

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</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>1a Name of plan <u>RETAIL TRADE ASSOCIATION HEALTH PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>514</u></p>
<p>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) <u>HENDERSON NEVADA CHAMBER OF COMMERCE, INC.</u></p> <p><u>400 NORTH GREEN VALLEY PARKWAY</u> <u>2ND FLOOR</u> <u>HENDERSON, NV 89074</u></p>	<p>1c Effective date of plan <u>12/01/2021</u></p> <p>2b Employer Identification Number (EIN) <u>88-0071419</u></p> <p>2c Plan Sponsor's telephone number <u>702-565-8951</u></p> <p>2d Business code (see instructions) <u>813000</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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	SCOTT MUELRATH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	739
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)	737
	6a(2)	841
	6b	12
	6c	0
	6d	853
	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 4D 4E

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

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

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

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

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

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

Receipt Confirmation Code 144053806

**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 RETAIL TRADE ASSOCIATION HEALTH PLAN		B Three-digit plan number (PN) ▶ 514
C Plan sponsor's name as shown on line 2a of Form 5500 HENDERSON NEVADA CHAMBER OF COMMERCE, INC.		D Employer Identification Number (EIN) 88-0071419

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

HEALTH PLAN OF NEVADA

(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
88-0201035	96342	000000	1250	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 366766	(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

MARK MARTINEZ

**229 CHACO CANYON DR
HENDERSON, NV 89047**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61283			3

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

COREPRIME

**1885 VILLAGE CENTER CIR
STE 110
LAS VEGAS, NV 89134**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44647			3

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

Schedule A (Form 5500) 2024
v. 240311

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

FREY INSURANCE AND BENEFITS 4775 W TECO AVE
STE 225
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33959			3

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

CRAGIN & PIKE INC 2603 W CHARLESTON BLVD
LAS VEGAS, NV 89113

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20170			3

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

DISTINCTIVE INSURANCE, ALERA 8357 W FLAMINGO RD
SUITE 102
LAS VEGAS, NV 89147

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19345			3

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

BROWN & BROWN INSURANCE OF NEVADA 8337 W SUNSET RD #150
LAS VEGAS, NV 89113

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15994			3

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

ACRISURE OF CALIFORNIA,LLC DBA LBL 3 POLARIS WAY
4TH FLOOR
ALISO VIEJO, CA 92656

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12802			3

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

GBS NEVADA INC 7881 W CHARLESTON #140 LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12291			3

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

EMPLOYEE BENEFIT SOLUTIONS INC 10161 PARK RUN DR SUITE 150 LAS VEGAS, NV 89145

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11117			3

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

EMPLOYERS BENEFITS DESIGN, INC. 330 E WARM SPRINGS RD LAS VEGAS, NV 89119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11067			3

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

RONALD SNIDER PO BOX 400638 LAS VEGAS, NV 89140

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9883			3

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

CORNERSTONE BENEFITS, LLC 6881 W CHARLESTON BLVD STE A LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9035			3

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

ACRISURE TEXAS RISK ADVISORS & INS 5740 ARVILLE ST
STE 204
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8606			3

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

CUSTOM BENEFIT CONSULTANTS, INC 300 S 4TH STREET
STE 700
LAS VEGAS, NV 89101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7713			3

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

BEP CONSULTING LLC 2835 ANTERES ST
LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7685			3

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

DELTA INSURANCE AGENCY 11411 SOUTHERN HIGHLANDS PKWY
SUITE 320
LAS VEGAS, NV 89141

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7314			3

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

RENNO INSURANCE AGENCY P LLC 5940 S RAINBOW BLVD
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6279			3

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

GENERAL MANHATTAN INSURANCE 3145 E WARM SPRINGS RD
#400
LAS VEGAS, NV 89120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6200			3

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

MAYFAIR MANAGMENT GROUP INC 830 CARNEGIE ST
#1322
HENDERSON, NV 89062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5722			3

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

L/P INSURANCE SERVICES 300 E 2ND STREET
SUITE 1300
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5559			3

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

PAYCHEX AGENCY 150 SAWGRASS DR
ROCHESTER, NY 14620

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5066			3

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

A-Z INSURANCE LLC 1412 PATRICK THOMAS CT
N LAS VEGAS, NV 89086

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4842			3

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

HOLLAND-WILLIAMS INC
 PO BOX 35919
 LAS VEGAS, NV 89133

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4585			3

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

CAROTHERS INSURANCE AGENCY
 3037 E WARM SPRINGS RD
 SUITE 400
 LAS VEGAS, NV 89120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4512			3

