOBILE, AL 36606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43	12	FEES	3

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

JOHN LEE 322 FARMHOUSE RD
ELLERSLIE, GA 31807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54			3

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

JENNIFER WARTHEN 6913 D AND B LANE
WING, AL 36483

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52			3

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

NATALIE RYAN 13 WHITEHALL LNDG
MYSTIC, CT 06355

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51			3

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

DENISE S BOYD 1509 GOVERNMENT ST STE 100
MOBILE, AL 36604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50			3

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

MELISSA TYLER P O BOX 1723
ORANGE BEACH, AL 36561

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

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

MELANIE KELLY 8617 WALL TRIANA HWY
HARVEST, AL 35749

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

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

CAROL TATOM 200 QUAIL HOLLOW DRIVE
ATOKA, TN 38004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

BENJAMIN D JOHNSON 9526 BEAR CREEK RD
STERRETT, AL 35147

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

SHONA M HICKS 2308 HALEY CT
OPELIKA, AL 36801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

HUB INTERNATIONAL MIDWEST LIMITED 203 N LA SALLE STREET
CHICAGO, IL 60601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43			3

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

TRACY COCHRAN

57 LEMOYNE PL
MOBILE, AL 36604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42			3

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

MICHAEL MASKILL

PO BOX 1702
POINT CLEAR, AL 36564

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40			3

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

ALICE E NOBLE

201 BROWN RD
PENSACOLA, FL 32507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40			3

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

SHANNON NOEL

4305 BORDEN AVE
MOBILE, AL 36619

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

GEORGE WALLACE

P O BOX 1355
BAY MINETTE, AL 36507

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

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

JASON WEEKS 14680 COUNTY ROAD 481
VAN ALSTYNE, TX 75495

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

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

JUNE BOZEMAN 9052 BROOKSIDE LN
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27	5	FEES	3

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

KATLYN SESERA 9338 SANIBEL LOOP
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

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

STAN A SHERLIN 773 TOWNE LAKE DR
MONTGOMERY, AL 36117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

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

KELVIN RICE 623 WESTBROOK RD
DOTHAN, AL 36303

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

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

MONICA WEAVER

17 DELISA DRIVE
SARALAND, AL 36571

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

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

ALLISON SMITH

7121 OAK COVE DR
BILOXI, MS 39532

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

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

SANDI S LANZA

12106 RETREAT LANE
BIRMINGHAM, AL 35242

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29			3

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

GARY SPANRAFT

218 VISTA RIDGE DRIVE
DELAWARE, OH 43015

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

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

EDDY HUTTO

1323 PLESANT GROVE CHAPPARAL ROAD
WAYNESBORO, MS 39367

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			3

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

ALAN BISHOP

1952 BLAKE BOTTOM ROAD
HUNTSVILLE, AL 35806

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			3

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

DAVID S JESSE

11962 HOMETOWN PL
ORLANDO, FL 32832

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24			3

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

THOMAS W BABINGTON

30330 ONO NORTH LOOP W
ORANGE BEACH, AL 36561

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

COMBINED INSURANCE SERVICES OF N FL

1403 E BELMONT ST
PENSACOLA, FL 32501

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

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

BRIAN HICKS

2739 AMERICUS DRIVE
THOMPSON STATION, TN 37179

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

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

JOE RODGERS

1601 DOVE LN
CORPUS CHRISTI, TX 78418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

CHARLES SUMMERS

45 LECH WEG
HELEN, GA 30545

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

CURTIS HORTON

6808 BRIARGROVE CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	3	FEES	3

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

DEREK R MANN

155 LEE ROAD 2213
SALEM, AL 36874

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

JOSEPH MCBRIDE

121 DALTON LANE
TUSCUMBIA, AL 35674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

R AND L SUPPLEMENTASL BENEFITS INC. PO BOX 896
FLORENCE, AL 35631

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			3

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

ROBERT WALLACE 40708 COUNTY RD 39
BAY MINETTE, AL 36507

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

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

LOUIS SMITH 3504 GREENWOOD DRIVE
HERMITAGE, TN 37076

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

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

BRANDY HELMS 1600 MAIN STEET
GADSDEN, AL 35904

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

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

LISA S TAYLOR 12904 OAK CT
WILMER, AL 36587

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

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

SHEILA N STEWART

P O BOX 331
PORT SALERNO, FL 34992

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

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

NATALIE D RYAN

9 DUPONT LN
NORWICH, CT 06360

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

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

MCCALL 1 AGENCY

1601 HAND AVE B
BAY MINETTE, AL 36507

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

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

JOHN SHEPPARD

407 HONEYSUCKLE ROAD
DOTHAN, AL 36305

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

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

RONALD GILMORE

8515 LANEWOOD CIRCLE
LEEDS, AL 35094

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

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

BARBARA POWELL 1532 WALNUT AVE
LAKE PLACID, FL 33852

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

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

VALENCIA BROWN 2027 DR. MARTIN L KING JR AVE
APT C2
MOBILE, AL 36617

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

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

JEANNE BAGGETT 836 MYSTIC PKWY
SPRING BRANCH, TX 78070

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

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

AMY WARD 1207 S CEDAR AVE
DEMOPOLIS, AL 36732

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

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

MKF & ASSOCIATES INC. 4222 MARDEN WAY
VESTAVIA, AL 35242

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

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

TRACY KENDRICK 70 GLEN CLINTON ROAD
HATTIESBURG, MS 39401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

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

WILLIE DINISH 2027 DR MARTIN L KING DRIVE APT B6
MOBILE, AL 36617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

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

MARK BUTLER INC 747 HOLLY HILLS DRIVE
BILOXI, MS 39532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

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

LYNNE MOORE 8650 MINNIE BROWN RD STE 150
MONTGOMERY, AL 36117

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

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

TIMOTHY MAHATHEY 1108 BON WALLACE DRIVE
HUNTSVILLE, AL 35801

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

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

JERIE L SMITH 203 ROYAL LN
FAIRHOPE, AL 36532

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

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

JOHN W AMOS 10051 VETERANS PKWY STE B-2
MIDLAND, GA 31820

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

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

WILLIAM L AMOS III 7100 STILLWATER DR
COLUMBUS, GA 31904

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

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

JOEL SANDERS 2165 HALCYON BLVD
MONTGOMERY, AL 36117

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

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

FRANCINE CHRISTIANSON 240 VILLA ROAD
BRUNSWICK, GA 31525

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

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

KIRSTEN PHILLIPS 1990 BRADBURY DR E
MOBILE, AL 36695

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

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

JUSTIN RYAN 1076 EAST BRANDON BLVD. STE 112
BRANDON, FL 33511

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

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

SETH VAN STEENBERGEN 16208 MARSHFIELD DRIVE
TAMPA, FL 33624

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

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

LORRI STEMBRIDGE LLC 5144 OAKTREE DRIVE
MACON, GA 31210

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

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

CHERYL L BAILEY 651 HARRIETT LN
ATMORE, AL 36502

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

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

REGINALD JACKSON 10009 PEYTON DR N
MOBILE, AL 36695

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

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

JL AND ASSOCIATES INC 134 WEST SOUTH BOUNDARY STREET
STE A
PERRYSBURG, OH 43551

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

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

JOHN GRUBBS 34931 US HWY 19 NORTH
PALM HARBOR, FL 34684

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

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

RACHEL ROBBINS 6608 BLAKELY CT
MOBILE, AL 36695

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

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

BRADLEY S BOLICK 6433 FALL BRANCH DR
COLUMBUS, GA 31904

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

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

JASON WEST

1701 BASS ROAD STE 200
MACON, GA 31210

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

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

RICHARD NICKELSON

112 DURBY LANE
FOLEY, AL 36535

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

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

GENE CHRISTIANSON

240 VILLA ROAD
BRUNSWICK, GA 31525

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

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

WLLIAM L AMOS AND CO. INC.