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

PATRIOT GROWTH INSURANCE SERVICES
 501 OFFICE CENTER DR
 STE 215
 FT WASHINGTON, PA 19034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4011			3

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

MARTIAL INC
 6070 S EASTERN AVE
 STE 400
 LAS VEGAS, NV 89119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3060			3

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

ASSUREDPARTNERS OF NEVADA
 375 E WARM SPRINGS
 SUITE 201
 LAS VEGAS, NV 89119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2988			3

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

HARRIS INSURANCE SERVICES 6445 W SUNSET RD STE 156
LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2886			3

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

PAUL T SANT & ASSOCIATES 2505 ANTHEM VILLAGE RD
STE E177
HENDERSON, NV 89052

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2874			3

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

ASPEN INSURANCE SERVICES, INC 2810 W CHARLESTON BLVD
SUITE 80
LAS VEGAS, NV 89102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2280			3

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

CAPSTONE BROKERAGE INC. 8681 W SAHARA AVE
STE 100
LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2243			3

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

BRANCH BENEFITS CONSULTANTS 4584 N RANCHO DR
LAS VEGAS, NV 89130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2061			3

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

PATHWAY INSURANCE INC
 PO BOX 881
 DRIGGS, ID 83422

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1901			3

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

INSURANCE OFFICE OF AMERICA
 8337 W SUNSET RD
 SUITE 290
 LAS VEGAS, NV 89113

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1836			3

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

RAINY JUSTICE
 1955 E TROPICANA AVE
 STE H
 LAS VEGAS, NV 89119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1813			3

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

USI INSURANCE SERVICES LLC
 4225 SOUTH BLVD
 SUITE 303
 VIRGINIA BEACH, VA 23452

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1769			3

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

MORRISSEY INSURANCE SERVICES
 11920 SOUTHERN HIGHLANDS PKWY
 #201
 LAS VEGAS, NV 89141

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1368			3

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		6407031
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. ▶