7100 STILLWATER DRIVE
COLUMBUS, GA 31904

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		335796
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

Plan Name	EIN
2U TIRE OF ALABAMA, LLC	82-1069132
A & W Lighting Corporation	63-0808857
A EVANS CROWE, LLC	63-1196055
ADVANCED DENTAL COMFORT	46-2349244
ADVANCED INTEGRATED SECURITY, LLC	45-5516239
ADVANTAGE IT MANAGEMENT	47-2775738
AL HILL BOILER SALES & REPAIR, INC.	63-0665692
ALABAMA GAME CHANGERS	47-2560196
ALABAMA SCALE & INSTRUMENT	63-1223963
ALL BALDWIN CLEANERS	63-0645170
ALL OVER JANITORIAL SERVICES, INC.	26-2245491
ALL PHASES ARCHAEOLOGY LLC	87-2645549
ALLEGRI FARM MARKET	33-1016348
ALPHAGRAPHICS BIRMINGHAM	92-3790576
AMERICAN AUTISM & REHABILITATION CENTER	27-4537001
APPLIANCE PARTS & SUPPLIES, LLC	27-1985164
ARK OF SAFETY CHURCH DAYCARE	35-2355882
ASHBURY MANOR, INC.	26-3241448
AUBURN UNIVERSITY CLUB	45-4477443
B & W SUPPLY, INC.	63-0845054
BADCOCK FURNITURE STORE - SKG FURNITURE	99-1863582
BADCOCK SARALAND	51-0567803
BADCOCK SEMMES	83-2059862
BADCOCKS OF MISSISSIPPI	88-3563514
BAMA FITNESS II, INC.	82-5428366
BAMA FITNESS, INC.	26-4277560
BAY AREA ORAL SURGERY, PC	63-0673535
BAY BREEZE CAFE-BAR-GRILL	75-3253924
BAY CITY PAINT & BODY, INC.	63-1273509
BAY CITY TIRE & WHEEL, LLC	20-3734278
BAY PEDIATRIC AND ADOLESCENT DENTISTRY	20-2455551
BELOTE FOODS, LLC	22-3883650
BIG CHARLIES PRODUCE COMPANY, LLC	11-3831766
BLAZER BOATS	84-2946597
BLESSED BEGINNINGS CHILD DEVELOPMENT	63-1246061
BO WILDER CONTRACTING, INC.	45-3515472
BSM, INC.	63-1236552
BUBBLE AND BRUNCH	84-2366031
BUSINESSWARE SOLUTIONS	63-1188385
BUZZCATZ	11-3831766
C & M VITAL CARE	63-1054472
CALLAHAN & CALLAHAN DBA ABC SIGNS	63-1012574
CAPITAL BELTWAY ENVIRONMENTAL, LLC	46-1047344
CARA & COMPANY	27-4834450
CENTRAL ALABAMA BEAUTY SUPPLY	63-1197298
CENTRAL CABINET SHOP	63-1081783

CHARTER TIRE, LLC	56-2378440
CHEER FORCE ONE	32-0172635
CHEMSTATION GULF COAST	81-4337576
CHEROKEE RIDGE COUNTRY CLUB	83-0643866
CHILD DAY CARE ASSOCIATION	63-0302117
CHRISTIAN MEDICAL MINISTRY	63-1259172
CLEAR CAPITAL, LLC	36-4922320
CLIMATEMP COOLING & HEATING, INC.	63-0943279
COBALT THE RESTAURANT, LLC	26-3797006
COMMUNITY SECURITY SERVICES, LLC	27-1307119
COMPASS URGENT CARE, LLC	27-4616706
CONCRETE RESTORATION SERVICES	63-1198068
COSMO'S RESTAURANT & BAR, INC	20-4549891
COX LOUISIANA MANAGEMENT, LLC	45-4058381
CRESCENT CONSTRUCTION AND DEVELOPMENT, INC	26-2602539
CUSTOMER CONTACT SERVICES	47-2798898
DANHART, LLC	63-1249564
DAPHNE ANIMAL HOSPITAL	63-1062583
DAVID SHANE WELCH DMD PC	46-5419512
DAVIS-ROUSSEL MOBILE, LLC	83-1316739
DAVIS-ROUSSEL TALLAHASSEE, LLC	83-1296209
DEARBORN YMCA	63-0301288
DEBBIE'S SCHOOL OF DANCE, INC.	63-0854220
DELTA SOUTH TITLE, INC.	26-2774916
DENNY MANUFACTURING CO., INC.	63-0691753
DISTINCTIVE HOME DESIGN CENTER, LLC	83-3734963
DIXON'S TOTAL TOUCH CHILD DEVELOPMENT	30-0155577
DOOR SPECIALISTS, INC.	83-0802065
DR. KATHRYN DEMPSEY	47-1034054
DUNKIN DONUTS	38-4014170
DUNKIN DONUTS (TEXAS)	38-4014170
E.L.M., INC.	63-1249564
EAST BAY FITNESS	81-4642842
EASTERN SHORE COSMETIC SURGERY PC - DO NOT USE	46-5061114
EASTERN SHORE MEDICAL WEIGHT LOSS, LLC	26-2242698
EASY SHUTTER SERVICES, LLC	81-1349243
ECOVERY, LLC	26-2985579
ED'S SHED LLC	82-1906595
ELM, INC.(EXECUTIVE)	63-1249564
EXPRESS OIL CHANGE	27-4476227
FAIRHOPE UNITED METHODIST CHURCH	63-0419686
FAUSAK EXPRESS LUBE	26-4542638
FAUSAKS TIRE CENTER, INC.	63-0904862
FIBER TECH INDUSTRIES, LLC	81-2927264
FIELD IN BLOOM, INC.	63-1243844
FIVE GUYS	63-1249564
FLEET FILTERS	20-5628411

FOOD CHAMPS. LLC	46-2088048
FOOD HALL	88-2031525
FOWLER OIL COMPANY, INC	63-0793745
FRST/SHAMROCK SERVICES	30-0583951
G.G. PORTABLES, INC.	68-0586806
GAMEHENDGE, INC.	80-0008378
GARNER LAWN & CONSTRUCTIONS, LLC	82-4482775
GNG PLUMBING, INC	63-1249564
GOOD SHEPHERD CHURCH	63-1230440
GRACEPOINT HOME CARE, LLC	63-1249564
GRAND BAY DENTAL, PC (NEW)	47-3476141
GRAND BAY PREPARATORY ACADEMY OF SUCCESS	85-0760769
GRANT NICHOLS CONSTRUCTION, LLC	63-1249564
GRAYSON AIR CONDITIONING, INC.	63-0960188
GREATER MOBILE LASER AND AESTHETIC CENTER, PC	46-2203442
GREATER MOBILE URGENT CARE	47-1000522
GROWING DESIGNS, LLC	26-4616601
GT'S ON THE BAY	26-3797006
GULF CITY CLEANERS	20-4279578
GULF COAST UNDERGROUND	81-4337576
GULF SOUTH ASPHALT	82-1123634
GULF STATES RUG & FLOORING	84-3499726
GULFBELT PROPERTIES, INC.	63-1223855
GUNCLES, LLC	81-4083642
HARTS ALL SERVICE, INC.	20-1903035
HART'S FRIED CHICKEN	63-0635417
HAYES MARTIAL ARTS, INC.	20-0060241
HICKS PALLET, INC	63-1022635
HIPPY CLARKE COUNTY	26-3207175
HLWJR, INC DBA BADCOCK FURNITURE	20-0126928
HOLIDAY INN EXPRESS	20-0908037
HOMETOWN FURNITURE OF PASCAGOULA	82-1551040
HONEST AIR, LLC	63-1249564
HOT FLAMES	84-3355741
HUB CITY SERVICE CENTER, INC.	20-8147887
HUMMINGBIRD IDEAS, INC.	20-1741242
ICAT SERVICES, LLC	87-2694378
IET SECURITY & AUTOMATION, INC.	47-3902058
IET SYSTEMS, INC.	45-4976441
IMMEDIATE CARE OF FOLEY, LLC	71-1409385
IMMEDIATE CARE OF THE SOUTH, LLC	26-1882832
INSPECT MOBILE, LLC	45-4852605
INTERNATIONAL COMMODITIES & LOGISTICS	63-1132828
lonsouth	47-4127476
JAGUAR CLEANERS, INC.	63-0938692
JAMES A. WHATLEY, LLC	30-0066254
JKR ENTERPRISES D/B/A JUDY'S PLACE	45-0596749