Trade	PG_NAME	Group ID	Group Name	EIN	Parent Group Name	Broker ID
Retail Trade	HENDERSON CHAMBER OF COMMERCE	30000073	NEVADA DIAMOND EXCHANGE DBA TBIRD JEWELS	886003369	HENDERSON CHAMBER OF COMMERCE	00000085186
Retail Trade	HENDERSON CHAMBER OF COMMERCE	30000123	JOHN TOM CORPORATION DBA FOUR KEGS WEST	880138909	HENDERSON CHAMBER OF COMMERCE	000006003896
Retail Trade	HENDERSON CHAMBER OF COMMERCE	30000470	APPLIANCE PARTS CENTER INC	880233654	HENDERSON CHAMBER OF COMMERCE	000006007982
Retail Trade	HENDERSON CHAMBER OF COMMERCE	30001376	HO-RI INC DBA LAKES LOUNGE	880229340	HENDERSON CHAMBER OF COMMERCE	000006007640
Retail Trade	HENDERSON CHAMBER OF COMMERCE	30001384	FROZEN DESSERTS LLC	330994864	HENDERSON CHAMBER OF COMMERCE	000000084682
Retail Trade	HENDERSON CHAMBER OF COMMERCE	30001432	TLGRX CORPORATION	800566715	HENDERSON CHAMBER OF COMMERCE	00000000308
Retail Trade	HENDERSON CHAMBER OF COMMERCE	30001650	PARAGON TAVERN LLC DBA THE DEN	261134962	HENDERSON CHAMBER OF COMMERCE	000000084682
Retail Trade	HENDERSON CHAMBER OF COMMERCE	50502105	RUM RUNNER INC	880159762	HENDERSON CHAMBER OF COMMERCE	000006007640
Retail Trade	HENDERSON CHAMBER OF COMMERCE	50502144	BATTERIESINAFASH.COM INC	201924390	HENDERSON CHAMBER OF COMMERCE	000006008908
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60001027	JONMAR INC	880300271	HENDERSON CHAMBER OF COMMERCE	000006003896
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60001065	MALECON TOBACCO	880353937	HENDERSON CHAMBER OF COMMERCE	000006006559
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60001257	LRD INC DBA CARTER POWERSPORTS	880172504	HENDERSON CHAMBER OF COMMERCE	000000000067
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60001697	SELM LLC DBA JK2 APPAREL	454782671	HENDERSON CHAMBER OF COMMERCE	000006004356
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60001843	HOGS AND HEIFERS SALOON OF LAS VEGAS	043823855	HENDERSON CHAMBER OF COMMERCE	000000101998
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60002071	PLATINO INC	455313790	HENDERSON CHAMBER OF COMMERCE	000000084684
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60002177	LIQUOR LIBRARY LLC	454806880	HENDERSON CHAMBER OF COMMERCE	000006006835
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60002191	MORTONS TRUCK STOPS INC	880143890	HENDERSON CHAMBER OF COMMERCE	000006009167
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60002427	REMEDYS I	263893668	HENDERSON CHAMBER OF COMMERCE	000000085186
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60002751	FREEDOM MEATS INC	463479909	HENDERSON CHAMBER OF COMMERCE	000006009195
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60003250	IMAGINE GPS INC DBA GPS CITY.COM	880457532	HENDERSON CHAMBER OF COMMERCE	000006006559
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60003322	CACTUS GARAGE DOORS INC	880492761	HENDERSON CHAMBER OF COMMERCE	000006005585
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60003578	CUT & TASTE LLC	463087627	HENDERSON CHAMBER OF COMMERCE	000006007673
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60003799	CRAWFORD DOOR SALES OF NEVADA LTD	510571500	HENDERSON CHAMBER OF COMMERCE	000006006835
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004136	MICHAELS GOURMET PANTRY	880442465	HENDERSON CHAMBER OF COMMERCE	000000105701
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004143	AGUAS GROUP LLC MANAGEMENT SERIES	832653951	HENDERSON CHAMBER OF COMMERCE	000000084684
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004189	RETRO MANUFACTURING LLC	261593245	HENDERSON CHAMBER OF COMMERCE	000006005076
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004317	REC WORLD	880248009	HENDERSON CHAMBER OF COMMERCE	000000000545
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004501	ROLLIN SMOKE BARBEQUE INC	455596225	HENDERSON CHAMBER OF COMMERCE	000000105701
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004519	BOULEVARD TROPHY & ENGRAVING, INC	880111121	HENDERSON CHAMBER OF COMMERCE	000000101946
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004527	GOLD AND SILVER COIN SHOP INC DBA GOLD AND SILVER	880265736	HENDERSON CHAMBER OF COMMERCE	000006006835
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004647	LE THAI LLC	451784089	HENDERSON CHAMBER OF COMMERCE	000006009167
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004775	CITY EXPRESS 8 DBA TROP STOP	853980785	HENDERSON CHAMBER OF COMMERCE	000000000426
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004802	SAHARA MOTORS UNLIMITED LLC DBA NEWPORT MOTORS LLC	453593747	HENDERSON CHAMBER OF COMMERCE	000000000426
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004961	DUE DAGOS LLC	800220141	HENDERSON CHAMBER OF COMMERCE	000000000545
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60004989	BOLA II LLC DBA LA SALSA CANTINA	943394058	HENDERSON CHAMBER OF COMMERCE	000006005422
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60005003	SHORT LINE MARKETING LLC	460485852	HENDERSON CHAMBER OF COMMERCE	000000000426
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60005005	SHORT LINE EXPRESS MARKET	880296690	HENDERSON CHAMBER OF COMMERCE	000000000426
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60005325	YNIE LLC DBA DIVINE EVENTS	272566019	HENDERSON CHAMBER OF COMMERCE	000000000226
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60005358	MRS PATIO LLC	452303928	HENDERSON CHAMBER OF COMMERCE	000000000226
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60005872	DEUX WHOPS LLC DBA THE GREAT AMERICAN PUB	463324128	HENDERSON CHAMBER OF COMMERCE	000000000426
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60005936	EPICUREAN CATERING LLC	921791489	HENDERSON CHAMBER OF COMMERCE	000000103438