JOHN RAND HANDYMAN SERVICES, LLC	87-4581662
JUBILEE INSULATION	85-3242423
JUBILEESCAPE	92-0197782
KANO PERFORMANCE	83-4305251
L & M MARINE, LLC	37-2058730
L & M MARINE, LLC (DO NOT USE)	37-2058730
L&K CONSTRUCTION, LLC	03-0565445
LASER COPY / BLESSINGS	63-1035402
LAWN GUARD SERVICES, LLC	86-1827721
LAYES TIRE SERVICE, INC	74-3054563
LCS CONSTRUCTION, LLC	85-2123610
LCS RESTORATION SERVICES, LLC	26-3393231
LIGHTHOUSE APOSTOLIC HOLINESS CHURCH INC	63-0944912
LITTLE CAESERS PIZZA	27-1404922
LODA BIER GARTEN	45-5473896
LOVE OF GOD PENTECOSTAL HOLINESS CHURCH, INC	63-1283767
LUNA'S EAT & DRINK, INC.	46-5006127
LUNSFORD ELECTRIC	20-5052023
M J PRODUCTS, INC. (THE COPPERSMITH)	26-4451403
MAC'S FRESH PRODUCE	84-3609396
MAGNOLIA MEAT AND GROCERY, LLC	92-2563119
MANDY'S CLEANING SERVICE	46-2844350
MCCONAGHY DRUG STORE, INC	63-0701196
MCCRANIE MARTIAL ARTS	82-1485080
MCKEMIE PLACE INC.	27-1716993
MCKENZIE AND MCKENZIE CORP	27-4706072
MELLOW MUSHROOM	73-1656605
MERIDIAN GLOBAL CONSULTING, LLC	27-2083993
METAL BROTHERS HOT RODS, LLC	47-3079315
MH3 PRINTING	63-1154502
MILLS DISTRIBUTORS, INC.	63-0920440
MILLS FLORIDA	63-0920440
MIMS HOME FURNITURE & MORE	47-5493562
MITCHELL CONTAINER	63-079655
MOBILE BAY REPORTING	20-2405319
MOBILE PEDIATRIC CLINIC	45-4575453
MOE'S ORIGINAL BAR B QUE	63-1249564
MOE'S SOUTHWEST GRILL	47-2657626
MOMENTUM TECHNOLOGIES, INC.	27-3002569
MOSS POINT CHEVRON, LLC	02-0648242
MOSS POINT SUBWAY	92-3719676
MS CENTER FOR AUTISM & RELATED DEV. DIS.	20-4797999
MULHERIN CUSTODIAL HOME	63-0388323
MYERS OIL CO.	03-0451277
NAMAN'S INTERNATIONAL FINE FOODS, INC	93-1981265
NAVCO PIZZA	47-1067879
NEW GENERATION CHURCH	20-2424091

NOAH'S ARK CHILDCARE & DEVELOPMENT CENTER	27-0196920
NORTHPORT FITNESS, INC.	83-4540328
NTI OFFSHORE SERVICES, LLC	45-3633011
OAK PARK CHURCH OF GOD	63-0822214
OCEAN SPRINGS WEIGHT LOSS CENTER	27-2568126
OEC	63-0650162
OGDEN & EPKER, LLC	42-1545065
ONELINK USA	45-3986333
Onelink, LLC	83-1336070
OPTICAL DIMENSIONS, INC.	63-1213972
OX KITCHEN	81-5020523
PALMER'S HOMETOWN FURNITURE	88-1602462
PANINI PETE'S	20-4171134
PARK & REBOWE CLINIC FOR PLASTIC SURGERY	26-3214330
PATRICK COLLINS, LLC	90-1024296
PATT BRANYON AGENCY	63-1205630
PAUL BRIDGES & ASSOCIATES, LLC	46-1690954
PAVELKA INVESTMENTS, INC.	63-1146780
PBS IMAGES, INC. (STATE BEAUTY SUPPLY)	63-1035169
PEIR	83-1178424
PELC TIRE & SERVICE	83-1347857
PELC TIRE & SERVICE DAPHNE	86-1304617
PHARMACEUTICAL TRADE SERVICES, INC.	64-0897326
PILGER INSURANCE	20-4142780
PINEBROOK SERVICES, LLC	86-3967558
PINNACLE MEDICAL	82-3032538
PLANET FITNESS	11-3666303
POLLMAN'S BAKERY, LLC (NEW)	63-0510195
PP HOSPITALITY GROUP, LLC	86-2015399
PRESSURE PRODUCTS	88-1387927
PRIDEFAM BUSINESS VENTURES, LLC	47-5630523
PRO 1 PAINTERS, LLC	46-2057534
QUALITY CARE FAITH BASED MINISTRY	46-3788916
QUEZELLE ZURICHERIA HOWARD, INC.	63-1186235
R. CHRIS BONDURANT	72-1381121
RANSOM MINISTRIES	45-1485727
RASP, INC - HEROES SPORTS BAR & GRILLE	63-1210520
RELLIM CONTRACTING, LLC	81-1302544
REMAX REAL ESTATE PARTNERS	33-1082219
RESEARCH PRODUCTS INC. OF ALABAMA	63-0665235
RJ WAGNER & SONS, LLC	88-2082055
ROBERTS BROTHERS COMMERCIAL & PROPERTY	20-3292916
ROOTMAKER PRODUCTS COMPANY LLC	63-1246945
ROTO-ROOTER PLUMBERS	63-0983624
ROWE PLUMBING & IRRIGATION, LLC	46-0782651
ROYAL MANAGEMENT CO., INC.	63-1188003
ROYAL PHARMACY	92-0712045