Retail Trade	HENDERSON CHAMBER OF COMMERCE	60006249	EDOMAE INC DBA ICHZIA HANARE	472143725	HENDERSON CHAMBER OF COMMERCE	00006006835
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60006312	BAJA TAVERNS LLC DBA SAGOS	010853566	HENDERSON CHAMBER OF COMMERCE	00000084684
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60006584	IKOF ME VENETIAN DBA SOURCE ELECTRONICS	464743199	HENDERSON CHAMBER OF COMMERCE	000000106481
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60006740	SHREE SAINATH LLC DBA LTC WELLCARE PHARMACY	821141007	HENDERSON CHAMBER OF COMMERCE	000000106481
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60006998	GOOD STUFF LLC DBA GOOD PIE	833973086	HENDERSON CHAMBER OF COMMERCE	00006006835
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007520	PROMO DIRECT	274313859	HENDERSON CHAMBER OF COMMERCE	00000084682
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007619	KIM LONG LLC	262828772	HENDERSON CHAMBER OF COMMERCE	00000000545
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007664	CASINO DISCOUNT PRODUCTS INC	880335191	HENDERSON CHAMBER OF COMMERCE	00006004356
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007784	CHINGLISH RESTAURANT GROUP LLC	832238775	HENDERSON CHAMBER OF COMMERCE	000000105407
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007820	TOWBIN TOY STORE LLC DBA TOWBIN FERRARI MASERATI	475045960	HENDERSON CHAMBER OF COMMERCE	00006009569
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007821	TOWBIN MOTORCARS	205512320	HENDERSON CHAMBER OF COMMERCE	00006009569
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007896	FLOORING CENTER USA DBA HALF PRICE FLOORING	850549453	HENDERSON CHAMBER OF COMMERCE	00006006835
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007934	8 EAST OP LLC DBA 8 EAST	844765636	HENDERSON CHAMBER OF COMMERCE	00006009167
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007959	KIRKLAND INC DBA PETLAND HENDERSON	861797581	HENDERSON CHAMBER OF COMMERCE	00000084682
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007962	HH SUB2 LLC DBA TREE OF LIFE	845095545	HENDERSON CHAMBER OF COMMERCE	00006006835
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60007980	702 OZZY LLC DBA ISLAND SUSHI AND GRILL	871835319	HENDERSON CHAMBER OF COMMERCE	000000105407
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008206	AZZURRA LLC	820775017	HENDERSON CHAMBER OF COMMERCE	00000084684
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008219	BUILDING BLOCK ENTERTAINMENT LLC DBA ART HOUZ THEA	850790470	HENDERSON CHAMBER OF COMMERCE	00000084684
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008254	THE REAL GREEK LLC	814451560	HENDERSON CHAMBER OF COMMERCE	00006007656
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008285	PB LAS VEGAS LLC DBA THE PALETA BAR	862793207	HENDERSON CHAMBER OF COMMERCE	00006006035
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008305	DLB LLC DBA BROOKSYS BAR & GRILL	264119995	HENDERSON CHAMBER OF COMMERCE	00000000426
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008349	595 KRAFT AND KITCHEN	371825866	HENDERSON CHAMBER OF COMMERCE	00006004245
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008381	EXPERT AUTOMOTIVE EQUIPMENT	272549623	HENDERSON CHAMBER OF COMMERCE	00006005188
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008407	INTERIOR FASHIONS LLC	262488006	HENDERSON CHAMBER OF COMMERCE	00006005076
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008423	ABLE BAKER BREWING LLC	464708224	HENDERSON CHAMBER OF COMMERCE	00006005076
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008603	EUFLORIA DESIGNS FLORAL & EVENTS LLC	843884305	HENDERSON CHAMBER OF COMMERCE	00000084684
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008616	THE STOVE NV DBA THE STOVE ANTHEM LLC	824958450	HENDERSON CHAMBER OF COMMERCE	00006009167
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008635	CNB PARTNERS VEGAS LLC DBA CRASH N BURN	872897565	HENDERSON CHAMBER OF COMMERCE	00000000070
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008707	FOUR THIRTEEN INC DBA SPURLOCKS GUN STORE	473997690	HENDERSON CHAMBER OF COMMERCE	000000103438
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008740	CAPRIOTTIS VENTURES II LLC	320431394	HENDERSON CHAMBER OF COMMERCE	00006009167
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008761	TOWN CENTER GROCER	262604048	HENDERSON CHAMBER OF COMMERCE	00006009325
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008805	PREMIER HOME ENTERTAINMENT DBA PREMIER AV INTERGRA	880447524	HENDERSON CHAMBER OF COMMERCE	00000000123
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008817	HH SUB 1	845086835	HENDERSON CHAMBER OF COMMERCE	00006006835
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008819	HORSE TRAILER HIDEOUT DBA HORSE TRAILER HIDEOUT LL	851031831	HENDERSON CHAMBER OF COMMERCE	00000084684
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008820	WE ARE MAKERS LLC DBA MAKERS & FINDERS	462687272	HENDERSON CHAMBER OF COMMERCE	00000084684
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008821	JBD CONCEPTS INC	873043443	HENDERSON CHAMBER OF COMMERCE	00000085186
Retail Trade	HENDERSON CHAMBER OF COMMERCE	60008859	HEAVENLY REST LLC DBA HOLY SHEETS	454613964	HENDERSON CHAMBER OF COMMERCE	00000084684