ROYAL RASP, INC. - HEROES SPORTS BAR & GRILLE	38-3728682
S. BAKER MEDICAL	26-0015059
SAMUEL L. JOHNSON, DDS, PC	63-1184096
SARAH ZACCARO, INC.	47-2888252
SAWDC	26-2638504
SE & ASSOCIATES MANAGEMENT GROUP	20-4850394
SHARESAFE SOLUTIONS, LLC	90-1002600
SHILOH SEWING, LLC	27-3259981
SLURP SOCIETY RAMEN SHOP, LLC	99-1852082
SOUTH ALABAMA VOLUNTEER LAWYERS PROGRAM	68-0550595
SOUTH BALDWIN PODIATRY	63-1273583
SOUTHERN ALABAMA INSURANCE, LLC	81-0854739
SOUTHERN EDGE LAWCARE AND LANDSCAPE, LLC	83-1494758
SOUTHERN GREASE HAULING, INC.	46-0539789
SOUTHERN SUN LAUNDRY	27-2294268
SOUTHERN VIEW MEDIA, LLC	81-0815029
SOUTHERN VISIONS, LLP	20-0368625
SPRINGHILL RESTAURANTS	20-8363352
SQUID INK	45-3192698
STATE BEAUTY SUPPLY	63-1197298
STEPHANIE'S FLOWERS	63-1003510
STEPHEN'S COUNSELING, LLC	47-5479685
STEPHI COCKTAILS & CUISINE	85-3345500
STOKES & CLINTON PC	63-1203291
STONE'S BAR-B-QUE, INC.	45-5603541
SUNSET POINTE	46-5593777
TACO MAMA	38-4021612
TACO MAMA BALDWIN, LLC	85-1554877
TACO MAMA WEST MOBILE, LLC	92-2161350
TEAGUE BROS.	63-0937799
TECHNORV, LLC	47-3905546
THE ADOPTION AND FOSTER CARE CLINIC	99-0511349
THE ATHELSTAN CLUB	63-0011810
THE BARBER MAY CLINIC	20-0317225
THE FRAME OUTLET	63-0910412
THE GIFT SPOT	63-1202858
THE RAVENITE PIZZERIA	48-1277889
THE SHOULDER OF THE CENTRAL GULF	63-0916573
THE SULCER WOOD CORPORATION	63-0875333
THE WATERFRONT	88-4275895
THE WELLNESS COLLECTIVE	92-2872876
THE WING ZONE (TUSCALOOSA)	20-3976463
THE WING ZONE (TUSCALOOSA) - NEW	99-3868315
TIDE MOVING & STORAGE	72-1528579
TOTAL LOGISTICAL CONCEPTS	20-0785932
TR MANSFIELD LLC	47-4596199
TRIPLE C PACKAGE STORE	47-3834634

TROPICAL SMOOTHIE - MOBILE	84-2515831
TROPICAL SMOOTHIE (B. BUTLER)	88-0831644
TROPICAL SMOOTHIE FLORIDA (B. BUTLER)	88-0831644
UNDERGROUND PUMP & PIPE, LLC	99-3150664
UNITED ACADEMY, LLC	81-3451988
URGENT CARE 59	92-2547381
VALERIE MUSIAL DMD	63-1264641
VIA FITNESS	63-0590039
VICTORY HEALTH PARTNER	63-1260841
VINCENT P. ARATA, DMD, PC	63-1082822
WALTER K LITTLE, JR. PC	90-0037763
WARD INTERNATIONAL TRUCKS, LLC	63-0896891
WATCH ME GROW DEVELOPMENT CENTER	20-3872227
WELLBUILT ENVIRONMENTAL SOLUTIONS, LLC	82-1957727
WESTERN RASP - HEROES SPORTS BAR & GRILLE	27-4166205
WHITE SANDS RV, LLC	26-0846707
WINTZELL'S OYSTER HOUSE	46-1056672
ZEBRA MARKETING CORP	62-1820726

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 4085 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 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 ELM Welfare Benefit Plan	1b Three-digit plan number (PN) ▶ 510
	1c Effective date of plan 01/01/2002
2a 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) Employee Liability Management, Inc. 210 S. Washington Ave. Mobile AL 36602	2b Employer Identification Number (EIN) 63-1249564
	2c Plan Sponsor's telephone number 254-470-0700
	2d Business code (see instructions) 561300
	(Empty)

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.

SIGN HERE		Date	Joseph Collins
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	Joseph Collins
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	
	Signature of DFE		Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,416
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1,416 6a(2) 1,377 6b 0 6c 0 6d 1,377 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

9a 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	9b 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)

a Pension Schedules

(1) R (Retirement Plan Information)

(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) DCG (Individual Plan Information) – Number Attached _____

(5) MEP (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) H (Financial Information)

(2) I (Financial Information – Small Plan)

(3) A (Insurance Information) – Number Attached 4

(4) C (Service Provider Information)

(5) D (DFE/Participating Plan Information)

(6) G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____